

An evaluation of Scotland's autism strategy

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Schedule 4: Quality questions Section 2: Technical response

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Section 1. Understanding of the requirement

Introduction

1.1 The Scottish Government wishes to commission an evaluation of its ten-year autism strategy. This document is a response from Griesbach & Associates and Jennifer Waterton Consultancy to an invitation to tender for this work.

1.2 We have assembled a highly knowledgeable and skilled team for this commission, comprising Dawn Griesbach, Jennifer Waterton and Maura Lynch. Between us, we have more than 60 years' experience of policy research and evaluation, service delivery and strategy implementation at both national and local levels. In addition, we have a strong understanding of the autism community and the context in which services for autistic people are delivered in Scotland. Section 4 provides further details about our team.

Policy context

1.3 The Scottish Strategy for Autism ('the strategy') was jointly published by the Scottish Government and COSLA in November 2011.¹ The purpose of this ten-year strategy was to drive progress towards the vision articulated in the document, namely that *'individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives.'*

1.4 The strategy contained 26 recommendations and identified (time-related) goals² in a wide range of areas including: the development of local autism strategies and training plans; the improvement of data collection to inform service planning; the creation of multi-agency care pathways for assessment, diagnosis and intervention; the embedding of processes to seek stakeholder feedback on the quality of care; specialised support for life transitions including into employment; and the removal of barriers for people with Autistic Spectrum Disorders (ASD). In addition, the strategy identified links to a wide range of other policy initiatives for children and young people, school children, carers, disabled people, and equalities more generally.^{3,4,5,6}

1.5 The strategy was **underpinned by the values** of (i) dignity, (ii) privacy, (iii) choice, (iv) safety, (v) realising potential and (vi) equality and diversity; it set out a range of **aims and actions** relating to (i) strategic leadership, (ii) achieving best value for services, (iii) collaboration and involvement,

¹ Scottish Government & COSLA (2011) *Scottish Strategy for Autism*. See <https://www.gov.scot/publications/scottish-strategy-autism/>

² The strategy identified goals to be achieved within two years (Foundations), within five years (Whole-life journey) and within ten years (Holistic Personalised Approaches).

³ *Getting it Right for Every Child*. See <http://www.gov.scot/Topics/People/Young-People/gettingitright>.

⁴ Scottish Government (2010) *Caring Together: The Carers' Strategy for Scotland, 2010 – 2015*. See <http://www.gov.scot/Publications/2010/07/23153304/0>.

⁵ Scottish Government (2013) *The Keys to Life: Improving Quality of Life for People with Learning Disabilities*. See <http://www.gov.scot/Publications/2013/06/1123>.

⁶ *Schools – additional support for learning*. See <http://www.gov.scot/Topics/Education/Schools/welfare/ASL>.

(iv) cross-agency working, (v) diagnosis, intervention and support, and (vi) wider opportunities and access to work; and it presented ten **indicators of** (current, at the time) **best practice** in providing effective services for people with autism, which it stated could be used to identify outcome-focused actions at a local level. All these aspects of the strategy are highly relevant to the conduct of the current evaluation.

1.6 A progress report, covering the extent of the achievements in relation to the initial (two-year) goals was published in October 2014.⁷ This report identified specific tasks for the period 2015 to 2017 which prompted the first ‘refresh’ of the strategy. The strategy was refreshed again in 2017 for the period 2018 to 2021. At this stage, its delivery plan was reframed into an outcomes approach focused on four main outcomes: (i) a healthy life, (ii) choice and control, (iii) independence and (iv) active citizenship.

1.7 The Autism Strategy Review Group (previously the Autism Strategy Reference Group) was established by Scottish Government to help monitor and co-ordinate implementation of the Scottish Strategy for Autism. Members of the Review Group include representatives of autistic people's organisations along with the main national charities, Autism Network Scotland, Scottish Government and COSLA.

1.8 The autism strategy plays into a wider policy context, specifically in relation to the conclusions and recommendations of a recent review into learning disability and autism in the Mental Health Act (led by Andrew Rome)⁸ and an ongoing independent review of mental health legislation, which is being undertaken by John Scott QC.⁹ Any changes to mental health and incapacity legislation which result from these reviews may impact on the development of the autism strategy in the future.¹⁰ However, the work of the independent review is not directly relevant to the current commission.

Aims and objectives

1.9 The project brief states that the purpose of this evaluation is to provide evidence of the ‘outputs’ and ‘impact’ of the Scottish Strategy for Autism. Three specific research questions have been posed, as follows:

- Question 1: How many of the strategy’s recommendations and priorities have been delivered and are additional deliverables evident?
- Question 2: What impact has the strategy had on the services offered to autistic people in local authorities and the local services and charities that support them?

⁷ Scottish Government (2014) *Scottish Strategy for Autism Progress Report – Foundation Stage (2 years)*. See <https://www.gov.scot/publications/scottish-strategy-autism-progress-report-foundation-stage-2-years/>.

⁸ *Report of the independent review of learning disability and autism in the Mental Health Act. Final report*. December 2019. See <https://webarchive.nrsotland.gov.uk/20200313205853/https://www.irmha.scot/>.

⁹ *Scottish Mental Health Law Review*. See <https://www.mentalhealthlawreview.scot/>.

¹⁰ Scottish Government (2019) *Mental health law review update: December 2019*. See <https://www.gov.scot/publications/mental-health-law-review-update-december-2019/>.

- Question 3: What lessons might be gleaned from the delivery of the strategy's recommendations and what might these mean for the future policy direction.

1.10 We would wish to make a number of points in relation to these questions as follows:

- We note that the (26) recommendations in the strategy comprise a discrete number of different 'types'. Some of the recommendations focus on 'process' (e.g. Recommendations 1, 2, 4, 13, etc.), whilst others focus on producing specific outputs (e.g. Recommendations 5, 10, 18, 24, etc.). Some focus on commissioning research (e.g. Recommendation 7, 12, etc.) whilst others focus on 'evaluation' (e.g. Recommendation 12, 15, etc.). (Note that this is not a comprehensive list of the types of recommendations in the strategy.) Moreover, some recommendations contain more than one element (e.g. Recommendations 1, 12, 17, etc.). We suggest that it would be helpful to agree a 'typology' of the recommendations.
- We suggest that the recommendations (appropriately grouped as described above) should be assessed not simply in a binary fashion (i.e. whether or not they were achieved, as suggested in question 1) but in relation to **the extent** to which they were achieved. We also suggest that the assessment should **explore what the facilitators and barriers** to delivery have been.
- The phrase 'are additional deliverables evident?' in question 1 is unclear. We take this to mean that the Scottish Government is interested in knowing whether there have been any **other positive unanticipated consequences** from implementation of the strategy. We would wish to clarify this point at the project inception meeting. (But see the point below in relation to the attribution of any effects.)
- The policy, practice and service landscape for people whose lives are affected by autism, (including autistic people themselves, their families and carers, their communities and the support systems which they access) are complex and dynamic. There are many factors (including social, economic and demographic factors) which will have contributed to changes in the experiences of people with autism over the last 10 years. It is therefore not possible to attribute changes which have taken place within the field of autism specifically or solely to the Scottish Strategy on Autism; many other factors will be in play. This is a particularly relevant consideration in relation to question 2, and we have reframed this question in paragraph 1.11 below.
- The requirement in question 3 is to provide learning that can inform future policy direction. However, the project brief does not state whether there is an intention to develop a new autism strategy from 2021. It is important to be clear with the participants in this evaluation about what the Scottish Government's current thinking is regarding any possible future policy initiative in this area. This is something that the evaluation team will be asked and so the response will need to be agreed in advance with the Scottish Government, and included in information leaflets as part of the process of inviting people to take part in the evaluation.
- We note that the project brief does not ask for or require us to undertake a wider engagement exercise with people with autism and their parents / carers. We agree that this wider engagement exercise is not possible within the constraints of the current budget. Moreover, we do not think that such an engagement exercise would be helpful in addressing the evaluation questions which focus on understanding the outcomes and impacts of the

strategy. However – as described in more detail in Section 2 – some of the key stakeholders who will be interviewed during the course of our evaluation, will be people with autism.

