



# My Choice Matters Evaluation – Fieldwork Report Stage 2

Never Stand Still

Arts & Social Sciences

Social Policy Research Centre



Prepared for: NSW Council for Intellectual Disability

November 2015

Andrew Griffiths, Daniel Nethery, Sally Robinson,  
Shona Bates, Ariella Meltzer, Rosemary Kayess

**SPRC**  
Social Policy Research Centre

## Acknowledgements

The evaluation would not have been possible without the many people who provided information about their lives or professional experiences. Without this generous willingness to participate, the evaluation would not have been possible.

## Research Team

Andrew Griffiths, Daniel Nethery, Sally Robinson, Shona Bates, Ariella Meltzer, Rosemary Kayess

For further information  
[Shona Bates](mailto:Shona.Bates@unsw.edu.au) 02 9385 4058

## Social Policy Research Centre

UNSW Arts & Social Sciences  
UNSW Australia  
UNSW Sydney NSW 2052 Australia

T +61 2 9385 7800  
F +61 2 9385 7838  
E [sprc@unsw.edu.au](mailto:sprc@unsw.edu.au)  
W [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)

© UNSW Australia 2015

ISBN: 978-1-925218-44-2

The Social Policy Research Centre is based in Arts & Social Sciences at UNSW Australia. This report is an output of the Evaluation of the My Choice Matters research project, funded by NSW Family and Community Services Ageing, Disability and Home Care.

Suggested citation:

Griffiths, A., Nethery, D., Robinson, S., Bates, S., Meltzer, A., Kayess, R. (2015). My Choice Matters Evaluation – Fieldwork Report Stage (SPRC Report 16/15). Sydney: Social Policy Research Centre, UNSW Australia.

# Contents

<b>Executive Summary</b>	<b>1</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Methodology</b>	<b>5</b>
2.1 Observations and interviews	5
2.2 Online survey	5
2.3 Desktop analysis of MCM material	6
2.4 Limitations of method	6
<b>3. Does My Choice Matters meet people's needs?</b>	<b>8</b>
3.1 Why people took part in MCM	8
3.2 Workshops	9
3.3 Print and online information	16
3.4 Summary findings	21
<b>4. What have people changed as a result of My Choice Matters?</b>	<b>23</b>
4.1 Influence of workshop on future thinking/action	23
4.2 Ability to make changes	23
4.3 Summary findings	27
<b>5. Is My Choice Matters working well?</b>	<b>28</b>
5.1 Strengths of the program	28
5.2 Recommended improvements to the program	28
5.3 Evidence of MCM incorporating previous suggestions	29
5.4 Suggestions for the next stages of the evaluation	29
<b>Appendix A – Survey comments</b>	<b>31</b>

# List of Tables

Table 1	Summary of data sources	5
Table 2	Disability among survey respondents with disability	6
Table 3	Participation in activities (by activity)	6
Table 4	Reasons for taking part	9
Table 5	Level of involvement in GMS	10
Table 6	Difficulty of language and ideas in GMS	10
Table 7	Usefulness of information in GMS	11
Table 8	Level of participation in BAL	12
Table 9	Difficulty of language and ideas in BAL	12
Table 10	Usefulness of information in BAL	12
Table 11	Usefulness of information	17
Table 12	Usefulness of information formats	18
Table 13	Difficulty of language and ideas	19
Table 14	Impact	24
Table 15	Impact (changes made)	24
Table 16	Impact (changes made) by number of activities	24
Table 17	Impact (changes made) by activity	25
Table 18	Impact (potential to make changes)	26

# Abbreviations

<b>ADHC</b>	NSW Department of Family and Community Services, Ageing, Disability and Home Care
<b>BAL</b>	Become a Leader
<b>CALD</b>	Culturally and linguistically diverse (background)
<b>GMS</b>	Get More Skills
<b>MCM</b>	My Choice Matters
<b>NDIS</b>	National Disability Insurance Scheme
<b>NSW CID</b>	New South Wales Council for Intellectual Disability
<b>SHS</b>	sight-hearing-speech (disability)
<b>SPRC</b>	Social Policy Research Centre

# Executive Summary

My Choice Matters (MCM) is a capacity building program, including workshops, grants, projects, leadership programs and more, for people with disability and their families in NSW. The program is being evaluated in four stages by the Social Policy Research Centre at UNSW Australia. This report relates to the second stage of the evaluation.

The purpose of this stage of the evaluation of MCM is to find out how well MCM is working. In particular:

- whether MCM meet the needs of all stakeholders
- what people have changed in their lives as a result of MCM.

This part of the evaluation is based on observations at MCM events, interviews with people using MCM, an online survey of people who have used all forms of MCM (242 responses), and desktop analysis of MCM resources (written, website and Facebook). This report presents the findings of this stage of the research, identifies what is working well, and makes recommendations for how to improve capacity building programs for people with disability, their families and carers.

## Is My Choice Matters meeting people's needs?

Fifty-eight per cent of survey respondents participated in MCM activities to get information, 50% to help others, and 41% to build skills. Family members and carers often mentioned seeking information about the NDIS as a reason for participating in MCM. People with disability often spoke of personal motivations for participating, especially to build skills or confidence. Three-quarters of survey respondents found MCM information to be what they needed. These proportions increased to almost four-fifths for Get More Skills (GMS) participants and almost nine-tenths for Become A Leader (BAL) participants.

## What have people changed as a result of My Choice Matters?

Almost two-fifths of survey respondents had made changes as a result of MCM (38%), more than half planned to make changes (55%), and almost half felt able to make changes (47%). At the same time, more than two-fifths of survey respondents agreed that they needed to learn more about making changes (44%). The most commonly-reported changes were gaining confidence, becoming better at speaking up, and gaining independence.

