



# Evaluation of the Victorian Limb Loss Empowerment Project

*Provision of tailored information and access to  
peer-led supports via the development of a  
consumer-led interactive up-skilling program.*

Individual Capacity Building and  
Organisational Capacity Building  
Application Id: 4-CGK4QZC

Client Name: Limbs 4 Life

Prepared By: Associate Professor Natasha Brusco

Alpha Crucis Group, July 2024



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## Abbreviations

Abbreviation	Full terminology
<b>Limbs 4 Life</b>	Limbs 4 Life
<b>LLEP</b>	Limb Loss Empowerment Project
<b>ICB</b>	Individual capacity building
<b>OCB</b>	Organisational capacity building
<b>LLAC</b>	Victorian limb loss advisory committee
<b>LASG</b>	Local area support groups
<b>CRM</b>	Customer relationship management system

## 1. Title

Evaluation of the Victorian Limb Loss Empowerment Project

## 2. Introduction

The limb loss community in Victoria is continually growing, as annually, 1,600 people undergo a lower limb amputation (Dillon et al. 2017). Over the last five years (starting 2007) almost 2,700 Victorians under the age of 60 lost lower limbs due to cancer, infection, birth defects, vascular disease and diabetes, with another 5,300 people experiencing limb loss over the age of 60 (Dillon et al. 2017). While physical rehabilitation is routinely provided post amputation, gaps exist with the provision of psycho-social rehabilitation (Murray and Forshaw 2013). **Peer support is a key part of psycho-social rehabilitation**, and whilst recommended for, and wanted by, people incurring a major limb amputation (Reichmann and Bartman 2018; Limakatso et al. 2024), few receive this service (Brusco et al. 2023).

**Limbs 4 Life** is currently addressing this **gap in psycho-social rehabilitation** through their mission to empower amputees with knowledge and support to make a real difference, because “no one should go through the journey of limb loss alone” ([Empowering Amputees - Limbs 4 Life](#)). Limbs 4 Life subscribes to the social model of disability and proudly contributes to changing the social norm by fostering a positive and inclusive community which embraces and maximises the potential of people with disability, enabling greater social and economic participation for people with limb loss. Limbs 4 Life supports include day-to-day peer-led mentoring activities, resource provision and advocacy. Limbs 4 Life also supports health professionals to understand the benefits of peer-led mentoring. In addition, Limbs 4 Life supports families, who want to make connections with others in the same situation and learn new and enhanced ways of supporting their loved one.

Based on the outcomes and lessons learned from the Limbs 4 Life 2017/18 capacity building project in South Australia (NDIA ILC Jurisdictional Grant), Limbs 4 Life aimed in the current project to further extend supports and up-skill people with limb loss in Victoria, and build greater levels of confidence in each individual through the **Limb Loss Empowerment Project (LLEP)**. Victoria was selected as it has experienced the highest demand for Limbs 4 Life peer support visits, representing 58% ( $n=458$ ) of the national demand ( $n=794$ , 5 years of data, 2013-18). While Limbs 4 Life work is currently underway to increase awareness and demand for these services in the other states, the sheer volume of demand in Victoria demonstrated the need to focus on this location.

The LLEP was focused on contributing to changing the lives of people with limb loss and their families through improved access to information, linkages and referrals and provide them with the ability to connect and have access to information needed to make decisions and choices. It was hypothesised that this in turn will contribute to people with limb loss leading, shaping, and influencing their community and providing peer support participants with access to a toolkit. In addition, as part of the LLEP, Limbs 4 Life would establish a

Victorian limb loss advisory committee (LLAC), and local area support groups (LASG), and develop an online peer support to expand the current face-to-face peer support program for those unable to receive 'in-person' support and develop key resources for the limb loss community.

### *Project Aims*

The aims of the project were to:

- 1) Report if the Limb Loss Empowerment Project was implemented as intended through a process evaluation (Moore et al. 2015).
- 2) Measure the impact of the Limb Loss Empowerment Project.
- 3) Report the cost of implementation for the Limb Loss Empowerment Project.
- 4) Report the model for Limb Loss Empowerment Project sustainability.

## 3. Methods

### *The Limb Loss Empowerment Project*

The Limbs 4 Life Victorian LLEP is focussed on individual capacity building (ICB) activities for people with limb loss and their families, as well as organisational capacity building (OCB) activities for Limbs 4 Life. The OCB activities focused on a customer relationship management (CRM) system and website integration; governance training and succession planning; as well as a media and communications strategy.

The LLEP established a Victorian LLAC and LASG and developed a suite of individual and group online peer support programs. In addition, the current face-to-face peer support program was expanded to develop key resources (workshops, webinar and toolkit) to assist people with limb loss and their families to acquire knowledge about managing their disability, set goals, find employment, and discover community engagement opportunities. Limbs 4 Life delivered workshops and webinars across Victoria tailored to fulfil information gaps and increase confidence for people with limb loss and their families. A tailored Limb Loss Tool Kit was also developed to assist people with limb loss to acquire knowledge and make informed and educated decisions about their long-term care, choices and the provision of supports.

LASGs were established in four metropolitan Melbourne and eight regional Victorian areas, managed by Limbs 4 Life Project Officer and trained volunteer Group Leaders. Limbs 4 Life developed a moderated online network enabling members to support one another, reduce social isolation and share locally based information. The Networks were managed by Limbs 4 Life Project Officer and trained volunteer moderators. To expand Limbs 4 Life volunteer workforce and extend reach across Victoria, people with lived experience of limb loss were trained as peer mentors.

### *Co-design process*

People with limb loss and their families were involved in all aspects of ICB activities, including co-design and activity oversight. Content of ICB activities was evidence-based, and co-designed, drawing upon subject matter from webinars and workshops. This was via stakeholder surveying, committee roles, peer support, group leadership, online moderation and during the formal project evaluation period (focus groups and interviews). When employing staff into the LLEP, people with limb loss, or other disabilities, were encouraged to apply.

### *Study design*

The evaluation extended over the life of the project (January 2020 until February 2024) and was led by a health economist. One aspect of the project (participant survey) was approved by the Monash University Human Research Ethics Committee (Project ID 14839) and therefore approved for external dissemination (e.g., scientific journal publication).

The evaluation used a mixed methodology.

- Aim 1 utilised a qualitative methodology for the process evaluation to describe what was done compared to what was intended to be done (Appendix 1 and 2)
- Aim 2 utilised a mix of qualitative and quantitative methodology to measure the impact of the LLEP (Appendix 3 and 4)
- Aim 3 utilised quantitative methodology for the cost analysis
- Aim 4 is presented as a sustainability framework for the LLEP

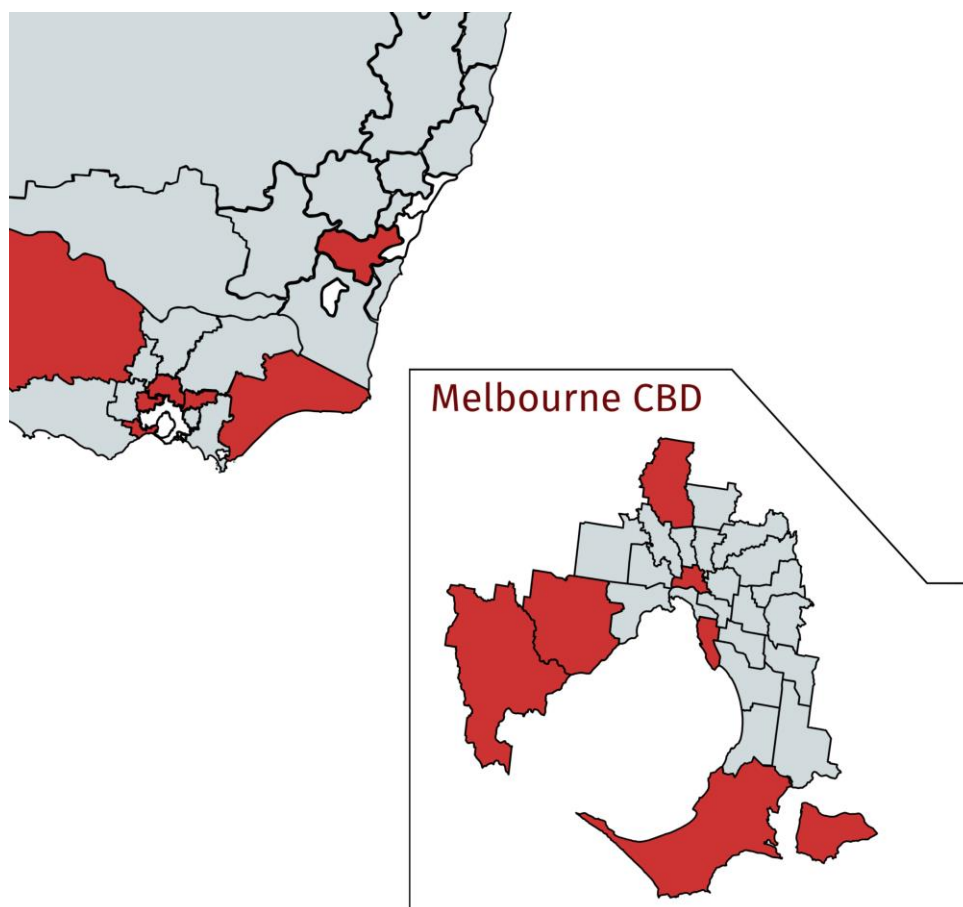
### *Setting*

The LLEP comprised 12 regions (see Figure 1) across metropolitan, rural, and regional Victoria, Australia. These included:

- Metropolitan regions:
  1. Melbourne metro east including up to Yarra Ranges
  2. Melbourne metro south including Bayside and Mornington Peninsula
  3. Melbourne metro north including Craigieburn, Whittlesea
  4. Melbourne metro west including Sunbury, Bacchus Marsh, Brimbank, Werribee
- Rural regions:
  5. Gippsland region
  6. Geelong/Barwon region
  7. Central Highlands region
  8. Ovens Murray region
  9. Goulburn region
  10. Loddon/Campaspe region
  11. Mallee region
  12. Wimmera South West region



Figure 1. Map of Victoria showing the 12 LLEP regions.



### *Recruitment and Participants*

Convenience sampling was used to recruit participants (see Table 1). Recruitment for the LLEP group leaders and group members was via the Limbs 4 Life network through social media outlets, website as well as direct email, phone, or postal mail advertising.

**Consent - Specific to participation in the LLEP itself:** Participation as a LLEP group leaders or group member was voluntary and had its own project specific process for participation.

**Consent - Specific to participation in the evaluation:** Prior to people engaging in the LLEP survey evaluation for the LLEP, participants were provided with an evaluation explanatory statement. Participants were required to tick a consent box prior to commencing the survey. The online surveys were completed anonymously so it was not possible to match the baseline and follow-up-survey responses to ascertain how many individual respondents completed the surveys across the different time-points.

*Table 1. Participants and data collection across the project period*

	Survey name	Respondents	Year(s) it was distributed
1	Victorian Limb Loss Empowerment Project Feedback	People from across Victoria, on the Limbs4Life database, who have experienced limb loss	Baseline data: 2020 Follow up data: 2022, 2023, 2024
2	Group Leader Training Feedback	Group Leaders after training	2021, 2022
3	Peer Support Volunteer Training Feedback	Peer Support Volunteers after training	2021, 2022, 2023
4	Victorian Amputee Empowerment Workshop Feedback	People who attended an Empowerment Workshop	2022, 2023, 2024
5	Victorian Amputee Information Session Feedback	People who attended an Amputee Information Session	2021, 2022
6	Amputee Gathering Feedback	People who attended an Amputee Gathering	2023, 2024
7	Partners and Carers Feedback	Partners and Carers of people with an amputation	2023, 2024

### Data sources

Table 2 provides details of the data sources for fidelity and adaptations, reach and dose, impact of the LLEP, costs, sustainability, and scalability. Of note, the Victorian Limb Loss Empowerment Project survey (see Appendix 3) was designed to help the project team understand the awareness and impact of the Victorian Limb Loss Empowerment Project across all Victorian Limbs4Life members. This survey was adapted from a previously published survey that examined the impact of peer support across Australia (Brusco et al. 2023).



Table 2. Data collection sources

Outcome Measure	Data Collection Tool	Timing of Data Collection
<b>Process Evaluation</b>		
<b>Fidelity:</b> detailed log of the implementation process	Appendix 2: Implementation plan	2020, 2021, 2022 and 2024
<b>Adaptations:</b> changes / variations to the intended implementation plan	Appendix 2: Implementation plan	2020, 2021, 2022 and 2024
<b>Impact of the LLEP (including ILC / NDIA specific outcomes – Appendix 6)</b>		
To report <b>reach</b> and <b>dose</b> of the LLEP	Appendix 2: Implementation plan	2020, 2021, 2022 and 2024
To report the regional group leader and group members <b>response</b> to, and <b>impact</b> of, the LLEP	Appendix 3: Limbs 4 Life, Victorian Based Pre and Post Survey (note that survey administration has ethical approval from Monash University Human Research Ethics Committee)	2020, 2021, 2022 and 2024
<b>Economic Evaluation</b>		
LLEP cost analysis: <ul style="list-style-type: none"> <li>Implementation costs (48 months)</li> <li>business as usual costs (12 months)</li> </ul>	Table 9: Cost of implementation and cost of business as usual	2024
<b>Model of Sustainability</b>		
To report the model for Limb Loss Empowerment Project sustainability	Table 10: Considerations for the sustainable LLEP project	2024

### Statistical methods

Data from the surveys was analysed using descriptive statistics. Responses to the open-ended questions were analysed using inductive content analysis (Thomas, 2006). To enhance trustworthiness, this was performed separately by two researchers, who then discussed their results to reach consensus (Creswell, 2012). The cost of implementation was completed by examining the project's approved project budget.

## 4. Results

### Section 1: Fidelity to the Limb Loss Empowerment Project Implementation Plan

Between 2020 and 2024, the LLEP was implemented with complete **fidelity** to the intended implementation plan, with all 24 of the 24 implementation activities completed (Table 3). However, there were some **deviations** from the implementation plan, that required an **adaptation** to the project due to the COVID-19 pandemic and this included project delays; changing in-person activities to online or over the phone; as well as extending the project timeline by one-year.