- We note that no research question has been identified to address the question of whether the £13.4m budget announced to support the implementation of the strategy was well spent and represented value for money. We agree that this kind of exercise could not be undertaken within the resources available to the project. However, whilst we will not be in a position to report anything comprehensive in this regard, we anticipate that some stakeholders may wish to comment on this issue even if we do not ask about it. We will feed any comments on this back to Scottish Government separately.
- Finally, we are aware that the ‘organisational memory’ in relation to the strategy, its original rationale and its development over time may be incomplete. This is a natural consequence of a long (10-year) timeline during which many staff, both within the Scottish Government and in the relevant external organisations, may have moved on. Whilst we will endeavour to track down those with relevant intelligence who are no longer working within the field, we would wish to signal that there are limits to our ability to do this in a fully comprehensive fashion.

1.11 Thus, we will seek to address the following questions in our evaluation:

- Question 1: To what extent have the recommendations (appropriately grouped by type) of the Scottish Autism Strategy been delivered? What have been the facilitators and barriers to delivery? What, if any, other positive unanticipated consequences has the strategy had?
- Question 2: How have services offered to autistic people in local authorities, and the local services and charities that support them, changed over the lifetime of the strategy? To what extent can any changes be attributed to the strategy?
- Question 3: What has been learned from the delivery of the strategy’s recommendations, and what are the implications for future policy direction?

1.12 The following section sets out our approach to addressing these questions.

Section 2. Method and added value approach

2.1 In this section, we provide details of our approach to the evaluation – setting out in detail how our proposal will address the Scottish Government’s (suitably adjusted) three research questions. Our approach and our choice of methods have been informed by several considerations. Specifically:

- Based on the information provided in the project specification, we understand that this evaluation needs to look **back** on what the current strategy has achieved and what its impact has been. However, it also needs to look **forward** – to identify lessons from the current strategy which can inform policy and priorities for the future. However, we note that the specification does not state a requirement for recommendations, as such.
- The research questions set out in the project brief suggest that the Scottish Government’s primary interest is in the impact of the strategy on **service provision**. We therefore propose to focus most of our efforts on exploring this issue. (However, please note our comments in relation to the attribution of any impacts as set out in the fourth bullet of paragraph 1.10 above.)
- The project brief suggests that around 10-15 interviews with ‘policy professionals, autism organisations and autism experts’ should be conducted. We believe that, given the complexity and diversity of the policy and practice landscape within the autism field, a much larger number of interviews – probably in the range of 25-30 – will be required to achieve a comprehensive picture of the way in which the strategy was delivered, its successes and challenges. (See paragraphs 2.15-2.23 below for further details.)
- The project brief suggests that ‘virtual workshops’ might be used to gather evidence of change to local services. We do not think that workshops will add sufficient value to what we are likely to learn through (i) the documentary review and (ii) the interviews with policy professionals, autism organisations and autism experts which we will undertake at the initial stages. We also think that organising workshops (whether these are face-to-face or virtual) is a high risk approach because: (i) there is a substantial practical difficulty of getting a group of busy professionals in a room (even a virtual room) at the same time (ii) service providers, in particular, are unlikely to be as open and honest in such meetings as they would be if we could speak to them one-to-one with assurances of confidentiality, (iii) the information gathered from workshops would be superficial in nature, whereas we would prefer to have more detailed evidence, and (iv) workshops can sometimes be dominated by a few (unhappy) voices. This would be particularly difficult to control if the meeting took place using video technology. We believe that our alternative proposal – to do five local case studies – would add significant value to the documentary review and the interviews. Our case studies will involve one-to-one or paired interviews with local decision-makers, service planners and service providers.
- The ongoing COVID-19 pandemic requires our methodology to be consistent with government advice / regulations regarding social distancing. We are therefore expecting to carry out the bulk of our interviews by telephone or using video technology. However, if

current guidance changes, we propose to offer all participants in the evaluation a choice about how they engage with us.¹¹

- Overall, in setting out our proposal for the evaluation, we have sought to balance **rigour** (we will gather data from a variety of sources and perspectives using carefully developed data collection tools), with **pragmatism** (we recognise that the timetable and resources available for the evaluation are limited).

2.2 Our approach will be carried out in three stages namely:

- Stage 1: Inception and orientation
- Stage 2: Data collection
- Stage 3: Analysis and reporting.

2.3 Our data collection stage will itself comprise three stages namely:

- Stage 2.1: Documentary (and website) review
- Stage 2.2: Stakeholder engagement
- Stage 2.3: Case studies in five health and social care partnerships around Scotland.

2.4 Each of these stages is described in more detail below. It should be noted that our approach will be iterative. We will learn and develop the methods and the approach as we go through the evaluation, taking the opportunity to discuss progress regularly with the Scottish Government so that any required adjustments can be made. This will ensure that each stage informs the approach taken at the next stage.

Stage 1: Inception and orientation (early September)

2.5 Stage 1 of the evaluation will include the inception meeting, which the project brief states will be held on Tuesday, 1 September. Dawn Griesbach and Jennifer Waterton will attend this meeting. (We would like the meeting to take place face-to-face, but we recognise that this will probably not be possible.) The meeting will provide an opportunity to discuss and agree the details of the project plan and timetable, including the potential for a one-month extension (as set out in the project brief). While we have made proposals in this document about whom we wish to consult and which mechanisms and data collection approaches we think are appropriate, we would emphasise that these are all subject to review based on our discussions with the Scottish Government policy manager.

2.6 At the inception meeting, we would also like to obtain further information about the context for this work. In particular, we would be interested to know what the driver for commissioning this

¹¹ Ideally, everyone who contributes their views to the evaluation should be able to do so in the way which is most comfortable and most safe for them. This is particularly important in relation to any interviews we conduct with people who are themselves on the autism spectrum, but applies more generally to all participants. Although there is a common stereotype that people with autism are comfortable with computer technology, we know that this is certainly not the case for everyone in this group. In addition, it is much harder for the participants in online discussions to read subtle non-verbal cues which communicate important messages about what people are thinking and how they are feeling in relation to the topic being discussed. Since people with autism often struggle to understand non-verbal communication anyway, the use of an online approach is therefore, potentially a barrier in helping people to fully engage.

evaluation has been, and what the Scottish Government's current thinking is in relation to any future autism strategy. The inception meeting will also provide an opportunity to:

- Revisit the specific research questions in the project brief and agree whether a 'typology' of the strategy recommendations should be developed as suggested in Section 1 above
- Receive documentary evidence from the Scottish Government – or a list of relevant documents that we can find online (see Stage 2.1 below)
- Review the (14) stakeholder groups listed in the project brief, together with the additional group of stakeholders that we suggest could be included (see Stage 2.2 below) – and to obtain a name and contact details for each. We suggest it would be helpful if the Scottish Government could contact these individuals / organisations in the first instance, to ensure that they are aware of the evaluation, and to encourage them to participate.
- Touch base in relation to the proposals for the case studies (see Stage 2.3 below). This element of the methodology does not need to be agreed in detail at the inception meeting, but it will nevertheless be useful to discuss any questions or points the Scottish Government wishes to make on this aspect of the approach.
- Confirm that our proposals in relation to data protection (specifically, see paragraph 3.15 below) are acceptable

2.7 Finally, as part of the inception stage, we would wish to meet (either in person or by video conference) with relevant Scottish Government policy managers – these may include Gillian Barclay (Head of Dementia, Learning Disability and Autism policy team) and / or Annette Pyle (policy manager for the autism strategy) – to assist with our orientation and our understanding of any 'gaps' in the organisational memory which may impact on the work. We would also take this opportunity to request details on relevant contacts for each of the (groups of) strategy recommendations. This meeting could last for 1.5 to 2 hours and should be scheduled for a time as soon as practicable after the initial inception meeting.

2.8 Following the inception meeting, we will type up a note of any decisions taken at the meeting (including changes agreed to the evaluation plan) and circulate this to all attendees for comment / amendments. A final version of this note will re-circulated to all attendees for audit purposes.

2.9 Following the second meeting (with policy managers), we will circulate a draft data collection framework for our proposed documentary review – see Stage 2.1 below – and invite comments from the policy / research managers in the Scottish Government.

Stage 2: Data collection (mid-September to early February)

2.10 Data collection will comprise three stages: (i) a documentary / website review, (ii) interviews with experts and stakeholders, and (iii) case studies.

Stage 2.1: Documentary and website review (mid-September to mid-October)

2.11 The purpose of the documentary and website review is to obtain an overview of the strategy, its expected outcomes, and what has been achieved, based on available documentary evidence.

This aspect of the evaluation will give us a high-level overview of the strategy, will provide pointers to particular questions that need to be probed at later stages of the evaluation, and may prompt the inclusion of additional stakeholder perspectives for Stage 2.2.