People who took part in one MCM activity were significantly more likely to have made changes than those who had taken part in none, and people who had taken part in more than one activity were significantly more likely to have made changes than those who had taken part in only one. People were more likely to make changes regardless of the activity in which they took part.

## What is working well

Participants generally gave positive assessments of MCM workshops, noting that they were accessible, employed language that was “just right” and provided the right sort of information.

Additionally, MCM participants in general spoke positively of the impact that the program had had on their lives.

### Opportunities for improvements to the program

Some MCM participants had made changes as a result of their involvement with the program but around half said that they had not made changes yet, for a variety of reasons. MCM could focus on assisting these people to make changes.

Delivering the workshops in a more systematic manner, with more standardised information, may help a greater number of participants to understand the content. An increased emphasis on capacity building rather than providing information (that is, how participants could make use of the information to improve their situation) could strengthen the program

# 1. Introduction

My Choice Matters is a capacity building initiative of the NSW Council for Intellectual Disability (NSW CID), funded by the NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC). The MCM program coincides with the launch and promotion of the National Disability Insurance Scheme (NDIS).

MCM aims to support people with disability and their families to increase their skills, knowledge and confidence in making choices and taking control over their lives. It has a particular focus on supporting people's transition to self-directed supports and individualised budgets. It funds initiatives to build the capacity of people with disability and their families through development activities and to support people to run their own projects.

MCM has application for all people with disability currently receiving formal support as well as those people who are looking for formal support. The program is targeting people with disability aged 0–65 years and their carers across all demographic groups. MCM is committed to engaging with people from Indigenous or culturally and linguistically diverse backgrounds, and this is being achieved by sharing information and resources, and working in partnership with specific organisations.

MCM is one of a series of programs funded by the NSW Government to deliver capacity building for people with disability in NSW. The MCM team recognises the potential overlap and is targeting their sessions so as not to duplicate or clash with the programs of other providers.

The Social Policy Research Centre (SPRC) at UNSW Australia has been tasked to evaluate the MCM initiative. The evaluation is being conducted in four stages:

- Stage 1 (complete) examined program reach, in particular whether the program was reaching people with disability, program quality and effectiveness. This was informed by observations, interviews and an online survey.
- Stage 2 (this report) examines how well MCM is working, in particular whether it meets people's needs and what changes people have made as a result, as well as program quality and effectiveness. This is informed by observations, interviews and an online survey.
- Stage 3 will examine internal processes, procedures and governance to gauge their effectiveness, as well as looking at how the program benefits may be maintained after the program finishes.
- Stage 4 will examine program use over time, program quality and effectiveness, and consider what can be learned and used in other programs.

Preliminary examination and observations of My Choice Matters raised concerns about whether the program was reaching people with disability or whether only carers and family members were attending. Stage 1 of the evaluation examined program reach and findings in order to try to address these concerns, suggesting that while program use by people with disability was increasing, it was not reaching the breadth of people as intended. In particular, the program was not reaching people with intellectual disability. Survey findings also suggested that many respondents (26%) were not aware of MCM, or were aware but had not attended a workshop (60%). Many of these respondents said they wanted to attend a workshop (66%), or would like to know more about the program.



Stage 2 of the evaluation extends the findings of Stage 1, and in particular asks whether the program is meeting people's needs and what changes have been made as a result of MCM. Section 2 of this report details the methodology used in this part of the evaluation, provides an overview of research participants, and outlines the limitations of this research. Section 3 reports on the findings concerning whether My Choice Matters meets the needs of participants while Section 4 reports on what people have changed due to My Choice Matters. Section 5 presents the conclusions of this evaluation, in particular how previous recommendations have been implemented, the strengths of the current program and how the program may be improved in the future. The report concludes with an outline of the next parts of the evaluation.

# 2. Methodology

Mixed methods were used to answer the key research questions – observations, interviews, an online survey, and desktop analysis of available material (printed material, website and Facebook). A summary of the data sources are provided in Table 1.

**Table 1 Summary of data sources**

Data source	Number
Workshops attended	3
Interviews with MCM participants	17
Online survey	242
Written material, website, Facebook	All

## 2.1 Observations and interviews

The researchers attended three Get More Skills (GMS) workshops in three areas of NSW (both urban and regional), conducting nine interviews at these workshops, as well as recording observational notes. In addition, the researchers spoke to eight interviewees by phone who had expressed interest in taking part in the evaluation via an opt-in question on the online survey.

Most of the interviews were conducted with people with a disability themselves, but several interviewees were parents or family members of a person with a disability, and one interviewee was a service provider. The interviewees had had contact with a wide range of MCM activities, including GMS workshops, the Become a Leader (BAL) course, Run Projects as well as additional engagement with MCM through staff members or the website. The interview participants included people (or carers of people) with a range of disability support needs relating to intellectual, cognitive and physical disabilities.

The researchers recorded observational notes at the three workshops they attended. These observations were conducted in order to understand how content was delivered, what content was delivered, how participants were engaged and how information was made accessible to them.

## 2.2 Online survey

SPRC conducted an online survey using Survey Gizmo software, which is noted for its accessibility. The survey was open for a period of approximately eight weeks in May–July 2015. Prior participants of MCM were invited by email to complete the survey. The analysis in this report presents the findings from an analysis of the 242 survey responses.

Among the 242 survey respondents, 84 people identified as someone with disability (35%), 108 people were family of someone with disability (45%), and 84 people cared for someone with disability (35%). Two family members, one also a carer, added that they worked as Ability Linkers (another NSW Government funded disability program). One respondent qualified the statement “someone with disability” by adding “and a hell of a lot of ability.”

Of the 84 survey respondents with disability, 7 identified as Aboriginal or Torres Strait Islander (8%), one of whom was also a family member and carer of someone with disability, and 12 spoke a language other than English (14%). The languages included Korean, Cantonese, Vietnamese, Hindi, Gujarati, Punjabi, Urdu, Greek and Portuguese.