Table 3. Fidelity with the intended Implementation Plan

	Implementation Plan submitted with the ILC Grant Application	Completed as intended	Evidence points to demonstrate that the implementation plan was completed as intended, with <b>adaptations reported in red</b> .
1	Appoint a Peer Project Manager	Yes	<ul style="list-style-type: none"> <li>Mike Rolls appointed to the position in March 2020</li> </ul>
2	Appoint a Peer Project Coordinator	Yes	<ul style="list-style-type: none"> <li>Bruce Jacques was appointed as Peer Support Program Coordinator</li> </ul>
3	Establish Peer-Led Limb Loss Advisory Committee (LLAC)	Yes	<ul style="list-style-type: none"> <li>Commenced in 2020</li> <li>8 members</li> <li>Terms of Reference developed, and regular meetings held throughout the project period</li> </ul>
4	Appoint an IT Project Officer	Yes	<ul style="list-style-type: none"> <li>Rosy Interegi was appointed as IT Project Officer</li> </ul>
5	Develop framework for Local Area Support Groups (LASG) in line with current procedures and protocols	Yes	<ul style="list-style-type: none"> <li>A LASG framework was developed with the LASG members</li> </ul>
6	Baseline survey (June 2020) and follow-up surveys (March 2022, October 2023, May 2024) to the Victorian community with Limb Loss <ul style="list-style-type: none"> <li>Survey received Monash University Human Research Ethics Committee approval prior to distribution</li> </ul>	Yes	<ul style="list-style-type: none"> <li>Monash University Human Research Ethics Committee approval received in June 2020</li> <li>Survey distributed in <b>June 2020</b> with n=223 responses</li> <li>Repeat survey distributed in <b>March 2022</b> with n=200 responses</li> <li>Repeat survey distributed in <b>October 2023</b> with n=72 responses</li> <li><b>ADAPTATION: Additional survey distributed in May 2024 with n=159 responses</b> <ul style="list-style-type: none"> <li>Additional survey deployed due to extended project timeline</li> </ul> </li> </ul>
7	Regular meetings with the evaluation team at Alpha Crucis Group	Yes	<ul style="list-style-type: none"> <li>Regular evaluation meetings commenced in June 2020 and continued throughout the project period</li> </ul>
8	Develop a limb loss tool kit	Yes	<ul style="list-style-type: none"> <li>This was developed in the early stages, and refined and added to throughout the project</li> </ul>

	Implementation Plan submitted with the ILC Grant Application	Completed as intended	Evidence points to demonstrate that the implementation plan was completed as intended, with <b>adaptations reported in red</b> .
			<ul style="list-style-type: none"> <li>The Toolkit was made up of a range of resources based on community feedback where gaps in information were identified.</li> <li>Resources included: <ul style="list-style-type: none"> <li>Information sheets hard/soft copy, pocket cards containing key information and 8 x video clips featuring subject matter experts who provided information regarding: human rights, employment, dealing with grief and loss, prosthetic selection, keeping fit and mobile etc.</li> <li>Further, based on community feedback 5 x information sheets were created for Carers and Family members of people pre and post amputation to assist with their journey and an online support network was also established for Carers/family members (which falls outside of the Toolkit)</li> </ul> </li> </ul>
9	Establish location-based regional and metropolitan peer-led Local Area Support Groups (LASG)	Yes	<ul style="list-style-type: none"> <li>Metropolitan: Regions 1 to 4 (n=4 LASGs)</li> <li>Rural: Regions 5 to 12 (n=8 LASGs)</li> </ul>
10	Engage LASG Leaders	Yes	<p>A Group Leader training manual was developed and Group Leader kits were provided to each Group Leader. We ran 4 x Group Leader Training sessions to a total of 23 Leaders. Of those a number dropped out due to personal reasons, lack of local area interest, inability to commit. As such, multiple leaders were engaged to facilitate each group to ensure sustainability.</p> <ul style="list-style-type: none"> <li>Final number of Group Leaders n=18 <ul style="list-style-type: none"> <li>Metropolitan: n=11 leaders</li> <li>Rural: n=7 leaders</li> </ul> </li> </ul>
11	Develop and establish online support group network	Yes	<ul style="list-style-type: none"> <li>Start date for the network was 2021</li> <li>There was n=2,568 network members by the end of the project</li> </ul>
12	Conduct Regional Group Leader Peer Support Training	Yes	<ul style="list-style-type: none"> <li>Group Leader Training sessions provided n=3 sessions (1.5 hours each session)</li> <li>Combined Group Leader attendance n=18</li> </ul>
13	Recruit LASG members/attendees <ul style="list-style-type: none"> <li>This will enable people with limb loss to provide peer</li> </ul>	Yes	<ul style="list-style-type: none"> <li>Metropolitan: Regions 1 to 4 (n=4) <ul style="list-style-type: none"> <li>Combined attendees n=703</li> <li>Combined meetings n=35</li> </ul> </li> <li>Rural: Regions 5 to 12 (n=8) <ul style="list-style-type: none"> <li>Combined attendees n=282</li> </ul> </li> </ul>

	Implementation Plan submitted with the ILC Grant Application	Completed as intended	Evidence points to demonstrate that the implementation plan was completed as intended, with <b>adaptations reported in red</b> .
	support to new amputees and their families, increasing confidence and helping to empower them and transition.		<ul style="list-style-type: none"> <li>○ Combined meetings n=28</li> <li>• <i>Note: Limbs 4 Life hosted various information sessions to determine gaps in community supports and information, level of confidence, skills and interest in building capacity, both at a personal level and collective community level. A total of 63 information and subsequent sessions were held during the course of the funding period. 28 of these were held in Rural areas and 35 in metropolitan areas.</i></li> </ul>
14	Upskilling, training and developing existing National Volunteer Amputee Advisory Council to improve their leadership, governance skills capacity	Yes	<ul style="list-style-type: none"> <li>• There was one training program delivered over 2-days, to n=12 people</li> </ul>
15	Conduct final project consultation	Yes	<ul style="list-style-type: none"> <li>• At the final Empowerment Workshop, delivered in May 2024, the participants were consulted as to the LLEP progress and the preliminary outcomes</li> </ul>
16	Media and Communications Strategy Development: maximising the use of technology in the delivery of all services	Yes	<ul style="list-style-type: none"> <li>• See Appendix 5 for details. In summary: <ul style="list-style-type: none"> <li>○ Develop email direct messages and distributed</li> <li>○ Increase Social Media profile with additional posts / information</li> <li>○ Establish Insta account to appeal to alternate audience</li> <li>○ Change Social Media's posts for consistency to reflect same/similar graphic output</li> <li>○ Update website and utilise news/events section more.</li> <li>○ Tailor messaging in specific format and to specific audience e.g.: health care professionals, Amputees, Carers, NDIS Local Area Coordinators - create specific information sheets.</li> </ul> </li> </ul>
17	Deliver empowerment workshops and webinars which build capacity enabling people to voice concerns, and access information to achieve solution-based outcome. This aims to promote confidence building,	Yes	<ul style="list-style-type: none"> <li>• Empowerment workshops' delivered n=4</li> <li>• Empowerment workshop attendees n=330 <ul style="list-style-type: none"> <li>▪ Workshop 1 n=68</li> <li>▪ Workshop 2 n=87</li> <li>▪ Workshop 3 n=86</li> <li>▪ Workshop 4 n=89</li> </ul> </li> <li>• Webinars n=9 all now available on our you tube channel <ul style="list-style-type: none"> <li>○ Total number of views n=1,652</li> </ul> </li> </ul>

	Implementation Plan submitted with the ILC Grant Application	Completed as intended	Evidence points to demonstrate that the implementation plan was completed as intended, with <b>adaptations reported in red</b> .
	increase knowledge, and promote choice and control and transitional support.		<ul style="list-style-type: none"> <li>• <b>Impact of COVID-19 on the workshops:</b> <ul style="list-style-type: none"> <li>○ COVID-19 lockdowns in Victoria resulted in an inability to deliver face-to-face workshops in the early phase of the project. In response to this, webinars were developed to ensure the project team had a mechanism to connect with the Victorian limb loss community.</li> <li>○ Delay to the first empowerment workshop</li> <li>○ Additional empowerment workshop due to extended project timeline</li> </ul> </li> </ul>
18	Submit to the funders a final evaluation report	Yes	<ul style="list-style-type: none"> <li>• This report is the final report</li> </ul>
19	Report strengthened organisational capability and improved ability to deliver ILC projects	Yes	<ul style="list-style-type: none"> <li>• Improvements include: <ul style="list-style-type: none"> <li>○ Survey tools</li> <li>○ Community connections and community input into project design</li> </ul> </li> </ul>
20	Report mainstream supports which have been utilised in this project	Yes	<ul style="list-style-type: none"> <li>• Mainstream supports include: <ul style="list-style-type: none"> <li>○ Department of Social Services</li> <li>○ Social Media</li> </ul> </li> </ul>
21	Report areas where the organisation has strengthened	Yes	<ul style="list-style-type: none"> <li>• Improvements include: <ul style="list-style-type: none"> <li>○ Project Planning</li> <li>○ Budget</li> </ul> </li> </ul>
22	Report things that are slowing down the projects progress (barriers)	Yes	<ul style="list-style-type: none"> <li>• Barriers include: <ul style="list-style-type: none"> <li>○ COVID-19 Pandemic (project delays)</li> <li>○ Delays with personnel recruitment</li> </ul> </li> </ul>
23	Report things that are helping the project succeed (facilitators)	Yes	<ul style="list-style-type: none"> <li>• Facilitators include: <ul style="list-style-type: none"> <li>○ Existing community links</li> <li>○ Conducting previous ILC projects</li> </ul> </li> </ul>
24	Reporting the best and promising practices and approaches that were identified by the LLEP	Yes	<ul style="list-style-type: none"> <li>• Best practices identified by the LLEP: <ul style="list-style-type: none"> <li>○ In person events are essential in the mix of meeting types, due to the unique connects made when people are face to face.</li> <li>○ Consideration needs to be given to sub-groups within the amputee community, such as younger people, and the partners and carers of people with an amputation</li> </ul> </li> </ul>

## Section 2: The reach and dose of the Limb Loss Empowerment Project

The **reach** and **dose** of the LLEP is reported in Table 4. In summary there was 100% reach for leaders and members across the 12 LASGs (per program plan expectations), and there was a strong project delivery dose with 63 information sessions / meetings with 985 attendees, across the 12 LASGs; as well as four Empowerment Workshops with 330 attendees.

Table 4. Reach and dose of the limb loss empowerment project

LLEP reach, dose and outputs	Regions (if applicable)	Number
The number of LLEP regional group <b>leaders</b> trained	12	18 leaders
The spread ( <b>reach</b> ) of the <b>group leaders</b> across each of the identified regions (information session +/- ongoing groups)	12	100% reach across 12 regions
<i>Metropolitan region 1</i>	<i>Melbourne metro east including up to Yarra Ranges</i>	2
<i>Metropolitan region 2</i>	<i>Melbourne metro south including Bayside and Mornington Peninsula</i>	3
<i>Metropolitan region 3</i>	<i>Melbourne metro north including Craigieburn, Whittlesea</i>	3
<i>Metropolitan region 4</i>	<i>Melbourne metro west including Sunbury, Bacchus Marsh, Brimbank, Werribee</i>	2 (after information session no group was formed)
<i>Rural region 5</i>	<i>Gippsland region</i>	2 (divided into Traralgon and Sale; 1 leader for each)
<i>Rural region 6</i>	<i>Geelong/Barwon region</i>	1
<i>Rural region 7</i>	<i>Central Highlands region</i>	1 (only for part of the project time)
<i>Rural region 8</i>	<i>Ovens Murray region</i>	1
<i>Rural region 9</i>	<i>Goulburn region</i>	N/A
<i>Rural region 10</i>	<i>Loddon/Campaspe region</i>	1
<i>Rural region 11</i>	<i>Mallee region</i>	1
<i>Rural region 12</i>	<i>Wimmera South West region</i>	1
The spread ( <b>reach</b> ) of the <b>members</b> across each of the identified regions	12	985 members across all LASGs



<i>Metropolitan region 1</i>	<i>Melbourne metro east including up to Yarra Ranges</i>	143 total attendees
<i>Metropolitan region 2</i>	<i>Melbourne metro south including Bayside and Mornington Peninsula</i>	213 total attendees
<i>Metropolitan region 3</i>	<i>Melbourne metro north including Craigieburn, Whittlesea</i>	168 total attendees
<i>Metropolitan region 4</i>	<i>Melbourne metro west including Sunbury, Bacchus Marsh, Brimbank, Werribee</i>	142 total attendees
<i>Rural region 5</i>	<i>Gippsland region</i>	32 total attendees
<i>Rural region 6</i>	<i>Geelong/Barwon region</i>	71 total attendees
<i>Rural region 7</i>	<i>Central Highlands region</i>	21 attendees
<i>Rural region 8</i>	<i>Ovens Murray region</i>	93 total attendees
<i>Rural region 9</i>	<i>Goulburn region</i>	11 total attendees
<i>Rural region 10</i>	<i>Loddon/Campaspe region</i>	43 total attendees
<i>Rural region 11</i>	<i>Mallee region</i>	17 total attendees
<i>Rural region 12</i>	<i>Wimmera South West region</i>	31 members
The number ( <b>dose</b> ) of regional group meetings throughout the project period	12	28 meetings across all LASGs
The number ( <b>dose</b> ) of regional group attendees throughout the project period	12	319 members across all LASGs
The number of empowerment workshops	-	4
The attendance at the empowerment workshops	-	330
The number of empowerment webinars	-	9
The views / attendance at the empowerment online webinars	-	1,652 views of the webinars

### Section 3: Response to, and impact of, the Limb Loss Empowerment Project (via seven surveys)

The **response** to, and **impact** of, the LLEP has been considered from multiple perspectives. Where possible, the results have been presented for combined regions, as well as separated into metropolitan and rural regions. There were seven survey types distributed during the project period to support the internal project evaluation. One of the surveys also supported an additional external facing evaluation of the LLEP, via a peer-reviewed journal publication, noting this particular survey underwent Monash University Human Research Ethics Committee approval for external facing dissemination (see Table 5).

Table 5. Surveys distributed during the project period

	Survey name	Respondents	Year(s) it was distributed	Total response number	Internal / external project evaluation
1	Victorian Limb Loss Empowerment Project Feedback	People from across Victoria, on the Limbs4Life database, who have experienced limb loss <i>Total people n=677</i>	baseline data: 2020 follow up data: 2022, 2023, 2024	n=223 baseline n=431 follow up	Internal and external
2	Group Leader Training Feedback	Group Leaders after training <i>Total people n=18</i>	2021, 2022	n=11	Internal
3	Peer Support Volunteer Training Feedback	Peer Support Volunteers trained <i>Total people n=117</i>	2021, 2022, 2023	n=37	Internal
4	Victorian Amputee Empowerment Workshop Feedback	People who attended an Empowerment Workshop <i>Total people n=330</i>	2022, 2023, 2024	n=68	Internal
5	Victorian Amputee Information Session Feedback	People who attended an Amputee Information Session <i>Total people n=221</i>	2021, 2022	n=143	Internal
6	Amputee Gathering Feedback	People who attended an Amputee Gathering <i>Total people n=985 (total amputees 959)</i>	2023, 2024	n=52	Internal
7	Partners and Carers Feedback	Partners and Carers of people with an amputation <i>Total people n=26</i>	2023, 2024	n=26	Internal

## Survey 1: Victorian Limb Loss Empowerment Project Feedback

The Victorian Limb Loss Empowerment Project survey was completed by 223 respondents at baseline (year 2020), as well as 431 respondents across three different timepoints throughout the project timeline (2022  $n=200$ , 2023  $n=72$  and 2024  $n=159$ ). The respondent characteristics at baseline and follow-up are shown in Table 6. Results must be interpreted carefully. While the follow-up participant responses had access to the supports from the LLEP, they were concurrently facing the challenges of the COVID-19 pandemic.