2.12 In addition to any documents that the Scottish Government wishes us to consider, we would expect to include:

- Communications / guidance related to the strategy from the Scottish Government to local authorities / HSCPs, and between the Scottish Government and other national delivery partners
- Minutes of the Autism Strategy Review Group meetings
- Reports of any research, guidance and / or evaluation commissioned in response to the strategy
- Reports of any national events organised to disseminate and / or develop the strategy
- National training plans
- The autism strategies for all 32 Scottish local authorities (These are likely to be available through a web search.)
- Monitoring reports from local authorities / health and social care partnerships, and from local / national service providers
- Details of how the £13.4 million budget which was announced to support implementation of the strategy was spent, as well as any documents which identify (additional) related funding initiatives which were made available over time to support implementation.

2.13 In undertaking the documentary review, we propose to extract information from each relevant document using a data extraction template. For each document, we will record: (i) title, date and author of the document; (ii) a brief description of the contents; (iii) a summary of key messages relevant to the research questions; and (iv) any issues that require follow-up through interviews.

2.14 By 23 October, we will produce a report setting out the key issues that we will want to follow up in our interviews with autism experts and other stakeholders.

Stage 2.2: Interviews with autism experts and other stakeholders (late October – early December)

2.15 We will undertake a series of interviews with autism experts and other stakeholders. The purpose of these interviews is partly to follow up on questions / missing information from our documentary review, and partly to obtain the perspectives of these key individuals on the implementation of the strategy, its successes and challenges.

2.16 The evaluation brief includes a list of 14 agencies / groups which could be included in this stage of the evaluation. We note that several of these groups have had a role in the ongoing monitoring of the strategy (through their involvement in the Autism Strategy Review Group) and / or a role in supporting or delivering aspects of the strategy.

2.17 We would wish to include all members of the Autism Strategy Review Group in these interviews (including COSLA and Autism Network Scotland), and if necessary, could include former members of the Group as well. In addition, we believe it will be useful to also interview representatives from other partner organisations which have had a role in supporting or delivering aspects of the strategy. Some examples include:

- Care Inspectorate
- Healthcare Improvement Scotland
- Scottish Social Services Council
- NHS Education for Scotland
- Skills Development Scotland
- Scottish Funding Council
- ARC Scotland
- Social Work Scotland
- Learning Disabilities Alliance Scotland
- Scottish Offenders with Learning Disabilities Network (SOLD)

2.18 In addition, we would wish to include a small number of academics (perhaps two or three) who have an international profile and reputation within the autism field.

2.19 We are aware that at least some of these autism experts and stakeholders will themselves be people with autism. Whilst ideally, as described in paragraph 2.1 (bullet point 5) above, we would wish to be able to offer these individuals the opportunity of a face-to-face meeting, we think this may not be possible given ongoing advice relating to social distancing.

2.20 A data collection framework (which can be adapted to produce individual topic guides) will be developed for these interviews following completion of our documentary review. Our initial thought is that the six aims and actions of the strategy (see paragraph 1.5 above) or the four outcomes of the refreshed strategies (see paragraph 1.6 above) might provide the basis for this framework. However, given the diverse nature of the contributors it may be that this kind of structured approach is not appropriate, so we will review our approach once the documentary stage is complete. In addition to questions that look back on what the strategy has achieved and the facilitators and barriers to this, all interviewees will also be asked for their thoughts about the future of autism policy in Scotland.

2.21 In any case, each interview will have to be tailored to the interviewee and their role in implementing / monitoring the strategy. Thus, interviews with members of the Autism Strategy Review Group, and representatives of bodies like Autism Network Scotland and COSLA, might be longer (i.e. around an hour) because these individuals are likely to have a wider perspective. In contrast, interviews with individuals from organisations like SOLD or the Scottish Funding Council will be shorter (15 to 20 minutes) and focused on just one or two aspects of the strategy.

2.22 In all cases we will be probing interviewees to provide evidence for their views, and we will follow up on any additional evidence which we were not already aware of. This is particularly important because we expect that the views offered will be highly divergent (with some

stakeholders being very positive about the impacts and outcomes of the strategy and others very negative) and we will want to know what the evidence base is for these different perspectives.

2.23 These interviews will take place between mid-October and the end of November. We will identify (with assistance from the Scottish Government), the names of the individuals we wish to speak to, and ask the Scottish Government to email each individual in the first instance to make them aware of the evaluation and to encourage them to participate. We will provide a participant information leaflet which can be sent out to potential interviewees as an attachment to the email. We will contact each individual two days after the Scottish Government's email message is sent out and invite them to take part in a (maximum one-hour) interview.

2.24 Participation in the interviews will be entirely voluntary, but we think those who are invited to be interviewed are likely to want to participate, and so the main challenge will be in scheduling the interviews – as these experts and stakeholders are likely to be very busy. We estimate that there may be around 25-30 interviews at this stage of the evaluation, and we have allocated two researchers and six weeks in the project plan to undertake these, so we are confident that they will all be able to be scheduled.

2.25 We will produce a report of the stakeholder interview stage as an interim output of the evaluation by 15 December. This will include a short list of issues that we will want to follow up through our case studies.

Stage 2.3: Case studies (early January to early February)

2.26 Finally, we will carry out five case studies. The purpose of the case studies will be to explore in more depth how the national autism strategy was implemented at a local level – how local strategies were developed and delivered, what was learned through delivery, what service changes can be attributed to the strategy, what monitoring systems have been put in place and how have these been used, and whether there is any evidence about the difference this has made for people with autism in the local community. The case studies will provide an opportunity to assess progress on the delivery of local autism strategies.

2.27 We will use primarily interviews (including one-to-one interviews and paired interviews) to gather the perspectives and experiences of local stakeholders from relevant local agencies. Interviewees could include the local autism lead, members of the health and social care partnership, and representatives from clinical services, social work, education, housing and local third sector autism support services. Where there are multi-agency teams involved in the delivery of autism services, we will wish to speak to the members of these teams. We will aim for around 8 – 12 interviews in each area. As with the Stage 2.2 interviews, these will vary substantially in terms of their coverage, length and content, depending on the specific role of the individual. In particular, we anticipate that some interviews may last up to 45 minutes, whilst others will be only 5-10 minutes long.

2.28 Within each case study area, we will also carry out a further documentary review of any monitoring / evaluation reports relating to local autism services. Where appropriate, we may also gather information through group discussions. For example, if there is a local autism strategy group

or steering group whose meeting coincides with the timescales for our case studies, we will ask if we can join part of this meeting to discuss the evaluation. We will use the research questions for the evaluation and the good practice indicators (set out in the strategy, pages 12 and 13) as a framework for the case studies – gathering data from a range of sources and asking all interviewees to provide evidence to support their views.

2.29 Case studies will be selected to illustrate a range of local experiences in delivering the strategy – both good and bad – and to provide a geographically diverse sample. We will use our review of the local autism strategies (undertaken at Stage 2.1) to ensure that the case study sample includes localities with a strong strategic approach alongside others who are at a much earlier phase of development.

2.30 Initial contact will be made with the local autism lead in early December. We will then ask these individuals to suggest others in their area who have a perspective on local services for autistic people and their families. We will confirm that the autism lead is happy for us to contact these individuals directly. We will send information about the evaluation to all prospective interviewees and invite them to participate. Interviews will take place in January, and the first week of February.

2.31 Interviews / discussions will be recorded, with a detailed note of each interview produced afterwards.

2.32 There are several challenges that could arise in this part of the evaluation:

- First, participation in any case study will be voluntary, and will depend on the willingness and ability of local service providers to make time for it. There is a risk that those who are willing to take part in this aspect of the evaluation will be those whose experiences of delivering the strategy at a local level are largely positive. Those with less positive stories to report may be reluctant to engage. It may be appropriate for an initial message to go out from the Scottish Government to local autism leads, to encourage participation. We will also wish to discuss with the Scottish Government whether the case study areas are identified in the final evaluation report, or whether the case studies findings are reported anonymously.
- Second, over the course of a ten-year strategy, we cannot assume that there has been continuity in staffing at a local level. Those who are currently responsible for delivering a local strategy and developing local services may, in some cases, have been in post for a relatively short period of time, and therefore may not have a perspective on the early stages of delivering the strategy. As far as possible, we will attempt to contact individuals who had a key role in local services for people with autism, even if those individuals have now moved on to other areas of work.
- Third, we will need to be mindful that, in some areas, work to implement a local strategy may still be ongoing, and that the timescales for local strategies may extend beyond 2021 (the end date of the national strategy).