Survey respondents with disability were most likely to describe their disability as physical (50%), followed by sight–hearing–speech (31%), psychological or mental health (31%), and cognitive or intellectual disability (25%). Family members or carers responding to the survey were most likely to describe the disability as intellectual or cognitive (80%), followed by physical (32%), sight–hearing–speech (29%), and psychological or mental health (24%).

**Table 2 Disability among survey respondents with disability**

Type of disability	Count (n)	Percentage (%)
Physical	42	50.0
Intellectual or cognitive	21	25.0
Psychological or mental health	26	31.0
Sight–hearing–speech	26	31.0

Note: Percentages represent counts as a proportion of 84 survey respondents with disability. Counts add up to 115 as respondents could select more than one category.

Source: Second-wave survey responses.

Of the 242 survey participants, 67 had taken part in none of the specific activities – in other words, they had only used MCM information and the website (28 per cent).

**Table 3 Participation in activities (by activity)**

Activity	Count (N)	Percentage (%)
Get More Skills	112	46.3
Run Projects	67	27.7
Become A Leader	47	19.4
Shared Stories	23	9.5

Note: Percentages represent counts as a proportion of 242 survey participants. Counts add up to 249 as participants could select more than one category.

Source: Second-wave survey responses.

Among the almost three-quarters of participants who had taken part in at least one specific MCM activity, by far the most popular was the GMS workshop, attended by 112 people (46 per cent). 67 had started a Run Project (28 per cent), 47 had attended a BAL course (19 per cent), and 23 had shared stories (10 per cent). Note that these proportions do not match the proportions of those who have actually participated in the various MCM elements.

## 2.3 Desktop analysis of MCM material

A desktop analysis of content and accessibility was completed for MCM written material (including workshop handouts as well as other material), the MCM website and the MCM Facebook page.

## 2.4 Limitations of method

While each element of the MCM program is funded equally, this report does not report on each element equally, for several reasons. In terms of the qualitative research, a large proportion of the analysis refers to the GMS workshops. These workshops are the most accessible MCM element for the researchers due to their frequency and geographic spread. BAL and Run Projects may be underrepresented. In the case of BAL, we opted not to attend any workshops in this research stage because we had attended some in the last fieldwork stage. In the case of Run Projects, participants were only accessible to us through the online survey for this fieldwork stage. Table 3 shows the range of survey respondents in terms of their contact with the different MCM elements. The flexible nature of the evaluation means that we can potentially focus on the other non-GMS MCM elements

in the upcoming research stage.

Furthermore, while survey and interview responses were generally positive, the highlighted quotes throughout this report are a combination of positive and negative comments. The function of these quotes is not to mirror the overall ratio of positive and negative responses, but rather to demonstrate the breadth of responses and to present those responses which the researchers believe may be most useful for MCM staff.

In Appendix A there is a compilation of all quotes that were submitted by survey respondents, presented as written without editing or filtering.

Another issue to note is that survey respondents and interview participants often referred to the MCM program as a whole without differentiating between the different program elements, in many cases not actually remembering which specific workshop or course they had attended. As such, we have tried to use broad, general language in this report to reflect the fact that research participants were speaking broadly about MCM as a whole, or were talking about a specific program element without referring to the element by name, or in some cases were unable to remember the name of the specific element to which they referred. This stage of the evaluation did not examine the extent of interaction with MCM activities, or MCM's governance. The primary focus was finding out from people who used MCM whether the program met their needs and whether people did anything different as a result.

The MCM Advisory Group that was established to oversee the program's development has recently been wound up as it has achieved its intended purpose of informing the design of the MCM program. No consultation took place between the evaluation team and the Advisory Group during this research stage. However, Advisory Group members are still connected with MCM and are available to be consulted as required for subsequent stages of the evaluation.

Finally, the program is continually evolving to meet the requirements of people with disability and the changing policy context. The analysis of the print and online material was valid at the time the evaluation was conducted, but the researchers recognise that the material is being continually updated, particularly as the program nears completion.

## Survey design

The survey suffered from a number of design issues including one logical bug. While the bug did not affect the quality of the data, and affected only four participants, certain improvement to the survey design would in all likelihood have led to higher quality data.

The very first question of the survey presented participants with a list of activities. It listed, in random order, the four activities discussed in this report along with "looked at the MCM website" and "seen or heard MCM information." Participants were asked to select all that applied. This led to an under-reporting of the use of information and the website. It is clear that anyone who had taken part in an MCM activity had used MCM information, so the question was in this sense redundant. At the same time, many people did not click that they had looked at the website even though the survey software reported that they had come to the survey via the link on the MCM homepage.

The activities question played a key role in the survey logic. Those who clicked that they had taken part in "none of the above" activities were disqualified from taking the survey, and those who selected GMS and BAL activated additional questions relating to those activities. With hindsight, the question tried to do too much, particularly given the survey audience: qualification for the survey could have been determined with a much simpler true–false question ("Have you ever taken part in an MCM activity or seen or heard MCM information, including from the website?"), while questions relating to other activities could have appeared at various points throughout the survey, and made the survey logic more transparent for participants.

# 3. Does My Choice Matters meet people's needs?

This section of the report considers what participants were hoping to get out of My Choice Matters and whether those needs were met. We examined whether workshops and events were accessible for people with disability, whether the content was accessible and met the needs of participants, and whether other material was useful and accessible.

The findings are informed by a combination of interviews with participants, survey responses, observations of workshops and desktop analysis.

## 3.1 Why people took part in MCM

Participants had diverse reasons for taking part in MCM. The reasons that interview participants stated were generally the same as the reasons given by survey respondents. Several participants were simply interested in gaining information, often about the NDIS. One person said of the NDIS:

I feel lost in the system for that reason, floating in outer space, while everyone else is in the spaceship. [interview participant]

In one case, some family members of a person with disability wanted to find out about options for him after his impending retirement and as he transitioned from living independently to living in a group facility. Another participant hoped she might be able to gain some ideas about job options.