Table 6. Respondent characteristics at baseline and follow-up

Question	Response	Baseline <sup>1</sup> ( $n=221 - 223$ )		Follow-up <sup>1</sup> ( $n=412 - 431$ )	
		<i>n</i>	%	<i>n</i>	%
Age	Under 18 years	1	<1%	0	0%
	18 - 24 years	1	<1%	2	<1%
	25 - 34 years	8	4%	7	2%
	35 - 44 years	12	5%	28	7%
	45 - 54 years	52	23%	72	17%
	55 - 64 years	58	26%	151	35%
	65 - 74 years	55	25%	110	26%
	75+ years	36	16%	58	14%
Gender	Male	136	61%	259	60%
	Female	85	38%	169	40%
	Non-binary / gender fluid	1	<1%	0	0%
Carer	Care for someone with an amputee	8	3%	26	6%
Amputation level <sup>2</sup>	Partial foot	1	<1%	1	<1%
	Foot (Symes)	7	3%	3	1%
	Below Knee	107	48%	222	54%
	Through Knee	14	6%	20	5%
	Above Knee	57	26%	100	24%
	Hemipelvectomy/Hip disarticulation	4	2%	4	1%
	Bilateral Below Knee	16	7%	26	6%
	Bilateral Above Knee	1	<1%	0	0%
	Bilateral Below/Above Knee	2	1%	6	1%
	Partial Hand	2	1%	0	0%
	Hand	5	2%	0	0%
	Through Wrist	3	1%	3	1%
	Below Elbow	8	4%	3	1%
	Above Elbow	6	3%	8	2%
	Other	0	0%	14	3%
Rurality	Metropolitan	107	48%	218	51%
	Regional	68	30%	144	33%
	Remote	1	<1%	1	<1%
	Rural	46	21%	66	15%
Location	Central Highlands region	14	6%	29	7%

Question	Response	Baseline <sup>1</sup> (n=221 - 223)		Follow-up <sup>1</sup> (n=412 - 431)	
		n	%	n	%
	Geelong/Barwon region	19	9%	40	10%
	Gippsland region	17	8%	32	8%
	Goulburn region	12	5%	18	4%
	Loddon/Campaspe region	13	6%	9	2%
	Mallee region	7	3%	14	3%
	Melbourne metro CBD immediate surrounds	0	0%	18	4%
	Melbourne metro east (including up to Yarra Ranges)	48	22%	71	17%
	Melbourne metro north (including Craigieburn, Whittlesea)	22	10%	56	14%
	Melbourne metro south (including Bayside and Mornington Peninsula)	34	15%	65	16%
	Melbourne metro west (including Sunbury, Bacchus Marsh, Brimbank, Werribee)	20	9%	36	9%
	Ovens Murray region	3	1%	13	3%
	Wimmera South West region	14	6%	10	2%
Time since amputation	Since birth	9	4%	10	2%
	Less than 1 year	13	6%	33	8%
	1 - 5 years	65	29%	165	38%
	6 - 10 years	45	20%	62	14%
	11 - 15 years	16	7%	40	9%
	16 - 20 years	11	5%	20	5%
	21 - 25 years	8	4%	22	5%
	25+ years	54	24%	78	18%
Cause of amputation <sup>2</sup>	Cancer	25	11%	55	13%
	Diabetes T1	15	7%	8	2%
	Diabetes T2	13	6%	35	8%
	Born with a limb difference	12	5%	10	2%
	Infection	34	15%	62	14%
	Trauma	98	44%	147	34%
	Vascular disease	26	12%	48	11%
	Other	37	17%	65	15%
Funding for orthotics	Accident compensation insurance (Workcover/TAC)	60	27%	84	19%
	Defence/Dept Veterans Affairs (DVA)	0	0%	6	1%
	Don't use any supports	12	5%	12	3%
	My Aged Care	8	4%	22	5%
	The National Disability Insurance Scheme (NDIS)	79	35%	225	52%
	The state-based funding scheme in Victoria (local provider/public hospital)	57	26%	60	14%
	Other	0	0%	21	5%

<sup>1</sup> Respondents did not answer all questions, so some slight sample size differences across questions.

<sup>2</sup> Respondents could select more than one answer so %'s can add up to more than 100%.

Table 7. Impact questions at baseline and follow-up – number and proportion who responded ‘Yes’

	Baseline <sup>1</sup> (n=194 - 223)		Follow-up <sup>1</sup> (n=237 - 390)	
	n	%	n	%
Feel connected to your community	108	53%	174	45%
Interested in meeting up with other amputees and/or attend locally-based events	114	57%	247	64%
Interested in joining an amputee Empowerment Group in your local area	108	53%	233	60%
Interested in taking on a role as a Group Leader (for a Local Area Empowerment Group) if Limbs 4 Life provided training or upskilling to do so	74	37%	112	29%
If NOT interested in joining a Local Area Empowerment Group, are interested in attending topic-based information sessions	63	31%	131	39%
If currently not a volunteer interested in contributing to the Peer Support Volunteers program	76	38%	140	40%
Feel you have the information and resources needed to make informed decisions, to choose the right supports to achieve personal goals	114	59%	204	75%
Like to consume information by reading	149	74%	262	79%
Like to consume information by watching	131	65%	207	62%
Like to consume information by listening	100	50%	180	54%
Comfortable using an iPad, Tablet or Smartphone	163	83%	297	89%
Comfortable using a computer	164	84%	296	88%
Comfortable participating in a video-conference for sourcing information or for participating in a meeting (with support from Limbs 4 Life to use this technology)	115	59%	247	74%
Consent for Limbs 4 Life to make future contact for additional research activities, such as a focus group	174	89%	283	83%

<sup>1</sup> Respondents did not answer all questions, so some slight sample size differences across questions.

As shown in Table 7, during both baseline and follow-up, around half of respondents did not feel connected with their community. When asked what makes it hard to connect respondents’ comments at baseline focused on three areas: (1) Mobility and accessibility issues; (2) lack of shared interests / opportunities; and (3) Covid-19 lockdown and social distancing. They wrote for example:

- “I am not working and most people my age are working, so there are very few options for me to meet others my age, especially during the day. Any groups are either for crafts that I can't do due to my disability, or sports I can't do. Also, occasionally I am off my legs and unable to drive, therefore unable to get out. There is no local sports that I can partake in, I would need to drive over 1 hour to Melbourne to get to any wheelchair / accessible sports.”
- “Stigma, lack of like-minded and physically similar people. Slow to walk, slow with exercise, difficult to join groups that cater to amputees.”

- “I don't leave the house much due to covid and I was still getting used to going out in public.”

At follow-up, while respondents did not mention COVID-19, they did refer to two remaining issues that focused on dependence of others and social limitations. They wrote for example:

- “Dependency on other people as I am still working on funding for permanent wheelchair, wheelchair transport for car (I have my licence back), unable to exit home without assistance as I am still waiting for quotes for home mods before being able to submit to NDIS.”
- “It is hard to attend some activities if it involves walking, i.e. nature walks and bush walking which a lot of my friends do. I also find it hard to arrange quick meet-ups with friends as I have to work out the venue location and how to manage transport to get there depending on its location. Sometimes the logistics makes it too hard or stressful.”

At both baseline and follow-up, respondents’ comments as to what would make it easier for them to connect with their community focused on: (1) improving mobility and accessibility; and (2) help finding opportunities and like-minded people. They wrote for example:

- “More community awareness around disability and accessibility. More accessible features in public infrastructure. Emphasis on inclusion in community events.” [Baseline]
- “Getting the appropriate AT to allow me to confidently get out and about.” [Follow-up]
- “For some people, it might be to have a resource that shows you how to connect with like minded people in your area.” [Baseline]
- “Information on what is available in my community.” [Follow-up]

For respondents interested in joining an amputee Empowerment Group in their local area, at baseline and follow-up, the topics they would like to talk about or learn about focused on five areas: (1) access to better quality prosthetics / latest technology; (2) resources and information; (3) community supports including activities and events; (4) emotional support; and (5) peer support. They wrote for example:

- "Getting better limbs not the sixty type" [Baseline]
- "Access to/information about prosthetics. Navigating the VALP to access prosthetic upgrades/accessories." [Follow-up]
- "Any information is good, particularly navigating the NDIS" [Baseline]
- "Every day tips and tricks, equipment recommendations, exercise ideas, cooking tips." [Follow-up]



- "Local activities and supports available and access to these supports. Guidance to pursue new prospects and learn new ways of doing things." [Baseline]
- "As I'm in a rural area there is NOTHING for amputees locally so more information for amputees and the community." [Follow-up]
- "Coping suggestions on how to manage being an amputee. Support systems available. Coping with a prosthetic." [Baseline]
- "General health and wellbeing. supporting return to normal life." [Follow-up]
- "Just meet new people in similar situations to discuss how they cope." [Baseline]
- "Communication with like-minded amputees, work groups for ongoing supports for individuals etc." [Follow-up]

Similarly, comments at baseline and follow-up related to the kind of information, support or resources that would be useful aligned with the same five areas five, as the following comments highlight:

(1) access to better quality prosthetics / latest technology

- "I would love to be able to find a brand/style/manufacturer who can help me meet the needs I have in a prosthetic. My prosthetist is not able to provide any information, so I have ended up with prosthetics I am unable to use and this is affecting my confidence and daily life" [Baseline]
- "A wider range of cheaper prosthetics locally made by a supported industry" [Follow-up]

(2) resources and information

- "As a new mum I was basically sent home from hospital and expected to get on with it. There was no help or info from other mum's or parents who were also amputee. I had to trial and error everything. Getting a baby from cot to bed to feed at 2am with no leg can be interesting. Now I have been out of society that long that I don't know what I want, don't know what is available. [Baseline]
- "Information about available services and rights for amputees. Support services (e.g. daily activities, improving mobility, etc...) Centralised information and support (rather than going through different organisations to access them)" [Follow-up]

(3) community supports including activities and events

- "What is available in the local area for people with my disabilities?" [Baseline]
- "Anything pertinent to living with limb loss eg activities, group pages" [Follow-up]

## (4) emotional support

- "Practical issues with types of suspension system, overcome issues with travelling (hotel stay) and handling emotional issues." [Baseline]
- "Providing support to those pre and post amputation to provide the mental support people really need when beginning and during their journey to keep them positive." [Follow-up]

## (5) peer support

- "How to access limb loss support groups and access to other people groups for example" [Baseline]
- "All that have other amputees are great for sharing knowledge of our journey. Empowerment sessions to build confidence to enhance living independently as amputee" [Follow-up]

When asked how the Amputee Empowerment Project impacted them, respondents' comments focused on two areas: (1) helped build connections and understanding; and (2) helped build confidence and independence. They wrote for example:

- "Connected me to others. Provided information on how to advocate for myself. Increased confidence. Educated family/ partner."
- "Hearing other amputees and carers talk about their concerns and experiences."
- "I enjoyed the shared understanding, and ease of communication with other attendees who had limb-loss &/or mobility problems. Hearing positive stories about overcoming various difficulties related to limb-loss was invaluable and very supportive. I found the AEP invaluable for gaining information about different prosthetics & products."
- "Helped with my confidence as amputee and improved with knowledge my independence."

Table 8 provides the number and proportion of respondents who answered 'yes' to the impact questions asked as part of the follow-up survey. There were 237 respondents who were interested in attending a meeting or event, of whom, the majority (n=173, 73%) were interested in attending as a group member, however, only eight (3%) were interested in attending as a group leader.

Table 8. Impact questions at follow-up – number and proportion who responded ‘Yes’

	Follow-up <sup>1</sup> (n=237 - 390)	
	n	%
Aware of the Amputee Empowerment Project	220	56%
Attended an amputee support group meeting over the last few years	198	51%
Attended an amputee peer support group event over the last few years (e.g. sports day, community event, webinar, workshop)	147	38%
As a person living with limb loss, feel empowered to manage self	276	72%
As a person living with limb loss, feel confident to manage self	277	72%
As a Group Member / Group Leader, felt contribution was valued <sup>2</sup>	117	68%
Increased my capacity to participate in daily life <sup>2</sup>	96	49%
Increased my choice and control in daily life <sup>2</sup>	108	55%
Increased my motivation, confidence, and empowerment to act <sup>2</sup>	125	60%
Increased my participation in community life <sup>2</sup>	95	46%
Increased my contribution to community life <sup>2</sup>	102	50%
Increased my sense of “connection” <sup>2</sup>	127	60%
Increased my access to information needed to make decision and choices <sup>2</sup>	136	64%
Improved my knowledge <sup>2</sup>	176	80%
Improved my skills <sup>2</sup>	105	51%
Improved my motivation <sup>2</sup>	143	69%
Improved my confidence <sup>2</sup>	138	65%
Increased my leadership and influencing opportunity <sup>2</sup>	80	40%
Gave me a say on issues which are important to me <sup>2</sup>	133	63%
Increased my self-advocacy, independence and relationship building <sup>2</sup>	130	62%
Increased my access and use of mainstream services <sup>2</sup>	106	49%
Gave me greater choice, independence and autonomy <sup>2</sup>	110	53%

<sup>1</sup> Respondents did not answer all questions, so some slight sample size differences across questions.

<sup>2</sup> %'s excludes respondents who answered, ‘Not applicable’.

## Survey 2: Group Leader Training Feedback

The Group Leader Training survey was distributed following their training in 2021 and 2021, and had 11 responses. Prior to the training, the group leaders mostly reported average to good knowledge of leadership, running a support group and managing a difficult situation (Figure 2). Following the training, the group leaders all reported improving in these areas (Figure 3). The Group Leaders reported the training was either engaging (n=4, 36%) or very engaging (n=7, 64%), that they often / most of the time had the opportunity to ask questions (n=11, 100%), that there was enough content (n=10, 91%), and that the quality of the content was either above average (n=5, 45%) or excellent (n=6, 55%).

Qualitative comments were overall positive, for example, one respondent wrote:

- “It is so good to see a group of excited amputees learning how to lead groups.”

Comments from the respondents on how to improve the training focused on two key areas: (1) the amount of content covered in the time available; and (2) preference for face-to-face training:

- “I feel it may have been a bit rushed and there was a lot of content to get through in a short space of time”;
- “Zoom is not ideal but understandable given the spread of individuals locations”.