2.33 Finally, whilst we anticipate that all five case studies will be based in a locality, we will want to confirm this following completion of Stages 2.1 and 2.2 of the evaluation. It may be that there is a strong case for making one (or more) of the case studies **topic-based** rather than **locality-based**.

For example, we could consider focusing a case study on the issue of supported employment, or on developments in assessment and diagnosis services, or on some other priority which is thought to be of crucial importance to the forward plan for any future policy on autism. This kind of approach to selecting case studies can be left open until the first two stages of data collection are complete.

2.34 We will produce a report of each of the case studies as an interim output of the evaluation by 8 February.

Stage 3: Analysis and reporting

2.35 The final stage of the evaluation will involve analysing and synthesising the findings from all the various sources we have identified, to produce a final report structured around the evaluation’s research questions. This report will build on all the interim reports which we will produce on an ongoing basis throughout the lifetime of the project.

2.36 A two-page report of each case study will be included as an annex to the final report, and information from the case studies will also be included in the main body of the report at relevant points.

2.37 The final report will be concise and written in plain English.

Summary of methods and how these will address the research questions

2.38 Table 2.1 below provides a summary of our methods and shows how our methods will address each of the three research questions for this evaluation. Note that our approach will allow us to collect information on the same issues from more than one source – thus allowing us to triangulate the findings.

Table 2.1: Summary of methods

| Research questions | To what extent have the strategy’s recommendations and priorities been delivered? | What impact has the strategy had on services for autistic people? | What lessons are there for future policy? |
|---|---|---|---|
| Methods | | | |
| Documentary review | ✓ | ✓ | |
| Interviews with stakeholders and partners | ✓ | ✓ | ✓ |
| Case studies | ✓ | ✓ | ✓ |

How our approach adds value to the requirements set out in the brief

2.39 We feel that our approach adds value to the requirements set out in the evaluation brief in several ways.

- First, we have built upon the Scottish Government’s research questions to provide a more comprehensive framework for the evaluation.
- Second, our approach will be iterative in nature, with the initial data collection (i.e. through the documentary review) informing the approach to later data collection (i.e. the focus of interviews and the choice of case studies).
- Third, we believe that it will be helpful to include a wider range of interviewees in the evaluation than suggested in the brief. We think this is important given the complex nature of autism policy and the highly diverse range of perspectives that the evaluation of the strategy will elicit. This will enable us to tease out the main messages in a more rigorous way, to triangulate the findings, and to get closer to achieving a more complete picture of what has taken place in the past 10 years in relation to delivery of the strategy.
- Fourth, we think that our case study approach will provide better value than the ‘workshop’-type approach suggested in the evaluation brief because: (i) it will be easier to arrange separate interviews (or paired interview) with busy professionals, rather than bringing those same professionals together in the same space at the same time; (ii) one-to-one or paired interviews are likely to result in better (more open, honest, in-depth) engagement; and (iii) interviews will mean that no one person can dominate any discussion – thus resulting in a more balanced picture of how the strategy has been implemented at a local level.
- Finally, although none of the research questions directly address the question of whether the £13.4m budget for the strategy was well spent and represented value for money, we will provide feedback to the Scottish Government in relation to this question as and when it arises.

Our team’s experience of national programme / strategy evaluation

2.40 Between us, the members of our research team have a wealth of experience in strategy, programme and project evaluation, policy development and review, service delivery, strategy implementation and organisational development. Details of our team’s skills and previous experience is covered in Section 4.

Section 3. Quality management and delivery

3.1 In this section, we provide details of our delivery plan and timetable, an assessment of the ethical and data protection issues associated with this project, our project management and quality assurance processes, and a risk assessment – thus addressing Questions 1 -4 in Section 3 of the Quality Questions.

Delivery plan and timetable

3.2 Table 3.1 on the following page shows a detailed timetable and delivery plan for our proposal. This shows, in the left-hand column, the stages of our evaluation, and a list of our tasks and outputs. The second column indicates which members of the research team will be involved in these tasks.

3.3 Project milestones – i.e. the end of each stage or sub-stage – are linked to deliverables and are represented by a ‘X’ in the workplan. Deliverables would comprise (i) short (2- to 3-page) interim reports following each stage of data collection, (ii) a draft final report, (iii) the final report (which will include an executive summary), and (iv) a final presentation.

3.4 Project meetings with the Scottish Government are shown by ‘M’. We suggest there should be three formal meetings as part of this project. The first two will take place in the inception stage (i.e. the inception meeting and an initial meeting with the policy lead(s) for autism). We suggest a final meeting could take place one week after submission of the draft final report. This meeting will be an opportunity for the client to clarify any aspects of the draft report, and to provide verbal comments. (We would also find it helpful if the client could, in addition, give us a collated set of written comments on our draft report. See below, our section on project management and quality assurance.)

Table 3.1: Timetable and workplan, with allocation of staffing

| Task | Staffing | Aug | | | | Sep | | | | Oct | | | | Nov | | | | Dec | | Jan | | | | Feb | | | | Mar | | | |
|--|-----------|-----|---|----|----|-----|---|----|----|-----|---|---|----|-----|----|---|----|-----|----|-----|----|---|---|-----|----|---|---|-----|----|----|--|
| | | 31 | 7 | 14 | 21 | 28 | 5 | 12 | 19 | 26 | 2 | 9 | 16 | 23 | 30 | 7 | 14 | 4 | 11 | 18 | 25 | 1 | 8 | 15 | 22 | 1 | 8 | 15 | 22 | 29 | |
| Stage 1: Inception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inception mtg | DG/JW | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mtg with policy lead(s) | DG/JW | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Produce note of inception mtg | DG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage 2: Data collection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage 2.1 Documentary review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Draft data collection framework (DCF) for documentary analysis | DG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carry out documentary review | DG/JW/ ML | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interim rep – doc review | DG/JW | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| Stage 2.2: Expert / stakeholder interviews | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Draft interview DCF | DG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact prospective interviewees | DG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carry out interviews with experts / stakeholders | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interim rep - interviews | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage 2.3: Case studies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select / contact case studies | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Draft case study DCF | DG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carry out case studies | DG/JW/ ML | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interim rep – case studies | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage 3: Analysis and reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analysis | DG/JW/ ML | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Draft final report (10/03/2021) | DG/JW/ML | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client mtg #2 | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final report (26/03/2021) | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presentation (30/03/2021) | DG/JW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

X = project milestone / deliverable; M = project meeting

3.5 Although there are only three (3) formal meetings scheduled during the lifetime of this project, we will need comments, information, or assistance from the Scottish Government at multiple points, as shown in Table 3.2 below.

Table 3.2: Input required from the Scottish Government

| By date | Input / information / assistance required |
|--|---|
| 1 Sep | Meeting #1: Inception meeting: <ul style="list-style-type: none"> • Provide further information about the background / context for the evaluation • Provide feedback on proposal and workplan • Provide a list of (or links to) documents / reports / Government guidance / etc. which should be included in the documentary review |
| Shortly after inception mtg in wb 31 Aug or wb 7 Sep | Meeting #2: Autism policy lead(s) to meet with DG / JW (1.5 to 2 hours) to: <ul style="list-style-type: none"> • Discuss the development of a 'typology' of the strategy recommendations • Provide details of relevant contacts for follow up • Provide further information (and links to) documents and reports which should be considered for the documentary review • Provide further contextual material about the development and implementation of the strategy |
| 9 Sep | Comment on note of inception meeting |
| 11 Sep | Comment on draft data collection framework for documentary review |
| wb 19 Oct | Comment on draft data collection framework for interviews |
| 23 Oct | Comment on short interim report of documentary review |
| wb 7 Dec | Comment on proposed selection of case studies Contact autism leads (or other relevant individuals) in case study areas to inform them of the evaluation |
| 14 Dec | Comment on short interim report of interviews |
| 8 Jan | Comment on draft data collection framework for case studies |
| 10 Feb | Comment on short interim report of case studies |
| 16 or 17 Mar | Meeting #3: Provide verbal feedback / questions on draft final report |
| 18 Mar | Provide collated written comments on draft final report |
| 24 Mar | Provide all last comments on final report and executive summary Confirm requirement for presentation |

Ethics and data protection

3.6 In this section we set out our approach to ethics and data protection.

Ethics

3.7 All members of our team subscribe to the ethical guidelines of the Social Research Association (SRA).¹² The SRA guidelines state that social researchers must carry out their work responsibly and according to high professional and ethical standards. This includes:

- Ensuring that participants give informed consent to taking part in the research, based on full and clear information

¹² Social Research Association (2003) *Ethical guidelines*. See <https://the-sra.org.uk/common/Uploaded%20files/ethical%20guidelines%202003.pdf>

- Ensuring that participants' views are anonymised and cannot be attributed to them directly
- Taking steps to ensure that potential participants are not excluded for reasons of age, sex, ethnicity, communication, disability, comprehension or expense
- Ensuring the safety and security of research participants and researchers.