There were also some participants who were hoping to use MCM for personal development, especially with regard to work. For some, this was in the form of gaining practical job skills, and for others, it was to gain general confidence, the ability to speak up, and to push themselves beyond their comfort zone. Two participants both had a disability and worked in the disability sector, and therefore saw MCM as being useful for them both personally and professionally.

Two participants had engaged with MCM in order to access Run Projects funding to work on personal projects.

So I thought this is pretty cool, I can learn something here. [interview participant]

One participant was a service provider working with people with disability and felt that MCM could provide her with information to help her in this role. However, she had also specifically supported two clients who had accessed Run Projects, so she thought it would be useful to engage with MCM in this regard too.

One participant mentioned that she also wanted to attend an MCM session to meet and network with other people with disability and to learn about their experiences.

Survey respondents identified their reasons for taking part from a list of options (see Table 4).

**Table 4 Reasons for taking part**

Why did you take part in My Choice Matters?	Count (N)	Percentage (%)
Get information (about choices I have)	141	58.3
Help other people (in my community, family, friends)	122	50.4
Build skills	99	40.9
Meet other people (learn from other people)	83	34.3
Be more confident (speaking up more)	79	32.6
Get help to do something (start a project)	73	30.2
Be more independent	62	25.6
Another reason	33	13.6

Note: Percentages represent counts as a proportion of 242 survey respondents. Counts add up to 692 as respondents could select more than one category.

Source: Second-wave survey responses.

Survey respondents with disability often gave more personal reasons for participating. One person wrote that the “project helped me to orientate and coor[dinate]” (#115). Another took part to “break down barriers” (#203). Only one survey respondent with disability mentioned the NDIS. The only negative comment came from one survey respondent who took part so as “to provide My Choice Matters with some lived life experience. I was not welcomed!” (#210).

## 3.2 Workshops

### 3.2.1 Accessibility of workshops

A number of participants commented positively on the assistance provided in the program to access MCM activities.

Some participants mentioned that they would have had difficulty getting to the workshops were it not for MCM staff assisting with transport. One participant with mobility issues said that MCM had paid for her travel costs to attend workshops.

Another participant with vision and physical disabilities mentioned that MCM staff had accompanied her from the train station to workshops, either driving her themselves or taking a taxi with her.

Other participants detailed the ways in which MCM staff had provided assistance with general accessibility at workshops or to access MCM materials. One participant with an intellectual disability had received assistance from MCM to find a helper for a workshop. Another participant was particularly impressed with the efforts that MCM staff had made to provide interpreters and live captioning for the deaf community, noting that it was ‘rare’ to get that sort of response and assistance. She also praised the recent inclusion of interpreted and captioned videos on the MCM website.

Some survey respondents highlighted that workshops were still needed in their local area, particularly in regional areas, or were not well advertised:

Do workshops in Ballina, the bus takes 1 1/2 hrs to travel there to Lismore. You have to catch the 7.25am bus to get u there for 9 am [survey respondent]

Others highlighted the need for more targeted workshops and support:

Further capacity building is required for the culturally and linguistically diverse communities to enable them to understand the concept of planning. [survey respondent]

A number of survey respondents commented on the need for a similar program for carers and service providers.

### 3.2.2 Participation in workshops

#### Get More Skills (GMS)

The 112 survey respondents who had attended GMS were asked additional questions relating to the session. The questions concerned their level of involvement in the session, the usefulness of the information they received, the formats in which that information was presented, and the level of language and ideas.

Respondents were asked to evaluate their level of involvement by selecting as many of the following options as they felt described their involvement: "I spoke up," "I felt included", "I listened", "I did not feel comfortable speaking up", "I stopped listening after a while", and "I felt left out."

Of the 112 GMS respondents, 83 had listened (74%), 70 indicated that they had spoken up (63%), and 66 had felt included (59%). Ten people stopped listening after a while (9%), eight people did not feel comfortable speaking up (7%), and one person felt left out (1%). Seven people left the question blank (6%).

**Table 5 Level of involvement in GMS**

How much did you take part?	Count (N)	Percentage (%)
I spoke up	70	62.5
I felt included	66	58.9
I listened	83	74.1
I stopped listening after a while	10	8.9
I did not feel comfortable speaking up	8	7.1
I felt left out	1	0.9
Blank	7	6.3

Note: Percentages represent counts as a proportion of 112 survey respondents. Counts sum to 245 as respondents could select more than one category.

Source: Second-wave survey responses.

**Table 6 Difficulty of language and ideas in GMS**

Was the language (words) and ideas:	Count (N)	Percentage (%)
Too hard	6	5.4
Just right	89	79.5
Too easy	9	8.0
Blank	8	7.1
Total	112	100.0

Source: Second-wave survey responses

Survey respondents who had attended GMS were also asked to evaluate the difficulty of language and ideas in the information session. Among the 112 respondents, 89 found the level of information "just right" (80%), 9 people found it "too easy" (8%), 6 people "too hard" (5%), and 8 people left the question blank<sup>1</sup>.

<sup>1</sup> These results may not accurately represent the comprehension capabilities of workshop participants in that people who were able to successfully complete the survey are more likely to find it easy to understand the language in the workshops, whereas those who found the language difficult are less likely to have been able to successfully complete the survey.

**Table 7 Usefulness of information in GMS**

Was the information what you needed?	Count (N)	Percentage (%)
Yes	88	78.6
No	16	14.3
Blank	8	7.1
Total	112	100.0

Note: Percentages represent counts as a proportion of 242 survey respondents.  
Source: Second-wave survey responses.