Figure 2 Respondent knowledge prior to the training

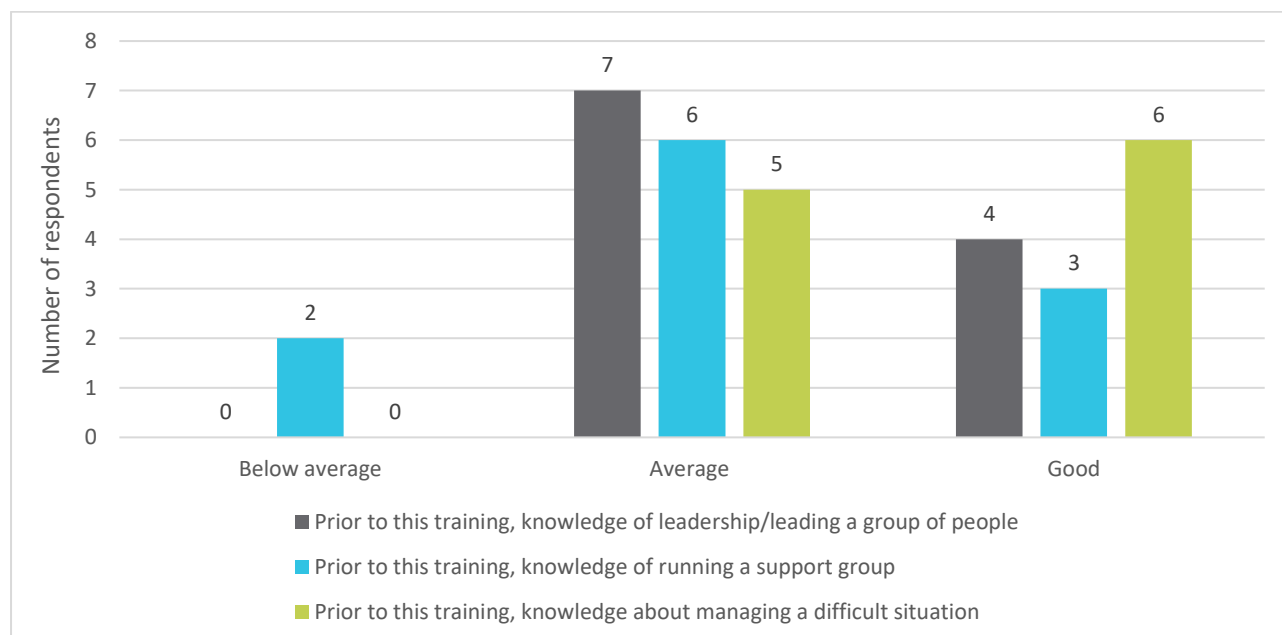
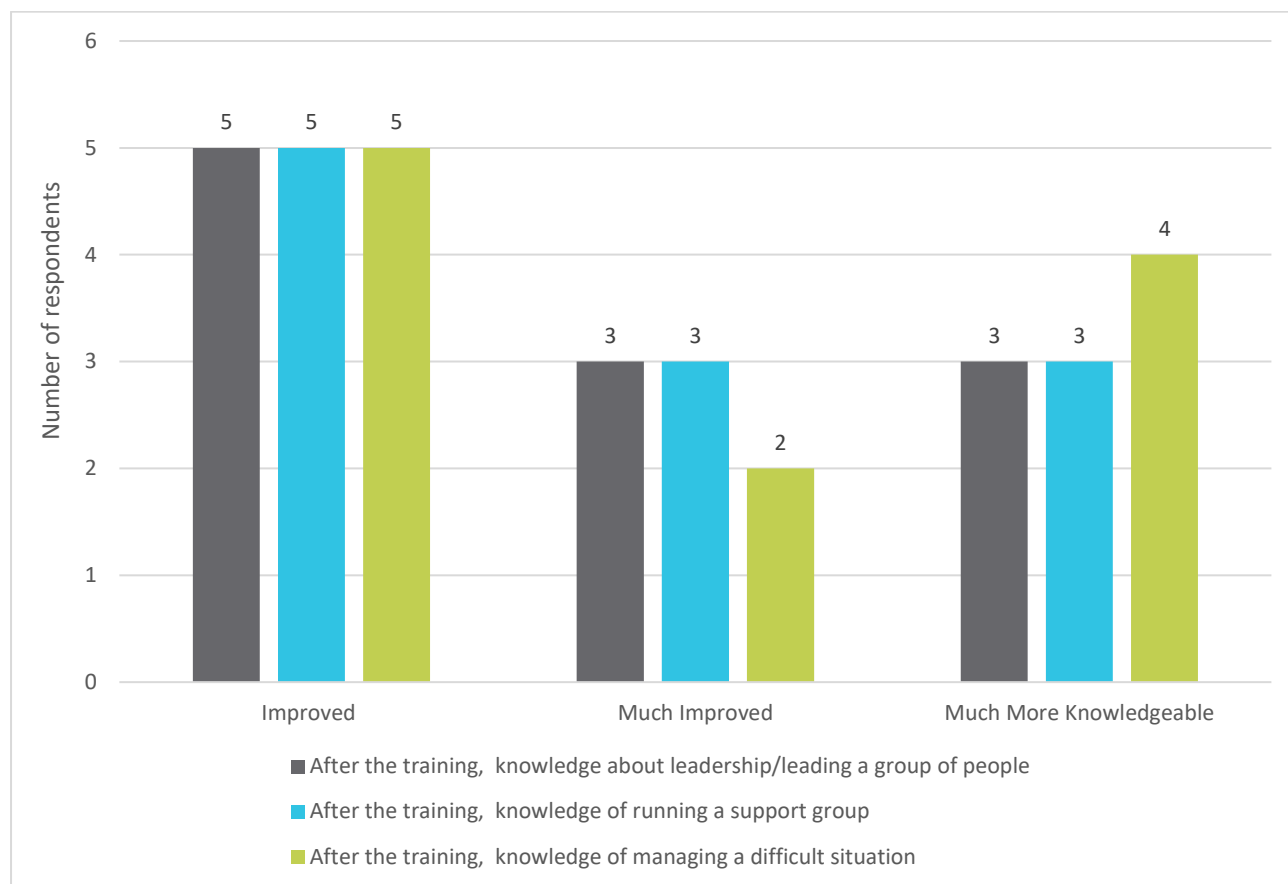


Figure 3 Respondent knowledge following the training



### Survey 3: Peer Support Volunteer Training Feedback

Peer Support volunteer training was delivered across 2021 to 2024. Following each training session, a survey was distributed, with a total of 37 respondents. Prior to the training, respondents mostly reported average knowledge of providing support, knowledge of funding and volunteer requirements (Figure 4). Following the training, the respondents all reported improving in these areas (Figure 5). The Peer Support volunteers reported the training was either engaging (n=6, 16%) or very engaging (n=31, 84%), that they often / most of the time had the opportunity to ask questions (n=36, 97%), that there was enough content (n=37, 100%), and that the quality of the content was either above average (n=8, 22%) or excellent (n=29, 78%).

Qualitative comments from the respondents on how to improve the training focused on four areas: (1) additional content relating to specific groups of people; (2) more lived experience stories; (3) additional time to role play and provide feedback; and (4) name tags for people attending the training. They wrote for example:

- “More content for over 65”
- “More information regarding ways to support people who are confined to a wheelchair”
- “More step-by-step outlines of the NDIS pathway for new applicants, so we can explain to new amps the process more accurately”
- “Might have been interesting /beneficial to hear each person share a brief story as to how they became an amputee and how long they have been on this journey”
- “Name tags”
- “More time role playing peer support visits and an opportunity to get feedback”



Figure 4. Respondent knowledge prior to the training

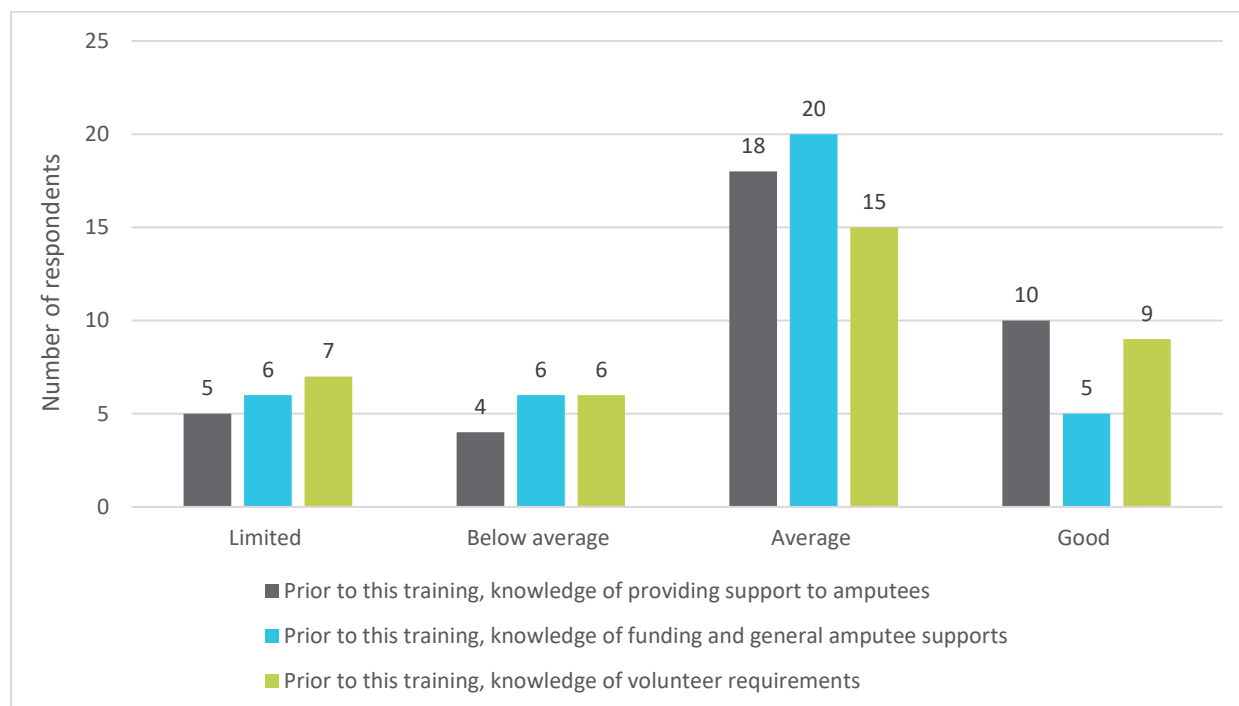
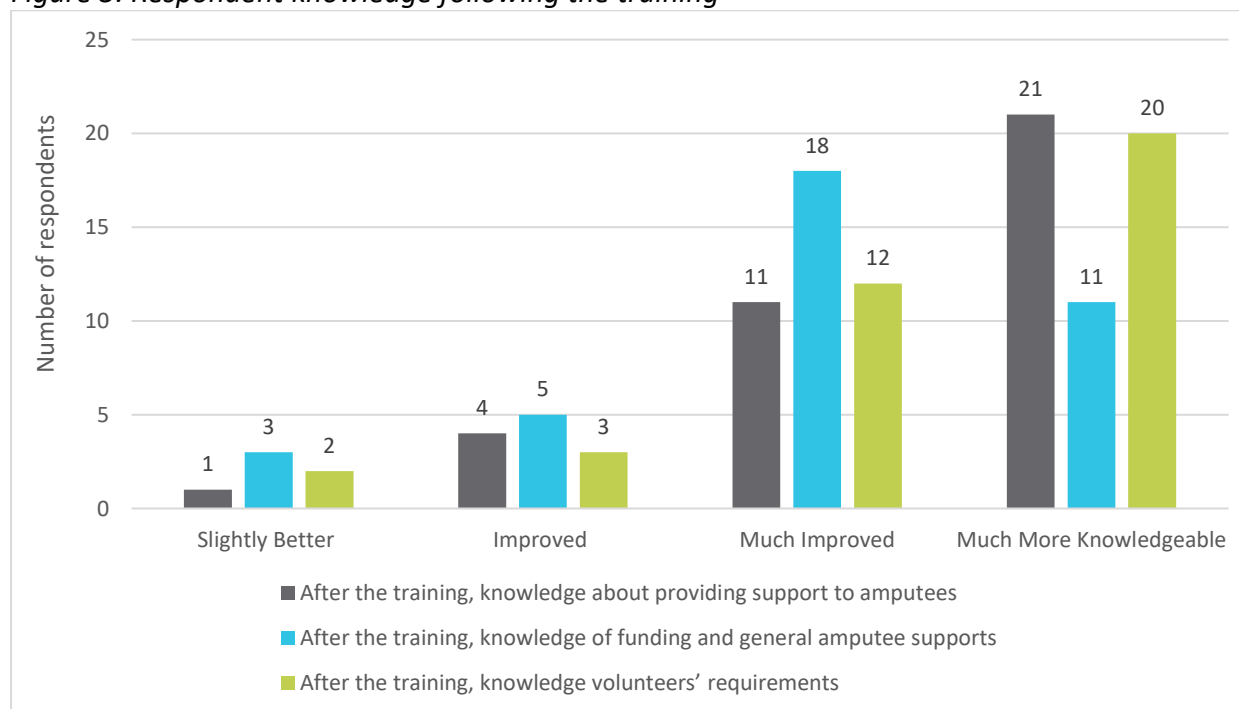


Figure 5. Respondent knowledge following the training



### Survey 4: Victorian Amputee Empowerment Workshop Feedback

Following the Empowerment Workshops in 2022, 2023 and 2024, the attendees were invited to complete a survey. There were 68 responses. Prior to the Empowerment Workshops, respondents mostly reported average or good knowledge of funding, self care, community activities and self-confidence (Figure 6 ). Following the Empowerment Workshops, most respondents reported improving in these areas (Figure 7). Of the 68 respondents, 43 (63%) reported that they felt connected to their community. A number of respondents expanded on this question with a comment, all of which related to feeling more connected:

- “The Limbs 4 Life workshops provides a platform for community connection and allowed me to share challenges and triumphs with fellow amputees”
- “Without these workshops I would not feel connected to my community”
- “I live in a rural town so we do not have exposure or opportunity to meet other amputees or support groups”
- “The Empowerment Workshop provided connection to a number of amputee specific sports clinics and social groups that add to my options to ensure I can improve my connection to my community.”
- “It is wonderful to have an opportunity to mix with such an inspiring, supportive and encouraging group as was at the Empowerment Workshop.”