3.8 We note that these points are largely reflected in the Scottish Government Social Research ethical sensitivity checklist.¹³

3.9 It is important that all individuals who are invited to take part in the evaluation have sufficient information, written in plain English, to enable them to make an informed decision about whether to take part. We will produce a number of project information leaflets for potential research participants. Each leaflet will be tailored to individual participants, and will provide information about: the aims and objectives of the evaluation; the name of the commissioning organisation (i.e. the Scottish Government); the methods being used; the names of the researchers; and contact details for the researchers and the commissioner. Potential research participants will be given details of what their participation would involve (e.g. a one-hour interview sometime during the weeks beginning...), the general topics for discussion, and how the data will be used. We will inform all participants that we would like to record the interview (audio and / or video recording) and that all the data collected for the study will be deleted from our computers at the end of the contract. It will be made clear to potential participants that their participation is not compulsory, and that they may decide **not** to participate.

3.10 In general, respondents' contributions will be anonymised so that it will not be possible in the final report to identify what any particular individual said.

3.11 No individual will be excluded from participation in this review because of gender, race, religion, sexual orientation, language or physical / mental disability.

Data Protection

3.12 Here we provide a very brief overview of our approach to data protection and security. Section 5 of our tender (on cyber-security) provides further detail.

3.13 Dawn and Jen are registered as data handlers with the Information Commissioner's Office¹⁴ and are committed to observing the provisions of the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) which came into effect in May 2018. Thus, all data related to the conduct of this project will be: (i) processed fairly and lawfully; (ii) only used for the specific purposes for which it was collected; (iii) not kept beyond fulfilling the purpose for which it was collected; and (iv) kept securely. Dawn Griesbach will act as the designated data protection officer for the team.

¹³ This checklist contains five key principles: (i) sound application and conduct of social research methods and appropriate dissemination and utilization of the findings; (ii) participation based on valid informed consent; (iii) enabling participation; (iv) avoidance of personal harm; and (v) non-disclosure of identity and personal information.

¹⁴ If we are selected as the contractor for this evaluation, Maura Lynch will also register.

3.14 We are aware of our obligations under GDPR and of the rights and protections this gives to individuals whose personal information is held by data controllers and data processors.¹⁵ In relation to the current project, for us as data processors, the key issues are to ensure that personal data (i.e. name and contact details, and audio / video files from interviews) are (i) used **only** for the purpose of conducting the analysis, (ii) transferred **securely** from the Scottish Government to the research team, and between members of the research team, and (iii) **deleted** from our computers on completion of the project.

3.15 All research products (notes from interviews, analyses, etc.) will be anonymised and retained for six months following the end of the project to enable us to respond, if required, to Freedom of Information requests or other questions from the client. After six months, we will contact the client to confirm their agreement for any research products from the project to be deleted. Any variation in these procedures will be agreed with the client during the project inception meeting.

Project management and quality assurance procedures

3.16 Here we describe our project management and quality assurance procedures.

Project management arrangements

3.17 We would emphasise that our team is committed to completing this project to the highest professional standards, and we will give this evaluation a high priority. All members of the research team have the skills and experience necessary to carry out the required tasks and will conduct themselves in a professional manner at all times. Both Dawn and Jen are senior consultants with a track record of producing very high-quality work and meeting deadlines for reports. Maura also has extensive experience of managing projects in the voluntary sector and engaging with stakeholders in the autism / learning disability community. As independent freelance consultants, we are able to be flexible and responsive, to get the work done in the timescales set for the project.

3.18 Dawn will lead the project. She will take overall responsibility for ensuring that the work is carried out as planned, according to the agreed timescales, and that the final project report is of high standard.

3.19 Dawn, Jen and Maura will work jointly on data collection, analysis and reporting. In our experience, the sharing of tasks among members of the team gives all members a better insight into the work and the emerging issues and themes at every stage of the project. This contributes to a more collaborative approach, provides protection from individual bias and, in our view, results in a much higher quality research process and final outputs.

3.20 Dawn and Jen will communicate regularly by telephone and email throughout the course of the project. They will schedule regular telephone / online meetings to discuss and reflect on the analysis and early findings, and to plan subsequent stages of the project. Maura will have a smaller

¹⁵ Information Commissioner, *Guide to the General Data Protection Regulation. The Principles*. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/>.

role in the evaluation and so will join these meetings as appropriate – during the documentary analysis, the case study work and in the drafting of the final report.

3.21 The progress of the evaluation will also be guided by regular communication between the project lead and the Scottish Government project / policy manager, who will be given opportunities to comment on draft data collection frameworks, participant information leaflets and reports, and to provide input to the evaluation at other relevant points. This communication will enable the project to stay on track and the work to be carried out efficiently within the budget. Details of when we will require input, information and comments from the Scottish Government are provided in Table 3.2 above, and we would wish to review this timetable at the inception meeting and in an ongoing way throughout the evaluation.

Approach to quality assurance

3.22 Quality control will be applied to all aspects of this evaluation – from project design and data collection through to analysis and reporting – to ensure that all research processes and outputs are of high quality and meet the needs of the client. We have already discussed some of these procedures in Section 2 above and summarise them here. Dawn, as project lead, will be the designated quality assurer for the project, although all members of the team will have a role in quality assuring the analysis and final report.

3.23 Our quality assurance mechanisms will include the following:

- Our proposed methodology is intended to give us multiple perspectives on a complex issue – the implementation of a 10-year strategy. This triangulation approach will provide robust evidence to support the conclusions of our evaluation.
- Our data collection instruments will be developed to ensure they capture information which directly addresses the evaluation’s three research questions. The development of all data collection instruments will be done collaboratively within the research team, and the Scottish Government project manager will be given the opportunity to comment on these before they are finalised.
- Audio and / or video recordings (with the consent of the interviewee) and / or detailed notes will be made of all interviews and discussions and this material will be available for audit purposes if required. Given the timescales available for data collection and reporting, the large number of interviews proposed, and the limited resources available, we do not propose to transcribe recordings. Nevertheless, these recordings will provide a helpful reference for us during analysis – allowing us to review specific exchanges as our analysis develops and use verbatim quotations in our report where appropriate, and ensuring that we accurately reflect the views of those who participate.
- Because of the size and complexity of this evaluation, individual members of the team will have responsibility for writing certain sections of the interim and final reports. However, to minimise the risk of bias or distortion, all draft reports will be reviewed by all members of the team. Dawn will have final editorial control of the final report, to ensure that the final version has a single, coherent voice; that it is written in plain English; and that it is fully proofread and ready for publication.

3.24 We would like to draw to the attention of the commissioners that Maura Lynch, a member of our team, previously worked as the deputy director of the Scottish Commission for Learning Disability and, more recently, was the Chief Executive of a small global charity (with its head office in London) involved in helping young people with learning disabilities and autism into employment. (Maura was made redundant during the COVID-19 outbreak.) She also had a role in setting up the Autism Network Scotland. We have had some discussion amongst ourselves whether Maura's involvement in this project might be seen as a conflict of interest, given that she has had a role in supporting implementation of the autism strategy – as well as the learning disability strategy – in Scotland. However, as none of the work she has been involved in has received funding from the autism strategy, in our view, there is no conflict. Rather, we feel that Maura's experience and contacts throughout Scotland will be invaluable to our team in helping us to negotiate the complexity of the landscape in which autism services are provided.

Risk assessment

3.25 Table 3.3 below provides a summary of what we see as the main risks to this project, our proposals for mitigating the risks, and our recovery plan.