The survey asked GMS participants if the information from the session was what they needed. Of the 112 respondents, 88 found the information to be what they needed (79%), 16 did not find what they needed (14%), and 8 left the question blank (7%).

Those people who had not received the information they needed were asked what else they were looking for. "Much more detailed and practical information" on the NDIS (#328) was the most common theme, brought up by five of the 16 people. One person with disability pleaded for "accurate information," as "promising help and then denying it... and making participants beg for help destroys self esteem" (#126). One person wanted to know how different government departments would work together (#83).

Several people also questioned the pertinence of the session. One family member of someone with disability found the session "irrelevant" (#141), and two people felt that the information did not apply to their situation. One parent of a boy with physical disability who was enrolled in a mainstream school felt that the course "seemed more directed at those in group homes... info[r]mation] about funding for supplies and equip[ment] would have been useful. (#84). One family member, who felt that the case studies presented in the session were too simplistic, requested information relevant to the needs of an adult with intellectual or cognitive disability (#157). Two people complained that the information could be obtained from other sources, especially the NDIS website and conferences (#145, #328). One support worker wanted clarity on where MCM "would be" when the NDIS was rolled out (#213).

The survey additionally asked GMS participants which information they had found most useful. Altogether, 60 people gave non-general answers. Family members in particular appreciated information on the NDIS, and one person specifically mentioned the usefulness of the workbooks in "putting together a person-centred plan" (#103). Several other people mentioned information relating to funding. Two people mentioned specific information, perhaps gained through a one-on-one conversation with a speaker (#45, #75). One person with disability and two family members mentioned finding out about Run Project funding (#149, #238, #287). Several people appreciated "stories" and "the personal narratives" (#83, #88, #185, #300, #305).

Some people wrote in emotive terms. For one family member and carer, the most useful information from the session was "understanding how to help child (and everyone in family) imagine choosing a life dream he wants to work towards" (#94). Another family member and carer spoke of "ideas about full inclusivity and empowerment" (#142). One family member and carer wrote about "dream big and think about what a good life entails for our youngest son" (#329).

#### **Box 1: Survey response #260 by family member and carer with disability**

What information (from Get More Skills) was most useful?

*It put me in contact with people immediately that caught on to what I was aspiring to do. And they encouraged me to achieve my goals, plan my goals and organise my goals. That was two years ago, almost three years actually. I am still developing and planning my ideas to share what I want with the community to encourage others.*



## Become a Leader (BAL)

The 47 survey respondents who had attended BAL were asked additional questions relating to the course. As for GMS, the questions concerned their level of involvement in the session, the usefulness of the information they received, the formats in which that information was presented, and the level of language and ideas.

**Table 8 Level of participation in BAL**

How much did you take part?	Count (N)	Percentage (%)
I spoke up	36	76.6
I felt included	34	72.3
I listened	39	83.0
I did not feel comfortable speaking up	3	6.4
I stopped listening after a while	3	6.4
I felt left out	1	2.1
Blank	2	4.3

Note: Percentages represent counts as a proportion of 47 survey respondents. Counts sum to 118 as respondents could select more than one category.

Source: Second-wave survey responses.

BAL participants were asked to evaluate their level of involvement by selecting as many of the following options as they felt described their involvement: "I spoke up", "I felt included", "I listened", "I did not feel comfortable speaking up", "I stopped listening after a while", and "I felt left out." Of the 47 respondents, 39 listened (83%), 36 spoke up (77%), and 34 felt included (72%). Three people stopped listening after a while (6%). Two people left the question blank (4%). Three people did not feel comfortable speaking up (6%). One person with intellectual or cognitive disability, who had also attended GMS, felt left out.

**Table 9 Difficulty of language and ideas in BAL**

Was the language (words) and ideas:	Count (N)	Percentage (%)
Too hard	2	4.3
Just right	39	83.0
Too easy	3	6.4
Blank	3	6.4
Total	47	100.0

Note: Percentages do not sum to 100.0 due to rounding.

Source: Second-wave survey responses.

Survey respondents who had attended BAL were also asked to evaluate the difficulty of language and ideas in the course. Of the 47 respondents, 39 found the language and ideas "just right" (83%), 3 people "too easy" (6%), and 2 people "too hard" (4%).<sup>2</sup>

**Table 10 Usefulness of information in BAL**

Was the information what you needed?	Count (N)	Percentage (%)
Yes	41	87.2
No	4	8.5
Blank	2	4.3
Total	47	100.0

Source: Second-wave survey responses.

<sup>2</sup> As above, these results may not accurately represent the comprehension capabilities of workshop participants in that people who were able to successfully complete the survey are more likely to find it easy to understand the language in the workshops, whereas those who found the language difficult are less likely to have been able to successfully complete the survey.

The survey asked BAL participants if the information from the course was what they needed. Of the 47 respondents, 41 found the information to be what they needed (87%), 4 did not find what they needed (9%), and 2 left the question blank (4%).

The survey asked BAL participants which information they found most useful. Of the 47 respondents, 32 provided substantive answers.

### Box 2: Survey response #304 by a family member and carer

What information (from Become A Leader) was most useful?

*Every aspect of the course ... shame it was only 1 day per month for 6 consecutive months. Would love for it to have been more frequently e.g. one day per week over say 3 months or so. There was so much to learn & it doesn't stop there. Would be awesome to have a continuing program for the graduate leaders as we now have the foundational skills so we need to continue to keep on building, learning, growing & stretching. It helped me to become more confident within myself & to learn to speak up & to advocate for my daughter but also for myself in different situations when in the past I would have been to timid to stick up & fight for what is right. Love being able to have more choice, voice & control over all areas of my life. Great opportunity to connect & build networks & to have a wonderful learning & resourcing tools at your fingertips that you can use on a regular basis.*

Many people spoke of leadership. One person with disability felt “empowered with new skills I can learn. I can stand up and advocate for myself and future generations” (#203). Others referred to what one person called the “skills and knowledge about what makes great leaders” (#308). “To become a leader, someone has to develop skills like having good communication skills” wrote one family member (#64). For one family member and carer this involved “learning to work collaboratively” (#47). Another family member and carer appreciated “being given tools to help with decision making and speaking out” (#214). For one carer this involved “how to listen how to pitch an idea how to ask for things” (#263). One family member listed: “how to pitch an idea, how to listen, what makes a good leader. Believing that we can all make change” (#62).