Figure 6. Respondent knowledge prior to the Empowerment Workshops

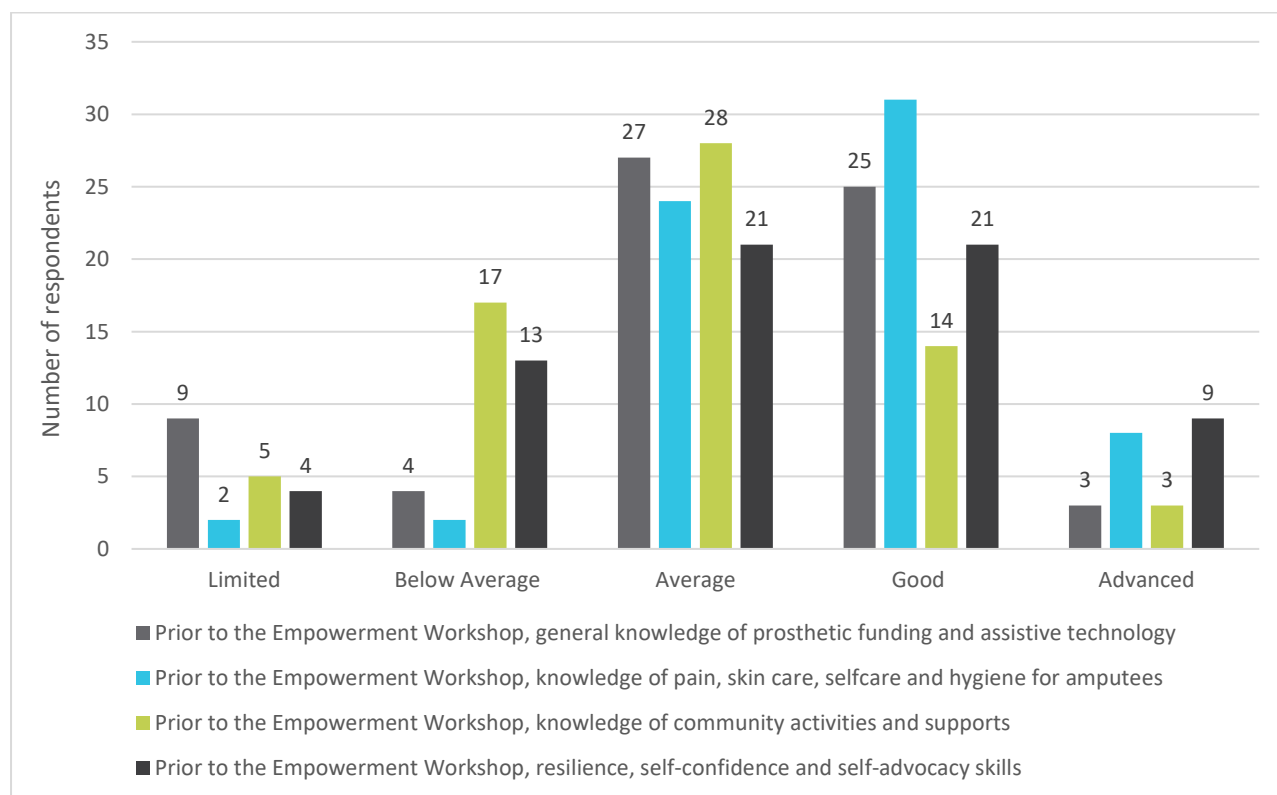
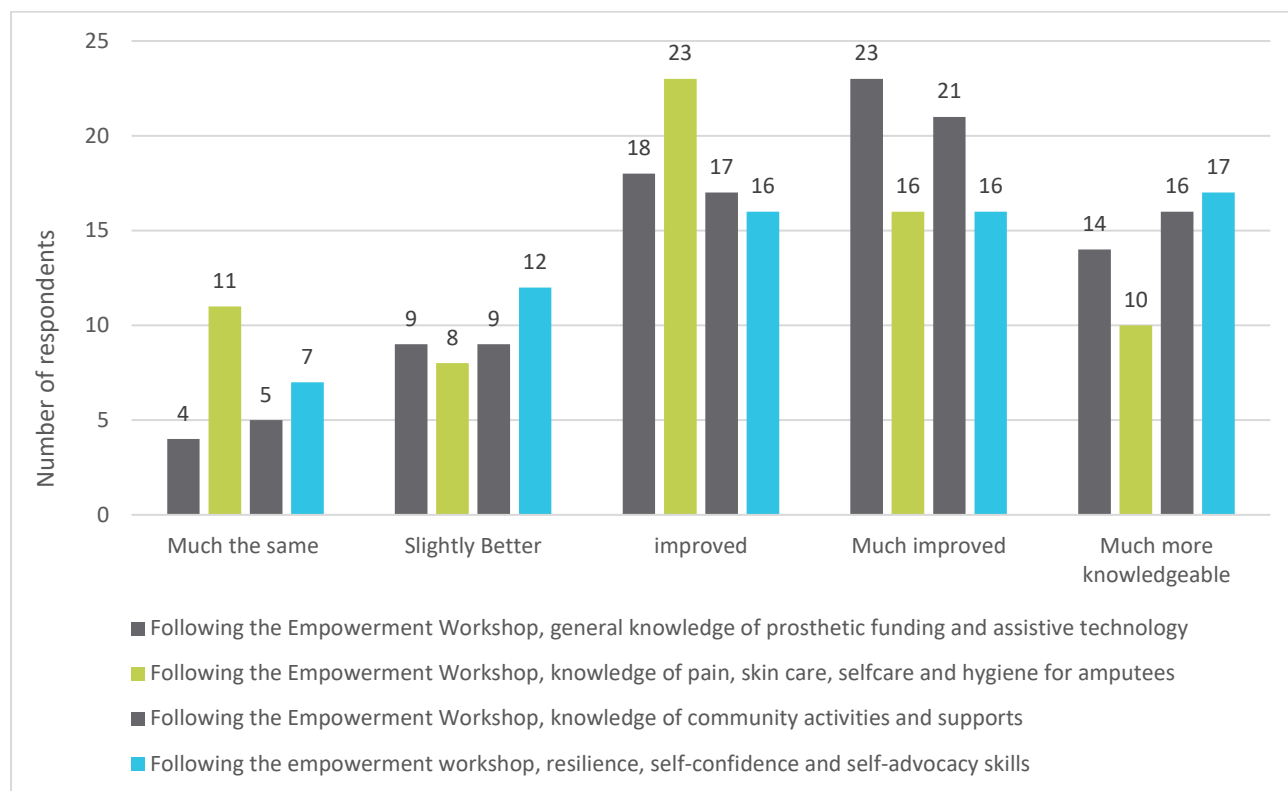


Figure 7. Respondent knowledge following the Empowerment Workshops



When asked why they attended the Empowerment Workshop, respondents' comments focused on three areas: (1) Gaining knowledge; (2) increased confidence; and (3) connection with other amputees. They wrote for example:

- "Information and connection with other amputees"
- "Broaden and gain knowledge"
- "Learn self-advocacy skills"
- "Confidence"
- "Gain knowledge about the NDIS entry process"

All respondents felt included, and they were given an opportunity to ask questions throughout the day. They wrote for example:

- "Yes, it was a safe space and I felt most people contributed throughout the day."

Qualitative comments suggested that respondents felt confident that they now have the information they need to advocate for themselves:

- "As a result of the Empowerment workshop I now am more aware of the roadblocks I am likely to face as I self-advocate"

- “I found out that I have choice and control over how comfortable I feel in my prosthetic leg and can change prosthetists if I am dissatisfied. I can reach out to various organisations for advocacy including local government”

Respondents generally commented that they received the information they were hoping to receive at the Empowerment Workshop:

- “Definitely”
- “Yes. I learned a lot about funding, advocacy, taking action and learning from other amputees including when they felt empowered in their amputee journey”

When asked for any general/ overall feedback, qualitative comments focused on three areas: (1) Additional content; (2) feeling more confident and knowledgeable; and (3) positive feedback about the workshop:

- “As a newby to this world, I was hoping for more information about what’s out there in the community, prosthetics, tips etc”
- “Would be good to hear more information for and about carers”
- “I have gained in both confidence and knowledge”
- “Looking forward to the next one”
- “A very uplifting and informative workshop with health professionals and inspirational people around me”
- “An amazing support group led by empathetic and enthusiastic people”
- “Great facilitation and information share, well catered and presented”
- “The Empowerment project was extremely beneficial and has had a major positive impact on my life.”

## Survey 5: Victorian Amputee Information Session Feedback

Amputee Information Sessions were delivered in 2021 and 2022. Following the sessions, a survey was distributed, with a total of 143 respondents. Prior to the training, respondents mostly reported average knowledge of support in the community, Limbs4Life, general amputee information and other amputees in the local community (Figure 8). Following the training, the respondents all reported improving in these areas (Figure 9). The respondents reported the training was either engaging (n=22, 15%) or very engaging (n=119, 83%), that they often / most of the time had the opportunity to ask questions (n=137, 96%), that there was enough content (n=98, 69%), and that the quality of the content was either above average (n=47, 33%) or excellent (n=88, 62%).

When asked about the highlights of the training, attendees comments focused on two areas: (1) interaction and discussions with other amputees; and (2) learning new information. Some respondents offered suggestions to improve the training which focused on three areas: (1) requests for additional content / more training sessions; (2) more information on support services; and (3) more marketing to help word-of-mouth. They wrote for example:

- “Information about different types of prostheses and liners”
- “More information sessions”
- “Combine with Diabetes Victoria and discuss diet and exercise”
  
- “More information about what Limbs 4 Life does and how amputees can access support services”
  
- “More marketing, to get the word out there”

Whilst there was a request for more marketing, qualitative comments about how respondents had heard about the training event showed a range of marketing did occur. For example, 63 respondents mentioned ‘direct mail’, 26 mentioned ‘social media advertising’, five mentioned ‘My healthcare provider’, four mentioned the Limbs for life magazine; one mentioned ‘NDIS’ and two had heard about the training from friends.

Figure 8. Respondent knowledge prior to the Amputee Information Sessions

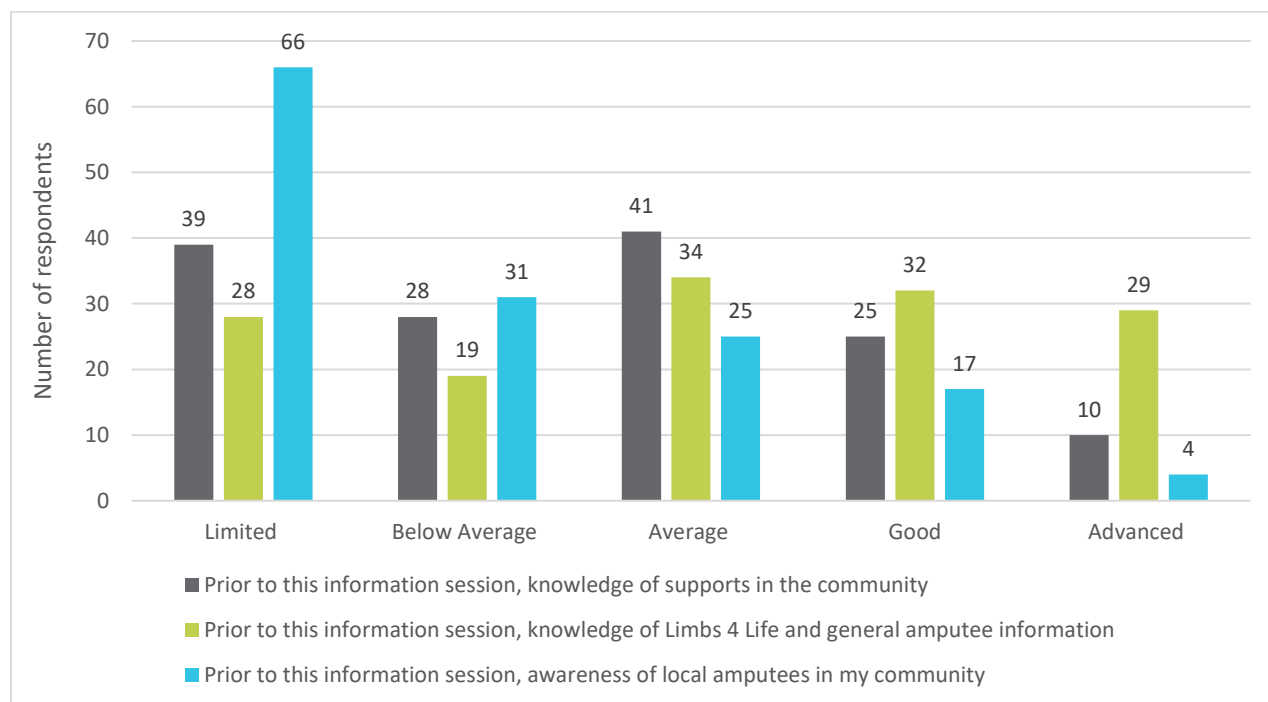
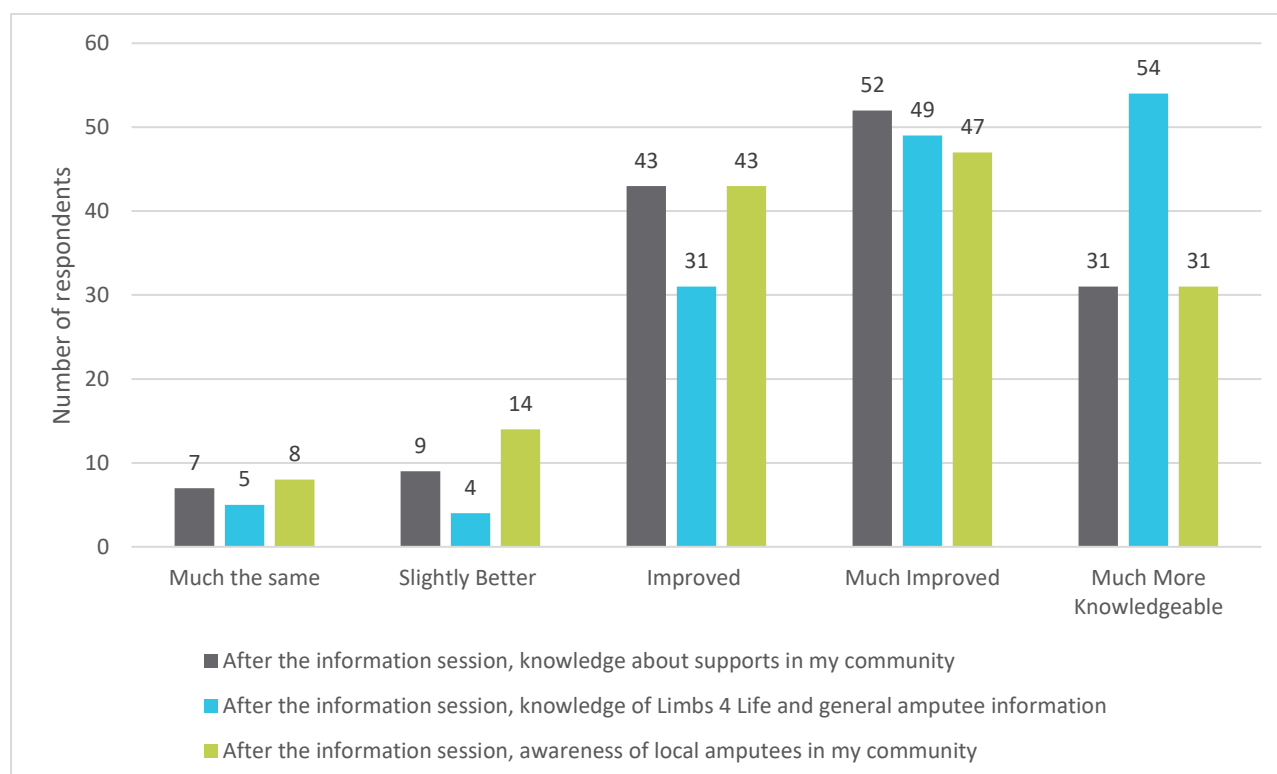


Figure 9. Respondent knowledge following the Amputee Information Sessions





### Survey 6: Local Area Support Groups (Amputee Gathering Feedback)

Amputee Gatherings were delivered in 2023 and 2024. Following the gatherings, a survey was distributed, with a total of 52 respondents from most of the LASGs. Respondents reported that the various venues ranged from accessible, lovely, and provided great food; to crowded, loud and difficult to find parking. They wrote for example:

- “I was disappointed as I was told the venue changed last minute and another one had to be found. Ate my meal and left because I could not hear anything anyone was saying. Far too noisy.”

Of the 52 respondents, 49 (94%) intend to attend further events in their area, as they were satisfied the event had for them and other attendees. The main reason for attending was to catch up / socialise with other amputees. They wrote for example:

- “Socialise with amputees like myself and for my wife to do likewise with other carers”

Respondents commented that the group leader “mixed and spoke with everyone”, but comments for improvement related to the need for introductions:

- “They should introduce themselves as leaders and made sure that everyone was introduced.”
- “Getting people to introduce themselves to the group and share a little bit about themselves would be good.”

Suggestions for improving the Amputee Gatherings related to two areas (1) venue; and (2) informal catch-ups. They wrote for example:

- “Dedicated meeting room which is not so noisy”
- “Very difficult to improving a pub venue but maybe an evening BBQ down at foreshore.”
- “Would love to catch up informally for a coffee in between formal catch up’s”

## Survey 7: Partners and Carers Feedback

Amputee Partner and Carer sessions were delivered in 2023 and 2024. Following the sessions, a survey was distributed, with a total of 26 respondents.

Respondents were asked, as the Partner/Carer of an amputee, what services or resources would assist you? Options:

- A tailored Peer Support Program for Partners/Carers (n=15, 58%)
- An online support network (n=18, 69%)
- Information sheets and resources to meet your needs (n=14, 54%)
- Other comments: (n=5, 19%)
  - “After some time has passed, it becomes easier.”
  - “I really have felt supported by family and friends and even my husband since his amputation.”
  - “My Aged Care provides practical assistance which I appreciate.”
  - “Maybe something for parents and teens - working as a team to access resources and navigate the world when teens need support but also independence.”