3.26 In our view, the main risks to this project are that:

- Given that Scotland's autism strategy has been delivered over a 10-year period, there is a high risk that many of the individuals contributing to our data collection do not have a perspective on the whole of the implementation period. However, we are encouraged to note that many of the individuals we spoke to as part of the review of Autism Network Scotland in 2015-2016 are still considered to be key stakeholders today. In addition, if we identify (a small number) of key players who are no longer involved with the strategy (or with the field of autism) but who can provide a substantial historical perspective, we will (with the Scottish Government's agreement) interview them.
- The topic is highly subjective and sensitive, and the experience of autism (and the landscape of autism policy, practice, and service provision) is complex, dynamic, and personal. The evaluation will likely elicit a very wide range of conflicting views, many of which will be strongly and passionately held. It will be important for the team to be, and to be seen to be independent. Our joint working and team approach are vital in relation to building credibility for the findings of the evaluation, and offers the main mitigation to the potential for bias or unbalanced reporting. We will also be consistent in asking those contributing to the evaluation to provide evidence to support their perspectives.
- The timetable for the evaluation is tight, and there is little scope for delay at any stage if the final timetable is to be adhered to (including any further disruption due to COVID-19 – see below).
- The COVID-19 pandemic has put additional pressures on people at every level of society in Scotland – and particularly those who are involved in the planning and delivery of health and social care services. This is a risk that some of the individuals we might wish to engage with as part of this evaluation will simply not have time to do so. We think this risk is lower in relation to our proposed interviews with experts and stakeholders – who, we think, will be keen to take

part – but will be particularly high in relation to the case studies. We would ask the policy manager in the Scottish Government to assist us in making contact with autism leads in local authorities / HSCPs and in encouraging their involvement in the evaluation. A second national lockdown during the course of the project could affect our ability to deliver the report in the identified timescales simply because those we wish to interview may have to focus their attention elsewhere.

Table 3.3: Summary of risks, mitigation strategy and recovery plan

| Risk | Likelihood | Impact | Mitigating actions | Recovery |
|---|------------|--------|--|---|
| Difficult to get a comprehensive account of the development and delivery of the wide range of intended actions due to staff turnover and lack of continuity during the 10-year time frame | Medium | High | <p>We have devised a methodology which seeks to obtain perspectives from a very wide range of participants, thus reducing our dependence on specific individual inputs.</p> <p>We have also suggested that it might be appropriate – in a small number of cases – to contact key individuals who are no longer working in the roles they occupied at earlier stages in the life of the strategy but who are in a position to offer a substantial historical perspective.</p> <p>We will use the inception meeting and the follow up with the policy leads to discuss how best to recreate the ‘organisational memory’ in relation to the evaluation.</p> | As far as possible, we will ‘chase down’ individuals who we think are important to the evaluation, whether or not they are currently working in the field. However, there will be limits to the extent to which we are able to follow through on every contact. |
| The subjective and personal nature of the topic, coupled with the complex and dynamic landscape of service provision and the strength of conflicting views means that there is a risk that the evaluation will not be seen as independent and / or valid. | Medium | High | <p>It is vital that the research team do not have and are seen not to have any conflicts of interest. We will be completely transparent about our backgrounds / experience / CVs, etc.</p> <p>We will make all our data collection tools available for scrutiny.</p> <p>We will probe all the respondents in relation to the evidence which has led them to hold their views so that any conclusions we reach are evidence based.</p> <p>Our process of internal challenge within the team will minimise the risk of bias.</p> | We expect to be able to build trust with the Scottish Government and with the autism community through our professional and transparent approach. |
| The timetable is challenging and does not provide much room for manoeuvre (including in relation to any further impacts of COVID 19). | Unknown | High | <p>We have set out a detailed project plan (see Table 3.1 above) which identifies a large number of points on the ‘critical path’ to delivering the final report on time. This plan will be reviewed on an ongoing basis.</p> <p>We will keep regular contact with the Scottish Government to ensure that deadlines can be managed effectively. This will be especially important at the latter stages of a project when the draft outputs may be circulated to other in the Scottish Government who have not followed the development of the evaluation.</p> | We will, if possible, reconfigure staff inputs to allow us to make up for lost time. However, while we will do our best to meet agreed deadlines in such circumstances, there are obviously limits to the extent to which we can offset such delays, particularly in the final stages of a project or if new government guidance in relation to COVID-19 (e.g. a second national lockdown) is instigated. |
| Temporary (or permanent) absence of a member of the research team due to illness, accident, etc. | Low | Medium | Our flexible staffing arrangements and collaborative team approach will ensure that work continues uninterrupted if one or other of the team members become unavailable. Individual team members will | If necessary, our contingency researcher (Alison Platts) will join the team. We would arrange a briefing session with Alison within 48 hours in order to keep the project running smoothly. We will contact the client |

| | | | | |
|--|---------|------|---|---|
| | | | be able to increase their input to the project to cover short-term absences. | within 24 hours if it appears necessary to make use of contingency staffing arrangements. |
| Breach of security regarding personal / sensitive data | Low | High | <p>We will adhere to the requirements of the Data Protection Act 1998 and the General Data Protection Regulation and to data processing procedures recommended by the Information Commissioner’s Office. All project personnel will be made aware of their legal requirements under this legislation through signed agreements and a briefing session at the beginning of the project.</p> <p>Data encryption software will be used to transfer data within the team. All data will be held on password-protected computers (with strong passwords); computers will be kept securely; all personal data will be deleted from computers upon completion of the work.</p> | <p>Any breaches of security involving personal data will be reported to the client immediately, and no later than 24 hours after becoming aware of the breach.</p> <p>In the unlikely event of a breach, we will assist the Scottish Government in communicating with the individuals / organisations affected by the breach and with the preparation of a data protection impact assessment.</p> |
| Fire, flood or computer failure | Low | Low | <p>Our standard procedures include use of up-to-date virus protection software, use of cloud storage, and regular (secure, GDPR-compliant) computer backups.</p> <p>Working papers and draft reports will be shared, thus minimising the risk if any one member of the team were unable to use her office.</p> | We will be able to access project information and continue working (from alternative team premises if necessary) with minimum disruption, and within 24 hours, should an adverse event of this type take place. |
| Adverse weather conditions | Unknown | Low | Aspects of this evaluation may be carried out during periods of extreme weather, especially in the winter. We do not foresee any such occurrences resulting in significant disruption to our work, as much of this evaluation will involve virtual (tele-conference or video-conference), rather than face-to-face meetings. However, we reserve the right not to travel to meetings if amber / red warnings are issued by the UK Met Office. | We are happy to carry out project meetings using tele-conference or video-conference facilities where face-to-face meetings would otherwise have to be postponed due to adverse weather conditions. |

Section 4. Technical experience and staffing

4.1 This evaluation will be carried out by Dawn Griesbach (Griesbach & Associates) and Jennifer Waterton (Jennifer Waterton Consultancy), with support from Maura Lynch. Alison Platts, who works regularly with Dawn and Jen will provide contingency staffing cover. This section provides information about our team – our skills, experience, qualifications, and examples of our previous relevant work. At the end of this section, we also provide details of the proposed roles and responsibilities of each member of team in relation to this evaluation.

4.2 We confirm that, barring all unforeseen or adverse circumstances (illness, accident, etc.), all members of our team will be available to work on this contract if our bid is successful. Should such unforeseen circumstances arise, our contingency staffing arrangements will enable us to keep the project on track and complete it according to the agreed timescales.

Short biographies of technical staff

Dawn Griesbach

4.3 Dawn established her research consultancy, Griesbach & Associates, in 2005 after two years of working as a senior researcher in the (then) Scottish Executive. She has also worked in senior research posts in NHS and academic organisations.

4.4 Dawn has both qualitative and quantitative research skills, and considerable experience of undertaking mixed-methods evaluations of national programmes and strategies – particularly in the areas of mental health and health improvement.

4.5 Dawn was a member of the team of independent researchers who evaluated Phase 2 of the Scottish Government's 10-year Choose Life suicide prevention strategy in 2010. She also led a team of researchers in the national evaluation of Applied Suicide Intervention Skills Training (ASIST) – a two-day course which was rolled out widely across Scotland as part of the Choose Life strategy. This evaluation was carried out in 2008 on behalf of the Scottish Government. Separately, in 2011, she carried out an impact evaluation of the national Choose Life Training Programme (which covered ASIST, STORM and SafeTALK) on behalf of NHS Health Scotland. Dawn also led the evaluation (on behalf of the Scottish Government) of the Scottish Recovery Network (SRN) in 2010. The SRN was established to promote the concept of recovery at a national and local level and to support mental health services in Scotland in adopting recovery-oriented practices. In addition, in 2014, she led an evaluation of the Mental Welfare Commission's good practice guides and their impact on NHS mental health and social care services (on behalf of the Mental Welfare Commission). She is currently working with associate Jacki Gordon on an evaluation of the national (UK-wide) Community Dementia Dog Programme (commissioned by Alzheimer Scotland and Dogs for Good). In all these evaluations, Dawn used surveys, analysed secondary data, carried out interviews and focus groups and case studies, to explore effectiveness, impact and learning.