Several other people also brought up change. One person with disability mentioned they found the “information on change and overcoming resistance to change” most useful (#179). For one family member, the most useful information was about “how to accept change: change which is about to come into your life[,] or social change” (#337).

Two people specifically mentioned mentoring (#308). One person with disability commented that she “learnt a lot about [her]self” as a result of spending time “with [her] own mentor” (#155). Another person with disability obtained the most useful information during a “conversation with one of the facilitators” (#107).

### 3.2.3 Usefulness of workshops and materials

Interview participants generally held positive opinions of MCM, consistently using words like ‘useful’, ‘enjoyed’, ‘great idea’, ‘informative’, ‘impressed’, ‘friendly’, and ‘inclusive’ to describe the program in broad terms.

I didn't think that sort of thing existed. I thought people were only in it for themselves. It's such a good thing for the disabled.

Several participants were concerned that the program might be ending.

I hope it doesn't disappear like similar concepts and programs

MCM is making things easier for people to navigate around the NDIS system, especially people with intellectual disabilities, and they need organisations to be around longer as the NDIS rolls out.

Specific positive comments about MCM centred on the quality of the presenters and the materials. Good presenters were felt to be those who were able to engage the audience and encourage participation, and who were willing to learn from the audience. In particular, a few participants spoke

highly of the inclusion of presenters with disabilities.

Was good having [presenter] there who was already on an ADHC plan and could explain how that worked, and how he was going to transition to NDIS.

The presenters [with disabilities] were so confident and didn't let their disability define them. The real impact for me was seeing them do what they do – it was a very grounding experience. The presenters were 'real people'.

One participant said that she would have liked to have heard from a presenter from an NDIS trial site so that she could hear about how things would change for people like them.

Other participants praised the quality of the MCM emails and newsletters, the networking opportunities at MCM workshops, that the program was free, and the opportunity that MCM affords people with disabilities to "have their voice heard and communicate their needs better and a chance to feel that they're a contributing section of society."

Several participants were recipients of Run Projects grants. Aside from one negative experience, these grant recipients were very satisfied with the Run Projects process and the ability it gave them to pursue creative pursuits or self-development.

It changes my outlook on life. It makes me less stressed, less depressed, more happier. I haven't worked for 18 years. It gives me something to look forward. Something to teach my children, something that won't only benefit me. I don't think people realise just how much it means in our lives.

Participants also highlighted some negative aspects of MCM or made suggestions for improvement. One participant noted that, as she was approaching the cut-off age for the NDIS, it would have been useful to learn more about the process of transition to aged care. The same participant also mentioned that she would have liked more information for people with mental health issues.

Two family members of a person with a disability left a GMS session early because they felt that the information wasn't relevant to them; they were also interested in information about the process of transitioning to retirement and aged care. These particular participants had a low level of knowledge about the NDIS and struggled to keep up with content related to the establishment and policy background of the NDIS. They commented that they felt that that sort of high-level information was more relevant to service providers than to themselves.

One participant said that some presenters made the content harder to understand than it needed to be. She felt that presenters should find out where the audience has knowledge gaps and tailor the presentation to these gaps.

Some survey respondents reiterated this view:

Please ask the trainer NOT to stereotype people with disability by drawing someone in a wheelchair. Trainers need to be able to answer ALL questions and not say "hold onto that thought" and NEVER get back to it. [survey respondent]

Train the lecturers better in the understanding that there are exemplary programs in the state and don't assume and reinforce with literature or videos that all services are bad. I left the course angry, with both the presenter and overall presentation. [survey respondent]

Get relevant speakers. Find out about your audience. The My Choice Matters I went to questions and statements made by carers/parents were ignored and you just followed a script... [survey respondent]

One interview participant commented that she would like to see some of the MCM workshops in the far west of NSW:

The service providers out there are very business-based and a whole lot of people are going to miss the chance to hear about what their options are without it being filtered first by these businesses. [interview participant]

Finally, one survey respondent commented:

[...] And, if we want disabled persons to be included in the mainstream society, we should involve mainstream society individuals also into these activities. These events should not be

exclusively for disabled individuals, disabled groups also need to be inclusive, they should include non-disabled individuals. [...] Communication - should be both ways, not one way.  
[survey respondent]

### 3.2.4 Areas for improvement

The survey asked respondents if they had any suggestions for improving MCM (see Appendix A – Survey comments , below). A number of survey respondents offered feedback about the workshops. Much of this feedback was negative.

Some respondents took issue with the language used in the workshops.

Get rid of the Corporate speak and tell it in PLAIN ENGLISH and have someone WITHOUT a vocal disability present it.

Please don't use acronyms and assume that people understand everything that the government is doing. Eg NDIA, NDIS, Capacity Building, I am aware of these things but this is just an example. But as I listen to people speak it is almost as if they are speaking two languages. I live in a household where I cannot speak a lot of the language at home and my family adapts to me. I wonder if the same could happen at information sessions. Where even if someone isn't being assertive enough (sometimes me) doesn't say anything about their lack of understanding of terms and phrases.

Other survey respondents commented on negative aspects of the presenter or the presenting style.

I would also suggest having workshops specifically for people who have physical impairments, as the tone was a bit patronising.

Two survey respondents were unhappy with the way that the presenter had negatively portrayed service providers.