Some respondents provided qualitative responses to explain why they did not feel supported. These related to five areas: (1) Lack of information provided; (2) lack of support from health professionals; (3) lack of support for family members; (4) isolation due to location; and (5) lack of funding from aged care. They wrote for example:

- “Joined the online community on behalf of my dad. If I require information, I have always been happy to visit that Facebook group.”
- “My husband was discharged from hospital (at his insistence just prior to Christmas in 2017) without any visit to the home by an O/T and no ramp for access through the door.”
- “Family members also go through an emotional journey, wanting to be supportive but also feeling guilt about the feelings of anger, sadness and loss”
- “Helping get in or out of cars, folding storing equipment such as wheelchair.”
- “In rural areas it’s hard to find support.”
- “In far North Qld, there is no support for amputees or carers. At no point through this journey has any direction been provided.”
- “Aged Care doesn’t support disabled people that are self-funded retirees.”
- “I feel very isolated. Sometimes the feeling is quite overwhelming.”

Respondents identified three main gaps in support: (1) need for more assistance navigating funding schemes (NDIS and aged care); (2) lack of access to services and equipment; and (3) lack of peer support for amputees and family members. They wrote for example:

- “Assistance with NDIS navigation.”
- “Help to navigate the Aged Care system for services.”
- “Not enough help with assistance for safety such as heavy lifting e.g. wheelchair in and out of car.”
- “Access to services and equipment.”
- “Often amputees either hide how they are actually coping and expect carers to fill the gaps.”
- “Need more peer support volunteers.”
- “Teen/parent relationships. Dealing with struggles of adolescence/puberty etc at the same time as physical disability and gender questioning.”
- “The not knowing. Not having contact with other carers, not knowing what resources or support are available. After nearly 5 years I still don’t know who to turn to.”

In terms of new ways Limbs 4 Life can support, respondents suggested two key areas: (1) access to more support (including peer support); and (2) more online information. They wrote for example:

- “Access to a peer support network for carers. Especially for spouse, partner etc for those on call 24/7 Emotional support.”
- “A regular phone call maybe once every month or so just to touch base.”
- “Online information, links, information as to what is out there.”

Response to the impact of being a carer to someone with an amputee were around two key areas: (1) impact on their occupational engagement; (2) changes to relationship with family member; and (3) lack of understanding on the support needs for carers. They wrote for example:

- “I travel less.”
- “I can't do both work and care full time.”
- “Full time driver.”
- “We have gone from being a couple to being a patient and carer, the whole dynamics of our relationship has changed.”
- “Exhausted, lack of understanding from providers or support workers.”

### Section 4: The cost of the Limb Loss Empowerment Project

The **cost** of project implementation over a 4-year period was **\$1,060,551**, and the projected cost of running the program as business as usual over a 12-month period was **\$137,200** with the majority of costs being absorbed within usual organisational activities, and this is presented in Table 9.

Throughout the 4-year project period, there were 5,535 contacts with the amputee community, and this came at a cost of **\$192 per contact** (contacts included 2,568 for the online support network; 985 for the LASG attendees; 330 for the empowerment workshops; and 1,652 for the webinars).

Table 9. Cost of implementation and cost of business as usual

Resource	During the 4-year project		12-months post project	
	ACTUAL: Resources required in the 4-years of implementation	Budgeted costs (GST Included and costed in \$AUD 2020/24)	PROJECTED: Resources required for 12 months of business as usual	Actual: Costs (GST included and costed in \$AUD 2020/24)
Project Manager • This resource contributed to the development of the Limb Loss Tool Kit	Employed for 4-years	\$362,864	Program managed by current staff	\$50,000
Peer Project Coordinator • This resource contributed to the development of the Limb Loss Tool Kit	Employed for 4-years	\$249,608	Program managed by current staff	\$35,000
Limb Loss Advisory Committee (LLAC)	Volunteers (over the 4-year period)	\$0	Small cost for in person meetings (1-2 times/year)	\$1000
IT costs (including project officer, website development, and general IT costs) • This resource contributed to the development of the Limb Loss Tool Kit	Over 4-years cost of project officer, website development, and general IT costs	\$124,920	Program managed by current staff	\$13,750
Staff on-costs, such as superannuation and	Human resource reported staff on-	\$109,033	Ongoing costs managed by	\$15,500

Resource	During the 4-year project		12-months post project	
	ACTUAL: Resources required in the 4-years of implementation	Budgeted costs (GST Included and costed in \$AUD 2020/24)	PROJECTED: Resources required for 12 months of business as usual	Actual: Costs (GST included and costed in \$AUD 2020/24)
volunteers' insurance, travel and consumables	costs, Workcover and volunteers' insurance		current staff and systems	
Local Area Support Groups (LASG) Note: Costs to continue to promote the gatherings through state-wide clinics. Funds for some people to travel to attend information session up to 2hrs one way in regional areas.	Catering and venue hire	\$20,050	Small cost for in person meetings (1-2 times/year)	\$2,500
Evaluation Team	Engage an external consultant to complete the evaluation over 4- years	\$37,500	Evaluation managed internally when business as usual	\$0
Conduct Regional/Metropolitan Group Leader Training. <ul style="list-style-type: none"> <li>Note: Group Leaders must all be trained peer support volunteers prior to taking on a GL role.</li> </ul>	Group Leader Training Kits (training manual) development, printing, stationery and distribution – local area promotional materials (flyers, posters, advertising costs)	\$13,580	Ongoing costs would relate to Group Leader training kits and the production of those - distribution costs etc.	\$1,500
Develop and establish online support group network <ul style="list-style-type: none"> <li>This resource contributed to the development of the Limb Loss Tool Kit</li> </ul>	Covered in website and general IT costs	\$0	Ongoing costs managed by current staff and systems	\$0
Recruit Regional Group members	Advertising is covered in general peer support and group Leader costs (including	\$0	Ongoing costs managed by current staff and systems	\$0

Resource	During the 4-year project		12-months post project	
	ACTUAL: Resources required in the 4-years of implementation	Budgeted costs (GST Included and costed in \$AUD 2020/24)	PROJECTED: Resources required for 12 months of business as usual	Actual: Costs (GST included and costed in \$AUD 2020/24)
	the training resources and manuals)			
Upskilling, training and developing existing National Volunteer Limb Loss Advisory council to improve their leadership, skills capacity	Travel, venue hire, catering resource costs. Governance training facilitator	\$21,400	Annual refresher training for the National Volunteer Limb Loss Advisory council to be managed by current staff	\$9,750.00
Media and Communications Strategy Development: <ul style="list-style-type: none"> <li>Maximising the use of technology in the delivery of all services</li> <li>This resource contributed to the development of the Limb Loss Tool Kit</li> </ul>	Covered in the IT costs and website development costs. Promotional material covered in LASG and Group Leader budgets and flyers	\$42,773	No ongoing costs	\$0
Deliver empowerment workshops and webinars	Venue and catering costs, travel costs, resource and workshop materials	\$41,023	Costs would relate to venue hire and catering	\$4,000
Deliver peer support training across regional and metropolitan areas	Venue hires and catering costs, training resources and materials, compliance – national police checks, printing and postage	\$37,800	For the included regions this this would include 2 dedicated training sessions per year (\$2,100 per session)	\$4,200
Mainstream supports utilised in this project	No direct costs reported	\$0.00	No direct costs reported	\$0
<b>TOTAL</b>	<b>\$1,060,551</b>		<b>\$137,200</b>	

Note: The resources and costs for the *Limb Loss Tool Kits* have been included in multiple individual cost categories, e.g., Project Manager and IT costs.

### Section 5: The sustainability and scalability of the Limb Loss Empowerment Project

The LLEP model for **sustainability** and **scalability**, was based on the Sustainable Project Management framework (Armenia et al. 2019). The Sustainable Project Management framework includes capturing (i) the organisational learnings; (ii) developing corporate policies and practices; (iii) ensuring appropriate resource management; (iv) stakeholder engagement; as well as (v) extending the project life cycle.

Table 10 details the application of the LLEP project to the Sustainable Project Management framework (Armenia et al. 2019), as well as considerations for scalability.

Table 10. Considerations for the sustainable LLEP model

Considerations	Specifics	Limbs 4 Life actions for LLEP sustainability and scalability
(i) Organisational learnings	Format for community engagement	Limbs 4 Life found that in person events are essential in the mix of meeting types, due to the unique connects made when people are face to face. This will continue into the future (DONE <input checked="" type="checkbox"/> )
	Sub-groups of the amputee community	Limbs 4 Life found consideration needs to be given to sub-groups within the amputee community, such as younger people, and the carers of people with an amputation. This will continue into the future (DONE <input checked="" type="checkbox"/> )
	Survey tools	Limbs 4 Life strengthened their use of survey tools during the LLEP, and this will continue into the future (DONE <input checked="" type="checkbox"/> )
	Community connections and community input into project design	Limbs 4 Life placed emphasis on community connections, and community input into project design, throughout this project. This will continue into the future (DONE <input checked="" type="checkbox"/> )
(ii) Corporate policies and practices	Resources Value	Total cost of the project has been documented and reviewed, with resources allocated to ensure core LLEP activities can continue (DONE <input checked="" type="checkbox"/> )
	Project Sustainable Management Practices	Project sustainability strategies were developed and discussed with the project team, the Limbs 4 Life team, as well as the Limbs 4 Life Board (DONE <input checked="" type="checkbox"/> )
	Project Sustainability Value	Project sustainability value was deemed equivalent to the value achieved during the project period (DONE <input checked="" type="checkbox"/> )
(iii) Resource management	Consideration for the cost of the project	Total cost of the project has been documented and reviewed (DONE <input checked="" type="checkbox"/> )



Considerations	Specifics	Limbs 4 Life actions for LLEP sustainability and scalability
	Consideration for the cost of continuing the project beyond the lifespan of the project	Projecting the cost for running the project as business as usual over 12 months (DONE <input checked="" type="checkbox"/> )
(iv) Stakeholder engagement	Organisation (the Board, the staff)	Limbs 4 Life holds annual strategic planning days to seek feedback from the Board and staff, to enable ongoing engagement in the future of the LLEP and all Limbs 4 Life programs (DONE <input checked="" type="checkbox"/> )
	Individuals (project manager, project team members)	Throughout the LLEP feedback was sought from the individuals involved in the LLEP, to shape each stage of the project, and the future of the program (DONE <input checked="" type="checkbox"/> )
	Clients	Limbs 4 Life will continue to seek feedback (in person and via survey) from the clients, to enable ongoing engagement in the future of the LLEP and all Limbs 4 Life programs (DONE <input checked="" type="checkbox"/> )
	Global society	Dissemination of the results of the LLEP to global society will include social media, conference presentation, and peer review publication (IN PROGRESS)
(v) Extending the project life cycle	Resource life cycle	Assets, such as the empowerment toolkit, will have continued use beyond the project life cycle (DONE <input checked="" type="checkbox"/> )
	Project processes life cycle	The processes developed during the LLEP, such as those which govern the regional support groups, will have continued use beyond the project life cycle (DONE <input checked="" type="checkbox"/> )
	Effects life cycle	Limbs 4 Life will continue to provide support to the leaders of the regional support groups, to ensure that the human capital receive ongoing care and support in their role as a leader (DONE <input checked="" type="checkbox"/> )
(vi) Scalability	State-wide	While maintaining the LLEP in the current 12 regions is the priority, Limbs 4 Life is currently exploring other regions in Victoria for scaling activity (IN PROGRESS)
	National	Limbs 4 Life is currently seeking funding support for national scaling (IN PROGRESS)
	International	International scaling will be considered once national scaling has been achieved (FUTURE ACTION)

## 5. Summary

### Key results

The Limbs 4 Life Victorian LLEP focussed on individual capacity building (ICB) activities for people with limb loss and their families, as well as organisational capacity building (OCB) activities for Limbs 4 Life. The LLEP ICB activities have helped address the gap in psycho-social rehabilitation through empowering amputees and their families in Victoria, with knowledge and support to make a real difference. Between 2020 and 2024, the LLEP was implemented with complete fidelity to the intended implementation plan, with all 24 of the 24 implementation activities completed, however some adaptations were required due to the COVID-19 pandemic, such as changing in-person activities to online or over the phone; as well as extending the project timeline by one-year.

The LLEP had 100% reach for leaders and members (per program plan expectations), and there was a strong project delivery dose with 5,535 connections with the amputee community over the 4 years. The LLEP helped Limbs 4 Life establish a Victorian limb loss advisory committee (LLAC), and local area support groups (LASG), which has expanded their face-to-face peer support program to include an online peer support. LASGs were established in four metropolitan Melbourne and eight regional Victorian areas, managed by Limbs 4 Life Project Officer and trained volunteer Group Leaders. Limbs 4 Life expanded its volunteer workforce to extend reach across Victoria, and, over the funding period 190 people were trained as Peer Mentors and were a part of the moderated Online Network. The Networks were managed by Limbs 4 Life Project Officer and trained volunteer moderators. This Network enabled members to support one another, reduce social isolation and share locally based information.

**The response to, and impact of, the LLEP was considered from multiple perspectives. The evaluation of the LLEP suggest the project activities have helped people with limb loss and their families to acquire knowledge about managing their disability, setting goals, finding employment, and discovering community engagement opportunities, including the supports available. This in turn has helped improve their competence and capacity to manage their disability, thus, maximising their ability to live an ordinary life underpinned by choice and control.**

There were also benefits for mentors, including: developing and extending their skills and knowledge, increased self-confidence, learning about local communities and systems, providing an entry into further education or employment, and feeling empowered in managing their own disability.

### Limitations

This was a state-based intervention, however this built on a national program that had been externally evaluated. Surveys were completed anonymously, so it is not possible to match baseline and follow-up survey responses to ascertain who completed both.

## Interpretation

The Limbs 4 Life Victorian LLEP was highly successful, there was strong fidelity and reach, a positive impact on the amputee community, and there were clear suggestions for improvement. Transitioning the LLEP into business as usual will be relatively low cost and ensure the Victorian amputee community continue to engage and receive the positive impacts of the program.