4.6 In relation to autism, specifically, Dawn worked with Jen on a review of Autism Network Scotland (in 2015–2016 – see Jen's biography below) and in that same year, she led a scoping study (on behalf of the Mental Welfare Commission and the Scottish Commission for Learning Disability) which laid the foundations for a subsequent independent review of learning disability and autism in Scotland's Mental

Health Act (chaired by Andy Rome). Maura Lynch and Alison Platts both supported Dawn in relation to this latter study – acting as discussion facilitators at engagement events involving health and social care practitioners, and people with autism and / or learning disabilities and their families.

4.7 Dawn has a Bachelor's degree in Social Anthropology and Linguistics from the University of Pennsylvania and an M.Sc. in Social and Economic History from the University of Edinburgh.

Jennifer Waterton

4.8 Jen is a statistician by background, with wide ranging methodological skills. She has worked in the academic, public, and voluntary sectors as a statistician, methodologist, research manager, researcher, analyst, and writer. She has been running her own consultancy business since 2007.

4.9 Jen is a strong strategic thinker with the ability to assimilate large amounts of information quickly, and to cut through complex issues. She specialises in policy development, programme and strategy development, organisational development, research, evaluation, and writing across a wide range of policy areas. Her substantive expertise spans: health, healthcare and public health; education; children and young people; early years; social and public attitudes; heritage and the arts.

4.10 Jen has undertaken a wide range of complex evaluations (of policies, programmes, organisations and research units) both when she worked in the Chief Scientist Office (CSO) and as an independent researcher. While she was in the Scottish Government, she provided the secretariat function (including writing the final report) of the review of the CSO's grant-funded research programmes. During this time, she also led on eight (8) separate reviews of the CSO's core-funded research units (including the Health Economics Research Unit, the Health Services Research Unit, and the Nursing Midwifery and Allied Health Professions Research Unit). As a freelance consultant, she has reviewed – on two occasions – the Glasgow Centre for Population Health (which has aims relating to partnership building, futures-orientated thinking, research and development, information sharing and promoting best practice), and she has conducted a stakeholder evaluation of the work of the Scottish Collaboration for Public Health Research and Policy.

4.11 As far as work in relation to the autism community is concerned, Jen was the lead researcher on the review of Autism Network Scotland (commissioned by the Scottish Government) which took place during 2015-2016. She has also undertaken projects on behalf of the Scottish Commission for Learning Disability (SCLD) whose work intersects with – and informs and is informed by – strategy, policy and practice in autism. In 2015, she was commissioned to work on the strategic development of the Learning Disability Statistics Scotland (LDSS) dataset. This was a scoping exercise involving documentary review, interviews with key stakeholders, and an options development exercise. This work informed the development of the Keys to Life Implementation Framework and Priorities 2015-2017. In 2017, she was commissioned by SCLD to contribute to a scoping study on independent advocacy support for people with learning disabilities. This involved developing questionnaire instruments, undertaking interviews with people with learning disabilities, writing up case studies, and working on the final report.

4.12 Jen has a B.Sc. in Mathematics and Statistics (1st Class) and an M.Sc. in Statistics, both from the University of Edinburgh.

Maura Lynch

4.13 Maura has a long career supporting people with additional needs in the Third Sector. She was the Chief Executive of DFN Project SEARCH, one of the most successful youth employment charities in

Europe that supports young people with autism into employment, and she has advised both the UK Government and the Scottish Government on the employment of people with additional needs.

4.14 She has worked with and for autistic people in Scotland, initially providing management support to the Scottish Government-funded body Scottish Autism Services Network in 2010 where she was seconded to establish the new national Autism Network Scotland.

4.15 Maura was a co-author of a publication *An Ordinary Life*, a book, written along with a group of adults with autism, that detailed the challenges autistic people experience when trying to live life as others do.

4.16 In 2019, as a member of the steering committee of a Napier University international research project, the Burdett Trust Transitions Programme, she acted as a professional advisor, identifying best practice in transitioning people with additional needs in the NHS.

4.17 Maura was an Associate with two consultancy firms Hall Aitken Associates and Fair Pley Limited where she supported M8s United, a group of parents of autistic children to identify appropriate funding. She also evaluated the benefits of an exercise tool for autistic children in primary schools.

4.18 Maura has a family member with autism.

4.19 She has a Masters in Business Administration degree.

Alison Platts (contingency staffing)

4.20 Alison is a social researcher specialising in qualitative work. She has worked freelance since 2012, following a career in Scottish Government. This included a period as a principal researcher in the Health Analytical Services Division responsible for commissioning and managing research, and providing advice to colleagues across the health directorates. In particular, she was involved in the Scottish Government's smoking in public places consultation in 2004, providing research advice to policy colleagues. Alison has worked on a wide range of evaluations and other qualitative projects using interviews, focus groups and analysis of documentary material across a number of policy areas.

4.21 Recent commissions have included working on: an evaluation of a programme providing support to short-term prisoners (in-depth interviews with offenders and professionals) (with ScotCen, 2014); a project looking at 'harm to others' (evidence review) (with Alcohol Focus Scotland, 2013); a review of the Mental Welfare Commission's good practice guides (survey and follow-up interviews with practitioners) (with Griesbach & Associates, 2014); and a project exploring views on physical activity guidelines for health professionals (focus groups with different socio-demographic groups) (with the Research Shop, 2012).

Staff roles and responsibilities

4.22 Our timetable and workplan in Section 3 (see again Table 3.1) provided an overview of how our team resources will be allocated to take forward our proposed approach. Here we provide further details.

4.23 Dawn, as the lead researcher and project manager for the research team, will have overall responsibility for ensuring that the work is carried out as planned, according to the agreed timescales, and that the final evaluation report is of high standard. Dawn will be the designated quality assurer on

this project, although all members of our team will have a role in our quality assurance processes. Dawn will be the main point of contact with the Scottish Government.

4.24 In terms of the three stages of our approach:

- **Inception:** Dawn and Jen will attend the inception meeting, and both Dawn and Jen will also attend our proposed meeting with the autism lead(s) in the Scottish Government following the inception meeting.
- **Data collection:** Dawn will draft (with input from Jen and Maura) the data collection frameworks for all stages of data collection. She will also produce participant information leaflets and liaise with the Scottish Government in relation to sending these out to the prospective interviewees. Dawn will lead on the documentary review work, with support from Jen and Maura. Dawn and Jen will divide up the interviews with autism experts and stakeholders. Dawn, Jen and Maura will share the case study interviews and analysis. This arrangement will ensure that there is sufficient capacity to gather what will be a large amount of data in a short period of time.
- **Analysis and reporting:** Dawn and Jen will together draft the final evaluation report, with support from Maura although, as noted above, Dawn will have overall editorial responsibility for the final report, ensuring that it has a single voice, that comments from the client are incorporated as appropriate on the draft final report, and that the final report has been thoroughly proofread and is ready for publication. Dawn and Jen will attend the second meeting with the client which we have proposed for the week following submission of our draft final report, and if there is a requirement for a presentation at the end of the project, Dawn and Jen will deliver this.

4.25 Alison Platts has confirmed her availability to step in, if required, in the unlikely event that any member of the team becomes suddenly unavailable due to sickness or accident. We may also wish to call on Alison for help with the case studies, if we feel that additional capacity in the research team is needed at that time.

4.26 Our estimate of the time input of each member of the team is as follows: Dawn (39.5 days), Jen (24.5 days) and Maura (9.75 days). These figures are indicative, and we reserve the right to allocate our staffing resources in a way which we feel will best meet the needs of the evaluation.

Section 5. Cyber security

5.1 In this section, we expand upon our response (in Section 3 of this tender) to the question about data protection. As requested, we have addressed each of the points set out in Section 5 of the Quality Questions.

Please describe the management approach to Information Security and Data Protection, including responsibilities, and risk assessment.

5.2 Griesbach & Associates and Jennifer Waterton Consultancy take a risk management approach to data protection and security. This means that we have considered who, or what, could pose a risk to information that we collect, process or produce through our business activities. These risks include:

- Theft or unauthorised access of our computers, laptops and mobile phones
- Remote attack on our IT systems
- Attacks on our information held by third parties (including our hosted websites or cloud storage services)
- Human error (e.g. accidental release of information by us, or one of our subcontractors) or negligence (e.g. we or our subcontractors discussing sensitive or confidential information on social media platforms).

5.3 We recognise that a failure to take adequate steps to protect our information could result in financial loss, fines, breach of contract, harm to research participants who rightly expect that their data is held securely and treated confidentially, and severe reputational damage – not only for ourselves, but for our clients.