The workshop I attended, the presenter made it clear that it was only about the clients which put a lot of providers off side who attended. Providers are not all big, bad and ugly, we're trying to help as best we can! I know that MCM is for clients, but without providers, there's no service for the clients.

### 3.2.5 Observations

The research team attended three workshops in three areas of NSW, both urban and regional.

#### **Format of information**

The same series of powerpoint slides were used to provide a general structure to all three workshops. These included (1) information about the NDIS, (2) an activity about the "good life", (3) Maslow's hierarchy of human needs, and (4) an overview of MCM's different programs. The text on some of the diagrams on the presentation slides was hard to read, especially at a distance, with small white text on coloured boxes and lack of contrast. Some of this was due to limitations of the venue (e.g. poor quality screens).

While the same slides guided the main topic areas, the conversational approach of the workshops meant that content in each workshop varied considerably. Reliance on the slides was limited, and there were only a small number of slides in the workshops. One presenter used a pictorial diagram drawn on the whiteboard to help explain the process of the NDIS coming to each area. This was effective from an accessibility perspective, especially since there were people with intellectual disabilities in the room.

There was a table of handouts available at two of the workshops, which the facilitators highlighted at the beginning of the second half of the session. The available handouts were a much broader selection than the researchers had seen in previous workshops and included several Easy Read fact sheets, as well as a Plain English handout about the NDIS more generally. This type of information was appropriate for the audience.

Overall, the quality of the information given to the participants was good. The effectiveness of the sessions could have been further improved by more visual material, some Plain English slides and consistent dissemination of written information.

## Workshop content

The researchers felt that one workshop worked more as an information session than a capacity building workshop about skill development. While information is a key precursor to capacity building and skill development, a large proportion of the workshop was spent on talking about the nuts and bolts of how the NDIS works, rather than actually doing skill development activities. However, the information about how the NDIS works was still very useful, and it was something that the participants seemed to need and appreciate. This content could have been delivered more briefly (with supplementary written materials), leaving more time to be spent on developing the skills and thinking needed and the discussion of a “good life”. Skill development could have involved activities that would assist participants to plan and prepare a Support Plan for the NDIS.

The conversational nature of the workshops highlighted the reliance on highly skilled facilitators who had both a well-developed understanding of the emerging state and national schemes and who were also able to develop and maintain good group processes. In the main, this operated effectively, but there were examples where limits to knowledge and facilitation skills were evident. An audience member asked a key question that a presenter did not answer adequately, offering an idealistic response rather than the practical knowledge that the participant sought. In another workshop, most of the session did not resonate with people with intellectual disability, who left partway through. Some of the questions asked of the audience members with an intellectual disability by the presenter were of a very personal nature and these participants appeared to feel uncomfortable with some of the questions.

## Presentation and facilitation

The approach to presentation of information and the facilitation skill level of the presenters varied across the workshops.

Information provision in one workshop was organised and systematic, guided by slides and notes to balance conversation with a structured approach to information sharing. In another case, the presenter moved from topic to topic quickly and without flagging the order of the information, and a disproportionate amount of time was spent on one workshop section compared to the others. In a third case, some of the presentation appeared disjointed or unstructured, with discussion elements raised but not completed, some questions left unanswered, and information about various relevant aspects of NDIS planning and processes omitted.

Presenters welcomed participants to the session, and used pre-session and in-session conversation to establish issues of interest to participants with varying success. Where this worked most effectively, the presenter was friendly, knowledgeable and approachable, built good rapport with most of the participants and gave a good explanation of the NDIS in everyday language. In one of the workshops, the presenter was able to answer people's questions if they interrupted to ask something but did not become side-tracked by it or move from topic to topic as a result of answering, coming back to the point she was making before the question was asked.

Presenters had a good rapport with the people with disability who presented in the sessions.

Including people with intellectual disability in the mixed groups was a challenge for some of the presenters. In one group, the presenter struck a good balance of acknowledging these participants and including them in the discussion without allowing the discussion to become too side-tracked by only their concerns, especially with an audience member with a more mild intellectual disability. However, more could have been done to specifically seek the participation of other audience members with (more severe) intellectual disability who did not voluntarily offer to participate as much.

## 3.3 Print and online information

### 3.3.1 Accessibility of print and online information

The content and accessibility needs of interview participants varied significantly. Consequently, participant feedback on the material also varied.

A participant with a vision impairment detailed a somewhat mixed experience. He found the Run Projects application material to be “totally inaccessible” due to the inclusion of components like text

boxes and pictures, as well as the document not allowing him to change the colour settings to white on black. He received limited response from MCM when he emailed them (which he thinks may have been related to a staffing changeover), but did receive a call from an MCM staff member attempting to assist.

People in my position need reassurance and some hand holding along the way.

However, he noted that MCM staff subsequently bought him some screen-reading software, which has proved to be “fantastic and very useful”, and that MCM staff did try to help him.

A respondent to the survey also noted accessibility issues with the MCM materials for people with vision impairments.

There are some accessibility issues for low vision / no vision people in the way the documents are presented, i.e. lots of text boxes, pictures, graphics, icons etc. Ideas / information expressed by graphics are lost to these people.

A participant with an intellectual disability observed that while it was a bit difficult to keep up with the presenter in a GMS session, she was given reading material and could refer to the website at a later stage if she needed to.

A participant with a cognitive impairment suggested that because she finds it very difficult to listen and think at the same time, more written material in general would have been useful for her because that is the way she processes information.

A participant with vision and physical impairments had attended a workshop targeted at people with intellectual disabilities. However, she had not known beforehand that the session was targeted at that audience and had found the materials too simple for her.

Generally, participants noted that MCM materials, including the website, were easy to understand and accessible, designed with people with disabilities and learning difficulties in mind.