## 6. References

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## 7. Your Alpha Crucis Group Consultant



Associate Professor Natasha Brusco  
Principal Consultant  
Health Economist (Health Service Research)  
PhD, MPhysio, BPhysio  
M: 0408 251 124  
E: [tash@alphacrucisgroup.com.au](mailto:tash@alphacrucisgroup.com.au)  
W: <http://www.alphacrucisgroup.com.au>

## 8. Appendices

Appendix	Title
1	Intended organisational capacity building activities
2	Intended timeline (3 years; Jan 2020 to Feb 2023)
3	Limbs 4 Life, Victorian Based Pre and Post Surveys
4	Full list of ILC / NDIA Outcomes and Measures for the Individual Capacity Building Program
5	Media and communication strategy

## Appendix 1: Intended organisational capacity building activities

Limb Loss Empowerment Project Organisational Capacity Building Activities
<p align="center"><b>CRM system and website integration</b></p>
<p>The LLEP will develop a fit-for-purpose Customer Relationship Management (CRM) system and a new volunteer portal accessible via the Limbs 4 Life (Limbs 4 Life) website will be externally developed. This CRM and online portal will increase efficiencies and operational capacity, improve data integrity and reduce burden at an organisational and staff level. The CRM will capture client contact information, streamline referral processes, enhance connectivity with stakeholders, improve reporting and enable recording of LLEP Local Area Support Groups (LASG) activity. The real-time volunteer portal will provide peer-mentor led Limbs Loss Advisory Committee members, Peer Support Mentors and LASG leaders with an easy means of submitting reports, minimising the impact on current staffing. To maximise use of the portal and to ensure accuracy of reporting, all users will receive access to e-learning training and development, which will increase the digital literacy skills and technology confidence in people with limb loss. The implementation of a CRM will promote long-term sustainability, increase workforce output and promote easy access to data collection that is currently not available in Australia.</p>
<p align="center"><b>Governance and succession planning</b></p>
<p>Limbs 4 Life currently has a National Amputee Advisory Council, comprised of people with lived limb loss experience and we will use this project to build governance skills in these members and extend it to become a formalised sub-committee of our Board. This will be achieved through the provision of formal governance training and revised Terms of Reference and Frameworks to constitutionally integrate this Council with our Board. This will improve Board succession and sustainability planning and provide people with limb loss meaningful opportunities to develop leadership skills which can be utilised in Limbs 4 Life and mainstream settings. These will upskill members, increase confidence and independence, and empower peers to become active volunteers and leaders within the community. It will also encourage other people with limb loss to feel confident to apply and fill vacancies in the future. Upskilling and increasing confidence amongst Council members, coupled with mentoring from Board members, will result in knowledge and skills transfer at a Limbs 4 Life governance level. This will demonstrate sectoral best practice and motivate more members of the Limbs 4 Life community to consider leadership opportunities within (or outside of) the organisation.</p>
<p align="center"><b>Media and communications strategy</b></p>
<p>We will engage a media and communications consultant to develop a long-term strategy to increase Limbs 4 Life's profile and visibility, and support staff to develop skills to maximise use of traditional, social and emerging marketing technologies and approaches. This strategy, and associated in-house skills transfer and acquisition, will: enable Limbs 4 Life to reach more of the growing numbers of people with limb loss and their families, promote pathways to supports, prevent isolation, share project impact and outcomes, increase community awareness of limb loss to break down barriers and increase mainstream inclusion, develop high quality media content featuring people with limb loss. This strategy will serve to increase levels of engagement for people with limb loss, promote the availability of access to tailored information and supports, reach people in rural and regional communities, improve mental health outcomes, reduce feelings of loneliness, social isolation and depression associated with limb loss and promote an enhanced sense of community</p>

## Appendix 2: Intended timeline (3 years; Jan 2020 to Feb 2023)

Project Milestones	Responsibility of Limbs 4 Life	Responsibility of Alpha Crucis Group
<b>January 2020 – December 2021</b>		
<b>ICB milestones</b> YEAR 1: appoint project manager, coordinator and IT officer. Establish limb loss advisory committee and 10 local area support groups  <b>OCB milestones</b> YEAR 1: develop new CRM	Project Planning Phase ✓ <ul style="list-style-type: none"> <li>- Appoint a Peer Project Manager</li> <li>- Appoint a Peer Project Coordinator</li> <li>- Establish Peer-Led Limb Loss Advisory Committee (LLAC)</li> <li>- Appoint an IT Project Officer</li> <li>- Develop framework for Local Area Support Groups (LASG) in line with current procedures and protocols</li> <li>- Baseline survey to the Victorian community with Limb Loss</li> <li>- <b>Develop the CRM<sup>#</sup></b></li> </ul> Regular meetings with the evaluation team at Alpha Crucis Group ✓	Project Planning Phase ✓ <ul style="list-style-type: none"> <li>• Development of the protocol for the evaluation of the Limb Loss Empowerment Project</li> <li>• Ethics approval for the project through Monash University</li> <li>• Analysis of the baseline survey to the Victorian community with Limb Loss</li> </ul> Regular meetings with Limbs 4 Life focussing on the evaluation ✓
<b>January 2021 – December 2022</b>		
<b>ICB milestones</b> YEAR 2: Develop limb loss toolkit (including gap analysis), engage peer group leaders, develop and establish online support group network, conduct peer support training, commence provision of peer-led support to the limb loss community  <b>OCB milestones</b> YEAR 2: National Amputee Advisory Council (NAAC) will undertake formal governance training and extend the NAAC to become a formal Board sub-committee, demonstrating how	Develop a limb loss tool kit  Establish location-based regional and metropolitan peer-led Local Area Support Groups (LASG)  Engage Peer Group Leaders  Develop and establish online support group network  Conduct Peer Support Training  People with limb loss provide peer support to new amputees and their families, increasing confidence and	Regular meetings with Limbs 4 Life focussing on the evaluation



Project Milestones	Responsibility of Limbs 4 Life	Responsibility of Alpha Crucis Group
Limbs 4 Life is prioritising meaningful leadership and governance engagement of people with limb loss. The LLEP will be a standing agenda item in NAAC meetings to ensure co-design and oversight	<p>helping to empower them and transition.</p> <p>Upskilling, training and developing existing National Volunteer Limb Loss Advisory council to improve their leadership, skills capacity</p> <p>Conduct final consultation</p> <p><b>Media and Communications Strategy Development: maximising the use of technology effectively in the delivery of all services<sup>#</sup></b></p> <p><b>National Amputee Advisory Council (NAAC) will undertake formal governance training and extend the NAAC to become a formal Board sub-committee<sup>#</sup></b></p> <p>Regular meetings with the evaluation team at Alpha Crucis Group</p>	
<b>January 2022 – February 2023</b>		
<b>ICB milestones</b> YEAR 3: Reach full potential of peer-led support, deliver workshops and webinars, evaluation/research activities, final consultation	<p>Deliver empowerment workshops and webinars which build capacity enabling people to voice concerns, and access information to achieve solution based outcome.to promote confidence building, increase knowledge, and promote choice and control and transitional support.</p> <p>Regular meetings with the evaluation team at Alpha Crucis Group</p> <p>Final report and evaluation to be conducted, completed and submitted to NDIS</p>	<p>Regular meetings with Limbs 4 Life focussing on the evaluation</p> <p>Conduct research and evaluation of the individual capacity building project</p>

<sup>#</sup> = OCB Activity



## Appendix 3: Limbs 4 Life, Victorian Based Pre and Post Surveys

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### Email invitation text from Limbs 4 Life – for Victorian members of the Limbs 4 Life organisation

Dear \_\_\_\_\_,

Thank you for your involvement in the Limbs 4 Life organisation. Limbs 4 Life has engaged external researchers from Monash University and Alpha Crucis Group, to evaluate our Amputee Empowerment Project. This email is being sent to you to invite you to take part in this evaluation.

Participation in the research involves completing an anonymous survey, which will take no longer than 10-15 minutes of your time. Here is the link to the evaluation explanatory statement (hyperlink) for you to read before making a decision to take part. If you would like to take part in the evaluation, please visit the survey at [survey link].

If you choose not to take part in the evaluation, there will be no impact upon your relationship with Limbs 4 Life. Thank you for your time and consideration.

Regards,  
Melissa Noonan, CEO, Limbs 4 Life

#### Part 1 – Pre-survey

#### Start of the survey

Building on two recent successful projects expanding and evaluating the Limbs 4 Life Amputee Peer Support Program, Limbs 4 Life is rolling out an exciting new program in Victoria and we would like to hear from you. The Amputee (MEL WANTS AMPUTEE NOT LIMB LOSS IN THE SURVEY) Empowerment Project (funded by the National Disability Insurance Agency) aims to provide access to information and resources, build community connections and help people to make decisions and informed choices about their disability.

This survey is anonymous and will only take 10-15 minutes to complete.

Your feedback is important to us. We will use the information from this survey to help to direct areas of the program.

Participation in this survey is voluntary and your choice to complete the survey (or not) will not impact the services you receive from Limbs 4 Life. If you complete the survey the results will be used by Limb 4 Life to for ongoing quality improvement activities. In addition to Limb 4 Life quality improvement activities Limbs 4 Life would like to make your survey results available to Limb 4 Life researchers to complete an evaluation of the Limbs 4 Life program. No identifiable data will be provided to the researchers (that is, the researchers will not know you name, date of birth, address or contact details). Here is the link to the evaluation explanatory statement ([hyperlink](#)). Do you consent to making your de-identified survey results available to Limb 4 Life researchers?

Y/N

---

**About you: In this section we would like to learn about you**

**Age**

- Under 18 years
- 18 - 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 – 74 years
- 75+

**Gender**

- Female
- Male
- Transgender
- Non-binary / gender fluid
- Prefer not to say

**Which location represents the location you reside in?**

- Metropolitan
- Regional
- Rural
- Remote

**Which of one of the following 12 areas do you reside in?**

Melbourne metro east including up to Yarra Ranges

Melbourne metro south including Bayside and Mornington Peninsula

Melbourne metro north including Craigieburn, Whittlesea

Melbourne metro west including Sunbury, Bacchus Marsh, Brimbank, Werribee

Gippsland region

Geelong/Barwon region

Central Highlands region

Ovens Murray region

Goulburn region

Loddon/Campaspe region

Mallee region

Wimmera South West region

**Do you have an amputation / limb loss or do you care for someone with an amputation / limb loss?**

- I have an amputation / limb loss
- I provide daily care for someone with an amputation / limb loss
  - Child
  - Partner
  - Parent
  - Other family / relative
  - Other person such as a friend or neighbour

**Please tell us your level of amputation/limb loss (or for the person you care for)?**

- Partial foot
- Foot (symes)
- Below knee
- Through knee
- Above knee
- Hemipelvectomy/ hip disarticulation
- Bilateral below
- Bilateral above
- Bilateral below/above
- Partial hand
- Hand
- Through wrist
- Below elbow
- Above elbow

- Comment – other?

**How long have you been an amputee (or for the person you care for)?**

- Since birth
- Less than 1 year
- 1 – 5 years
- 5 – 10 years
- 10 – 15 years
- 15 – 20 years
- 20 – 25 years
- 25 years +

**Please tell us the cause of your amputation (or for the person you care for)?**

I was born with a limb difference

Cancer

Trauma

Vascular disease

Infection

Diabetes T2

Diabetes T1

Other – please comment

**Please tell us how is your prosthesis and/or other disability related supports and equipment is funded (or for the person you care for)?**

The National Disability Insurance Scheme (NDIS)

The state-based funding scheme in Victoria (local provider/public hospital)

Accident compensation insurance (Workcover/TAC)

My Aged Care

Department of Veterans Affairs (DVA) / Defence

I don't use any supports

Other - comment?

---

**Section 2: About the program**

As part of the Limb Loss Empowerment Project, Limbs 4 Life will be setting up a number of local area support groups around the state of Victoria and in metropolitan Melbourne.

We are interested to learn about your opinion of the following;

**As a person living with limb loss, do you feel connected to your community?**

Yes

No

Sometimes

Please comment

**What makes it hard for you to connect with your community?**

**What would make it easier for you to connect with your community?**

**As a person living with limb loss, do you feel empowered to manage yourself?**

Yes

No

Sometimes

Please comment

**As a person living with limb loss, do you feel confident to manage yourself?**

Yes

No

Sometimes

Please comment

**Would you be interested in meeting up with other amputees and/or attend locally-based events?**

Yes

No

Maybe

Sometimes

Other – comment

**Would you be interested in joining an amputee support group in your local area?**

Yes

No

Maybe

Other – comment

**Would you be interested in taking on a role as a group leader (for a local area support group) if we provided you with training or upskilling to do so?**

Yes

No

I'd like to find out more information

Other - Comment

**If you are interested in attending a local area support group meeting, what topics would you like to learn about? Please list as many as you like.**

Open question/comment box

**If you are NOT interested in joining a support group would are you interested in attending topic-based information sessions?**

Yes  
No  
Maybe  
Sometimes  
It would depend on the topic  
It would depend on the time/date of the session/s  
Other – comment

**As part of this program we will be training more people to become Peer Support Volunteers. If you are currently not a volunteer would you be interested in contributing to the program?**

Yes  
No  
Maybe  
I'd like to find out more  
Please leave your email address in the comment box below and we will get in touch with you

---

### **Section 3**

#### **Information and resources**

**As a person living with limb loss, do you feel that you have the information and resources you need to make informed decisions to choose the right supports you need to achieve your goals?**

Yes  
No  
Please comment explain why or why not

**Please tell us what kind of information, support or resources would be useful to you?**  
Open comment

**How do you like to consume information? Please tick all that apply**

Reading  
Watching  
Listening  
Other (please specify)

#### **Use of digital technology**

Are you comfortable using an iPad / Tablet? Y/N  
Are you comfortable using a Smartphone? Y/N  
Are you comfortable using a computer? Y/N  
Are you / would you be comfortable participating in a video-conference for sourcing information or for participating in a meeting (assuming support from Limbs 4 Life to use this technology)? Y/N

**Do you consent for Limbs 4 Life making future contact with you for additional research activities, such as a focus group? Even if you select yes, you are able to change your mind and decline future involvement at any time.**

Y/N Contact email address / phone number: \_\_\_\_\_

---

**Thank you for contributing to this survey.  
Your feedback is important to us.**

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Part 2 – Post-survey (light blue highlights = point of difference from the pre-survey)

### Start of the survey

Over the past 2 years Limbs 4 Life has rolled out an exciting new program in Victoria called the **Amputee Empowerment Project** (funded by the National Disability Insurance Agency). The program aimed to provide access to information and resources, build community connections and help people to make decisions and informed choices about their disability. You are invited to participate in this survey because we want your valuable thoughts and feedback. You may or may not have been involved in the **Limb Loss Empowerment Project** to date (possibly as a group member or a group leader or providing some other support to the program), but either way, we are keen for your feedback.

This survey is anonymous and will only take 10-15 minutes to complete.

Your feedback is important to us. We will use the information from this survey to help to direct future areas of the program.

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Participation in this survey is voluntary and your choice to complete the survey (or not) will not impact the services you receive from Limbs 4 Life. If you complete the survey the results will be used by Limb 4 Life to for ongoing quality improvement activities. In addition to Limb 4 Life quality improvement activities Limbs 4 Life would like to make your survey results available to Limb 4 Life researchers to complete an evaluation of the Limbs 4 Life program. No identifiable data will be provided to the researchers (that is, the researchers will not know you name, date of birth, address or contact details). Here is the link to the evaluation explanatory statement ([hyperlink](#)). Do you consent to making your de-identified survey results available to Limb 4 Life researchers?



Y/N

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**About you: In this section we would like to learn about you**

**Age**

- Under 18 years
- 18 - 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 – 74 years
- 75+

**Gender**

- Female
- Male
- Transgender
- Non-binary / gender fluid
- Prefer not to say

**Which location represents the location you reside in?**

- Metropolitan
- Regional
- Rural
- Remote

**Which of one of the following 12 areas do you reside in?**

Melbourne metro east including up to Yarra Ranges

Melbourne metro south including Bayside and Mornington Peninsula

Melbourne metro north including Craigieburn, Whittlesea

Melbourne metro west including Sunbury, Bacchus Marsh, Brimbank, Werribee

Gippsland region

Geelong/Barwon region

Central Highlands region

Ovens Murray region

Goulburn region  
Loddon/Campaspe region  
Mallee region  
Wimmera South West region

**Do you have an amputation / limb loss or do you care for someone with an amputation / limb loss?**

- I have an amputation / limb loss
- I provide daily care for someone with an amputation / limb loss
  - Child
  - Partner
  - Parent
  - Other family / relative
  - Other person such as a friend or neighbour

**Please tell us your level of amputation/limb loss (or for the person you care for)?**

- Partial foot
- Foot (symes)
- Below knee
- Through knee
- Above knee
- Hemipelvectomy/ hip disarticulation
- Bilateral below
- Bilateral above
- Bilateral below/above
- Partial hand
- Hand
- Through wrist
- Below elbow
- Above elbow
- Comment – other?