5.4 We have therefore put in place security arrangements to protect our equipment, information, IT systems and our outsourced IT services, and we monitor the effectiveness of these arrangements on a regular basis. We ensure that we and all of our sub-contractors understand our collective responsibilities in relation to data protection and security. We also have IT support contracts and / or seek advice as and when required from reputable IT support professionals.

5.5 In relation to this contract, Dawn Griesbach will be the designated data protection officer for the research team. Dawn Griesbach and Jennifer Waterton are both registered as data handlers with the Information Commissioner's Office and are committed to observing the provisions of the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) which came into effect in May 2018. Thus, all data collected through this evaluation will be: (i) processed fairly and lawfully; (ii) only used for the specific purposes for which it was collected; (iii) not kept beyond fulfilling the purpose for which it was collected; and (iv) kept securely. Note that if we are selected as the successful contractor for this project, Maura Lynch will register with the Information Commissioner's Office.

5.6 We are also aware of our obligations under GDPR and of the rights and protections this gives to individuals whose personal information is held by data controllers and data processors.¹⁶ In relation to the current project, the key issues are to ensure that any personal data (in this case, names and contact details of interviewees, and the contents of audio / video files) are (i) used **only** for the purpose of conducting the evaluation, (ii) **transferred securely** from the Scottish Government to the research team

¹⁶ <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/>

(in the case of interviewee names and contact details), and between members of the research team, and **stored securely**, and (iii) **deleted** from our computers and all back-up folders on completion of the project.

5.7 At the start of all new projects, we make use of the Information Commissioner's *Data Processors' Checklist*¹⁷ to: (i) conduct an information audit to map data flows (i.e. information received by us from the Scottish Government and information shared within the research team), (ii) document the personal data we hold, where it comes from, and what will be done with it, (iii) undertake an information risk and data protection impact assessment, (iv) ensure that our IT equipment is physically secure and that we use appropriate software and processes to prevent loss or theft of data, (v) provide data protection awareness training for all sub-contractors, (vi) never pass project data to sub-contractors without a written agreement / contract from the data controller (in this case, the Scottish Government) to do so, and (vii) have arrangements in place to report any breaches of personal data to the data controller without delay.

5.8 We have undertaken an Information Security and Data Protection risk assessment for this project, and we judge that our normal processes for data storage and transfer are adequate for the purposes of this evaluation. These processes are described in response to the questions below.

Please describe where data will be processed and how it will be secured, including any encryption controls and also including the measures put in place with subcontractors.

5.9 All non-personal information produced as part of this project (i.e. interview topic guides, data collection frameworks, participant information sheets, anonymised notes of meetings, records of analysis, and interim and final reports) will be stored on password-protected computers. We use strong passwords.

5.10 Personal information on interviewees which requires to be shared between members of the research team (this includes interview audio / video files and names and contact details of interviewees) will be held in an encrypted (password-protected) folder on DropBox. Personal data will **not** be held on mobile devices (laptops, tablets or mobile phones) which may be taken out of our offices.

5.11 Dawn Griesbach will be responsible for informing all members of the team of these arrangements and ensuring that there is compliance with agreed encryption procedures. A written agreement will be put in place between Griesbach & Associates and Jennifer Waterton Consultancy, and between Griesbach & Associates and Maura Lynch setting out our data security arrangements and expectations.

Please describe how data will be secured during transmission between the Scottish Government, the Contractor and sub-contractors, including any encryption controls and use of USB memory sticks.

5.12 The names and contact details of all the individuals who are likely to participate in this evaluation are already available in the public realm. Nevertheless, we would suggest that, if the Scottish Government is able to provide a complete list of interviewees and their contact details to us, this information should be transferred to us by email in an encrypted Word or Excel file, so that the file can only be opened with a password, or using an encrypted data stick which we can collect from St Andrew's House.

¹⁷ <https://ico.org.uk/for-organisations/data-protection-self-assessment/processors-checklist/>

Please describe the measures in place to protect computers, software, middleware and infrastructure used to process data against loss or compromise from cyber-attack and crime, including the use of firewalls, user accounts and passwords, secure storage.

5.13 The personal computers used by all members of the research team are password-protected (using strong passwords) and kept in locked offices at all times. Laptops or other mobile devices used by members of the research team are also password protected, but as stated above, none of the personal data collected or received as part of this evaluation will be held on mobile devices that are taken outside of our homes. Our wireless networks are secure / password protected. All members of our team have Windows 10 and Office 365 installed on their computers, and receive automatic security / firewall updates from Microsoft.

5.14 Files containing personal information which are required to be shared as part of this project will be stored in an encrypted folder on DropBox.

Please describe the measures taken to ensure that only authorised individuals have access to only that data required for them to perform their role, and thus reduce the risk of information being lost or stolen.

5.15 Interview recordings (audio / video files) from Stage 2.2 of the project will be stored in an encrypted (password protected) folder on Dropbox. Access to this folder will be restricted to Dawn Griesbach and Jennifer Waterton. Interview recordings (audio / video files) from Stage 2.3 of the project (the case studies) will be similarly stored in a Dropbox folder, and all members (and only members) of the team will have access to this folder.

5.16 Anonymised notes of interviews, and project working papers / reports will be stored in the latter folder so that they are available to all members of the research team for analysis.

5.17 All interview recordings will be labelled with an alpha-numeric ID and these IDs will be linked to the names of interviewees held in a separate file. A password will be required to open the 'key' file, and all members of the research team (and only members of the research team) will have a copy of this password.

Please describe the measures taken to ensure that data processed digitally is protected from malware, virus and untrusted software.

5.18 All members of the research team have anti-virus protection software installed on their computers. Dawn Griesbach uses Malwarebytes Premium. Jennifer Waterton uses ESET Security. Maura Lynch uses McAfee Antivirus software. This software is updated automatically as updates become available.

5.19 Dawn Griesbach will ensure that all members of the team understand the risks associated with accessing inappropriate websites and / or clicking on weblinks sent in 'odd' email messages.

Please describe the processes in place to ensure that computers, software, middleware and infrastructure upon which the service relies, are patched with updates / hotfixes to ensure they are not vulnerable to known security issues.

5.20 Updates and patches to our firewall and anti-virus software are installed automatically by Windows 10 and our anti-virus software.

Please describe what training is given to employees, contractors and sub-contractors in regard to information security and data protection, including lone and home workers.

5.21 Griesbach & Associates, Jennifer Waterton Consultancy and Maura Lynch are all sole traders. If our team is chosen to undertake this evaluation, Dawn Griesbach, as the designated data protection officer for this evaluation, will arrange a data security briefing via video-conference with Jen and Maura to review our data protection processes as described above and ensure compliance among all members of the team. This meeting will involve talking through the data protection assessment provided by the Information Commissioner's Office for small businesses and sole traders¹⁸ and the UK Government's Cyber Security guidance for small businesses.¹⁹ In this way, we will ensure that all members of the team know how to protect all data collected, processed or created as part of this evaluation, and what to do in the case of a data security breach.

Please describe how back-ups of the data will be taken and protected. Also, how data will be restored in the event of an incident, to ensure business continuity and continuity of the service offered. Please indicate if such Disaster Recovery procedures are tested, how often, and the date of the last test.

5.22 The contents of our computer hard drives are automatically backed up, on a daily basis, onto Microsoft OneDrive. This cloud server is based in the UK and is GDPR-compliant. In the event of a computer hard drive failure, fire, flood or theft, we can copy the data down from the cloud server.

5.23 Dawn Griesbach has also arranged for automatic back-ups onto an external drive kept in her desk. The backed-up data is compressed and, in the event of a computer hard drive failure, she can copy the data over onto a new hard drive and unzip it. Access to the external drive is via a password.

5.24 These procedures are tested at the start of all new projects. The last test for Griesbach & Associates was 19/07/2020. We will ensure that Jennifer Waterton and Maura Lynch review their own arrangements as part of our data security briefing at the start of the project.

Tenderers should provide details of any Information Assurance certification they possess, or standards they confirm to (e.g. ISO 27001, ISO 22301, ISO/IEC 20000, Cyber Essentials / Cyber Essentials Plus or their equivalents). If the tenderer does not currently hold certifications, they should advise of any plans they have for achieving any relevant certifications.

5.25 None. We have no plans at present to achieve any of these certifications.

¹⁸ <https://ico.org.uk/for-organisations/business/assessment-for-small-business-owners-and-sole-traders/>

¹⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/412017/BIS-15-147-small-businesses-cyber-guide-March-2015.pdf