**How long have you been an amputee (or for the person you care for)?**

- Since birth
- Less than 1 year
- 1 – 5 years
- 5 – 10 years
- 10 – 15 years

- 15 – 20 years
- 20 – 25 years
- 25 years +

**Please tell us the cause of your amputation (or for the person you care for)?**

I was born with a limb difference

Cancer

Trauma

Vascular disease

Infection

Diabetes T2

Diabetes T1

Other – please comment

**Please tell us how is your prosthesis and/or other disability related supports and equipment is funded (or for the person you care for)?**

The National Disability Insurance Scheme (NDIS)

The state-based funding scheme in Victoria (local provider/public hospital)

Accident compensation insurance (Workcover/TAC)

My Aged Care

Defence/Dept Veterans Affairs (DVA)

I don't use any supports

Other - comment?

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**Section 2: About the program**

As part of the Limb Loss Empowerment Project, Limbs 4 Life has set up a number of local area support groups around the state of Victoria and in metropolitan Melbourne.

**Were you aware of the Limb Loss Empowerment Project?** Yes / No / Not sure

**Have you attended an amputee peer support group meeting over the last 2 years?** Yes / No / Not sure

**Have you attended an amputee peer support group event over the last 2 years (e.g. sports day, community event, webinar, workshop)?** Yes / No / Not sure

**If yes to attending a meeting or event – in what capacity?**

- Group Member Yes / No
- Group Leader Yes / No
- Other role \_\_\_\_\_

We are interested to learn about your opinion of the following;

**As a person living with limb loss, do you feel connected to your community?**

Yes

No

Sometimes

Please comment

**What makes it hard for you to connect with your community?**

**What would make it easier for you to connect with your community?**

**As a person living with limb loss, do you feel empowered to manage yourself?**

Yes

No

Sometimes

Please comment

**As a person living with limb loss, do you feel confident to manage yourself?**

Yes

No

Sometimes

Please comment

**Would you be interested in meeting up with other amputees and/or attend locally-based events?**

Have already done so through the Limb Loss Empowerment Project

Yes

No

Maybe

Sometimes

Other – comment

**Would you be interested in joining an amputee support group in your local area?**

Have already done so through the Limb Loss Empowerment Project

Yes

No

Maybe

Other – comment

**Would you be interested in taking on a role as a group leader (for a local area support group) if we provided you with training or upskilling to do so?**

Have already done so through the Limb Loss Empowerment Project

Yes

No

I'd like to find out more information  
Other - Comment

**If you have attended or are interested in attending a local area support group meeting, what topics would you like to learn about? Please list as many as you like.**

Open question/comment box

**If you are NOT interested in joining a support group are you interested in attending topic-based information sessions?**

Yes

No

Maybe

Sometimes

It would depend on the topic

It would depend on the time/date of the session/s

Other – comment

**As part of this program we will be training more people to become Peer Support Volunteers. If you are currently not a volunteer would you be interested in contributing to the program?**

Yes

No

Maybe

I'd like to find out more

Please leave your email address in the comment box below and we will get in touch with you

### Section 3

**How did the Limb Loss Empowerment Project impact you?** *Questions only for participants who selected YES to attending a peer support group meeting or event over the last 2 years*

**As a Group Member or as a Group Leader, did you feel your contribution was valued?**

Yes / No / Not sure

**Did participation in the Limb Loss Empowerment Project:**

	Yes	No	Not Sure
<b>Increase your capacity to participate in daily life?</b>			
<b>Increase your choice and control in daily life?</b>			
<b>Increase your motivation, confidence and empowerment to act?</b>			
<b>Increase your participation in community life?</b>			
<b>Increase your contribution to community life?</b>			

Increase your sense of “connection”?			
Increased your access to information needed to make decision and choices?			
Improve your knowledge?			
Improve your skills?			
Improve your motivation?			
Improve your confidence?			
Increase your leadership and influencing opportunity?			
Give you a say on issues which are important to you?			
Increase your self-advocacy, independence and relationship building?			
Increased your access and use of mainstream services?			
Give you greater choice, independence and autonomy?			

## Section 4

### Information and resources

**As a person living with limb loss, do you feel that you have the information and resources you need to make informed decisions to choose the right supports you need to achieve your goals?**

Yes

No

Please comment explain why or why not

**Please tell us what kind of information, support or resources would be useful to you?**

Open comment

**How do you like to consume information? Please tick all that apply**

Reading

Watching

Listening

Other (please specify)

### Use of digital technology

Are you comfortable using an iPad / Tablet? Y/N

Are you comfortable using a Smartphone? Y/N

Are you comfortable using a computer? Y/N

Are you / would you be comfortable participating in a video-conference for sourcing information or for participating in a meeting (assuming support from Limbs 4 Life to use this technology)? Y/N

**Do you consent for Limbs 4 Life making future contact with you for additional research activities, such as a focus group? Even if you select yes, you are able to change your mind and decline future involvement at any time.**

Y/N Contact email address / phone number: \_\_\_\_\_

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**Thank you for contributing to this survey.  
Your feedback is important to us.**

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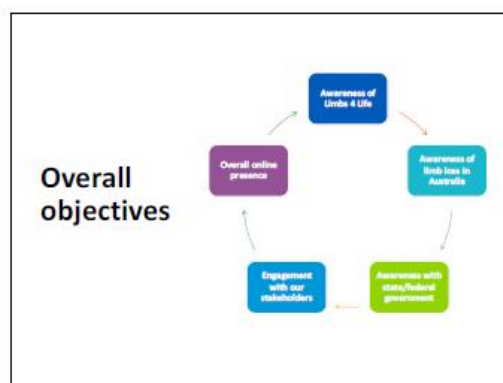
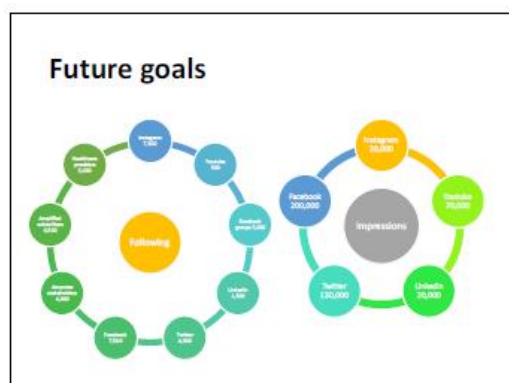
## Appendix 4: Full list of ILC / NDIA Outcomes and Measures for the Individual Capacity Building Program

	<u>Is this measured and reported in the LLEP evaluation?</u>	<u>Where is it measured and reported in the LLEP evaluation?</u>	<u>How is it measured and reported in the LLEP evaluation?</u>
<b>What outcomes do we want to achieve?</b>			
<b>What do we want to know about your project?</b>			
Does it increase the skills and capacity of individuals and organisations?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Does it increase motivation, confidence and empowerment to act?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Does it increase participation and contribution to the community?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
<b>What do we want to achieve in the short-term?</b>			
Individuals reporting improved knowledge or skills.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Individuals reporting improved motivation and confidence.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Individuals feel their contribution is valued.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Individuals have increased leadership and influencing opportunity.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Individuals feel they have a say on issues that are important to them.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Strengthened organisation capability of Disabled Peoples and Families Organisations, and improved ability to deliver ILC project areas.	Yes	Results Section	Log of areas where there has been strengthened organisational capability and / or improved ability to deliver ILC projects
<b>What do we want to achieve in the medium-term?</b>			

	<b>Is this measured and reported in the LLEP evaluation?</b>	<b>Where is it measured and reported in the LLEP evaluation?</b>	<b>How is it measured and reported in the LLEP evaluation?</b>
Increased self-advocacy, independence and relationship building.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Increased contribution and participation in community life.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
Increased utilisation of mainstream supports.	Yes	Results Section	Log of mainstream supports which have been utilised in this project (what and how often)
<b>What do we want to achieve in the long term?</b>			
Improved social and economic participation outcomes of people with disability.	No	-	-
Greater choice, independence and autonomy for people with disability.	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
A capable, mature and financially sustainable Disabled People and Families Organisations sector.	No	-	-
Diverted or delayed access to the National Disability Insurance Scheme.	No	-	-
Increased self-management of participant plans.	No	-	-
<b>How will we measure these outcomes?</b>			
<b>Things that measure project participant outcomes</b>			
How many individuals are engaged in the project?	Yes	Results Section	We will report how many individuals are engaged in this project
How many project participants are reporting improved knowledge or skills?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
How many project participants are reporting improved motivation and confidence?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
How much has my organisations capacity strengthened?	Yes	Results Section	Log of areas where the organisation has strengthened
What things are slowing down the project's progress?	Yes	Results Section	Log of things that are slowing down the projects progress (barriers)
What things are helping the project succeed?	Yes	Results Section	Log of things that are helping the project succeed (facilitators)
<b>Things that measure leadership, shaping and influencing</b>			
How many project participants feel their contribution is valued?	Yes	Results Section	Survey question to people who participated in the Limb Loss

	<b>Is this measured and reported in the LLEP evaluation?</b>	<b>Where is it measured and reported in the LLEP evaluation?</b>	<b>How is it measured and reported in the LLEP evaluation?</b>
			Empowerment Project as a group member or group leader
How many project participants have increased leadership and influencing opportunities?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
How many project participants feel they have a say on issues that are important to them?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
<b>Things that measure the ILC's effectiveness</b>			
How many of the project participants are NDIS participants? How many are not?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
How many people in the community are engaged in the project?	Yes	Results Section	The number of people engaged in the project will be reported
Can my project be scaled up to service more people? If so, how can we achieve this in the future?	Yes	Results Section	The potential for scaling the project will be reported as a part of the sustainability plan
What best and promising practices and approaches are identified by my project?	Yes	Results Section	Log of best and promising practices and approaches identified by the LLEP
<b>Things that measure how the ILC makes the NDIS sustainable</b>			
Is my project sustainable beyond the funding period?	Yes	Results Section	The sustainability plan
How many people with a disability have increased choice and control?	Yes	Results Section	Survey question to people who participated in the Limb Loss Empowerment Project as a group member or group leader
How many people in the NDIS require less funded supports because of your project?	No	-	-
How many people with disability put off entering the NDIS because of your project?	No	-	-

## Appendix 5: Media and communication strategy



## Social media



## Snapshot

### Audiences:

- 1 Facebook: amputees, general public and donors
- 2 Instagram: amputees, general public
- 3 Twitter: Healthcare professionals, general public
- 4 LinkedIn: Healthcare professionals, government departments
- 5 YouTube: amputees, general public



## Content plan

## Content pillars

- Information: resources, health reminders, how L&L can help you
- Events: NAAW, Amp-ed Up Conference, #GivingTuesday
- Projects: RU4W, LLEP, Peer Support
- Emotive: personal stories, testimonials, achievements



## Growth opportunities

- 1 LinkedIn – move across to company page (target healthcare professionals inc. achievements, funding, submissions, events)
- 2 Facebook – create more engagement through polls, variety of content, targeted advertising, donate now button functionality, stories, events, encouragement of sharing/commenting etc.
- 3 Instagram – stories, IGTV, reels, Instagram live, Linktree
- 4 Twitter – encourage retweeting, sharing and further engagement
- 5 Youtube – regular content, information, events coverage, instructional videos, reviews of products



## Content | Moving forward with Mike Rolls

- National initiative to engage more stakeholders
- Covering topics including new prosthetic technologies, pain management, peer support, and career planning
- Video and audio files will be distributed via:
  - Limbs 4 Life website
  - Social media: Facebook, Instagram, Twitter, LinkedIn, YouTube



## Database



## Snapshot



## eDM (email) strategy



## eDM templates



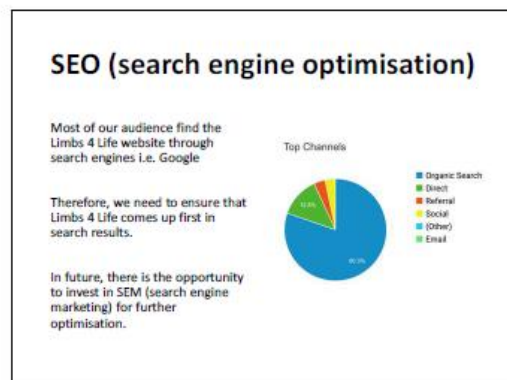
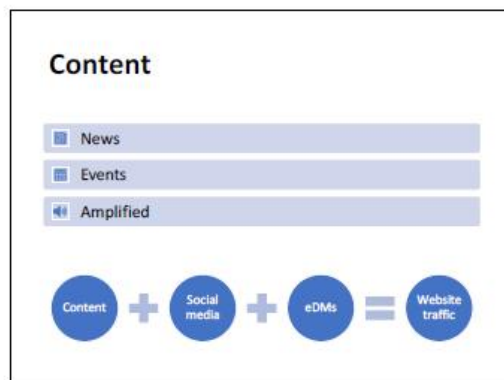
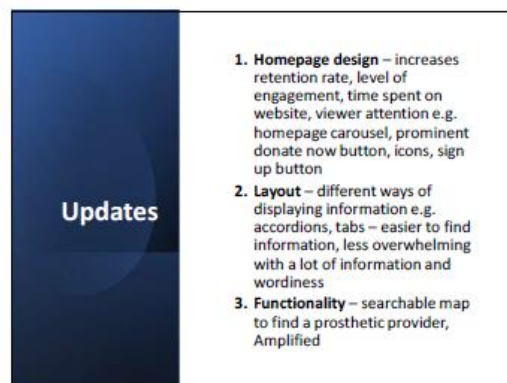
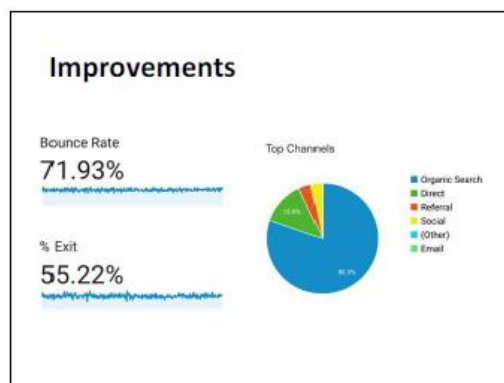
## Growth opportunities

- Advertising – rates determined based on location and size of ad – banners, MRECs etc.

- Parents of children with limb difference e-news

limbs 4 kids







### Website engagement



### Media



### Opportunities



PRINT



RADIO



TV

### Revenue growth



### Revenue growth



EMAIL  
ADVERTISING



SOCIAL MEDIA  
PAID POSTS



WEBSITE  
ADVERTISEMENTS



VIDEO (YOUTUBE)

### Planning



## Planning



A marketing and communications calendar has been implemented which commenced rollout in January this year.



Growth and increased figures will be provided on a quarterly basis.



The calendar will be agile.

## Questions?

Making a real difference together