### 3.3.2 Usefulness of print and online information

The survey asked respondents to consider all MCM material they had come across, and whether this information was what they needed. Of the 242 survey respondents, 145 indicated that they had used the MCM website (60%), and 146 that they had used MCM information (60%). There is reason to believe that these figures understate the true values, however, for reasons set out in the appendix.

**Table 11 Usefulness of information**

How was the information from My Choice Matters?	Count (N)	Percentage (%)
What I needed	181	74.8
Not what I needed	30	12.4
Blank	31	12.8
Total	242	100.0

Source: Second-wave survey responses.

Among the 242 survey respondents, 181 agreed that the information was what they needed (75%), 30 disagreed (12%), and 31 left the question blank (13%). Whether respondents found the information useful did not significantly depend on their relationship to disability (the  $\chi$ -square statistic has a p-value of 18%, suggesting no relationship) or disability type.

The survey gave all respondents the opportunity to state what other information they were looking for (regardless of whether they had found information from MCM to be what they needed). Of the 242 respondents, 89 made substantive statements (37%). By far the most common theme was the NDIS, mentioned by 35 people. A further 10 people were looking for more information about MCM itself.

People requested information on all aspects of the NDIS. Some wanted basic practical information such as when assessments in their area would start (#58). One person asked for material that discussed the NDIS at a level appropriate for someone with learning difficulties (#82). Several respondents asked for “practical advice” on how the NDIS would affect specific groups: family members caring for children (#153) and adolescents (#120), and a support worker wanted to know more about what the NDIS would mean for families (#219). Some respondents sought further

information on how the NDIS would operate in regional, rural (#190) and remote areas. One person queried how the NDIS would work in “under-serviced country towns” (#212), and another person wanted to know if the NDIS would “acknowledge the excellent client-centred service that parents set up in our regional town 23 years ago” (#141). Two people thought that it would be beneficial to hear from people who had already gone through the NDIS roll out (#294, #305).

The most common request related to specific information to help people plan, both during the transition to NDIS (#142) and in the long-term.

Several people saw learning about the NDIS as an opportunity to help others. In some cases this involved advocating for family members through “other avenues... when the current systems are not working” (#75, #127). Two people wanted to train to become disability advocates (#147, #160). Helping others also meant reaching out to the community. One respondent was looking to “help those around me.”

Some people were seeking highly specific information on the NDIS. Two people wanted detail on administrative arrangements including “the intersection of departments” (#80) and how “government departments intend on communicating about disability issues” (#83).

Many respondents expressed a need for practical advice. One person with disability wanted “to learn how to set goals” (#185). A carer was looking for “communication info” (#275). One person with disability asked “how I can have a meaningful life with my disability” (#322). A family member wanted information on “how to develop a sustainable lifestyle and supports for my son which do not rely on my ongoing involvement” (#334). A carers’ coordinator was looking for “anything about planning a future and having a good life” (#318).

Ten respondents were looking for more information on My Choice Matters itself. Many of them wanted to learn about past Run Projects in order to get ideas (#94, #118, #225, #329) or help with submitting applications (#53, #73, #149, #287).

Several people felt that MCM workshops targeted mild cases of disability and did not cater for people with complex support needs.

**Table 12 Usefulness of information formats**

What type of information was most useful?	Count (N)	Percentage (%)
Handouts	137	66.2
Words	113	54.6
Videos	100	48.3
Pictures	74	35.7
Audio	47	22.7

Note: Percentages represent counts as a proportion of 207 survey respondents. Counts add up to 471 as respondents could select more than one category.

Source: Second-wave survey responses.

The survey asked respondents to indicate which information formats were most useful from a list comprising handouts, video, audio, pictures and words. Of the 242 respondents, 207 completed the question (86%). 137 selected handouts (66%), 113 words (55%), 100 videos (48%), 74 pictures (36%) and 47 audio (23%).

The survey also allowed respondents to describe, in their own words, what types of information they had found most useful. Forty people provided comments. One person mentioned the Auslan video (#135) and another video with captions (#123). One family member and carer commented that “Easy English info is great for talking about the issues with child” (#94). One person identified “motivational quotes ... I have a few on my wall & on my desk, plus a photo of my graduate class mates, we were the first class in Sydney to graduate!!” (#304).

Several people nominated workshops as a useful source of information. Three people mentioned “listening to presenters” (#114, #115) and “presentation” (#282), and one person referred to a panel guest (#219). One person specifically mentioned the body language of the presenter (#53) and another “facilitator engagement” (#145). Three people mentioned Q&A or discussion sessions (#281, #284, #287).

People also emphasised the importance of talking with other people (#102, #118, #221, #227, #332, #334). One person appreciated “feedback from others” (#261), and another “personal experiences, discussion groups” (#223).

### Box 3: Survey response #227 by carer with disability

What type of information was most useful? (Please choose all that apply)

- Handouts
- Pictures
- Words
- Other: *Interaction and making new friends who have resourcefully solved, fully or partially, the hazards, obstacle, the problems in their lives.*

### Box 4: Survey response #242 by disability advocate

What type of information was most useful? (Please choose all that apply)

- Videos
- Other: *Having someone with a disability themselves talk from the heart face-to-face.*

**Table 13 Difficulty of language and ideas**

Was the language (words) and ideas:	Count (N)	Percentage (%)
Too hard	14	5.8
Just right	180	74.4
Too easy	13	5.4
Blank	35	14.5
Total	242	100.0

Note: Percentages do not sum to 100 due to rounding.  
Source: Second-wave survey responses.

The survey also asked respondents whether the “language (words) and the ideas” of MCM information were “too hard,” “just right” or “too easy.” Of the 242 respondents, 180 found the language and ideas “just right” (74%), 14 “too hard” (6%), 13 “too easy” (5%), and 35 people left the question blank (14%). There was no correlation between those people who found the language too hard (or too easy) and relationship to disability or disability type.

### 3.3.3 Website observations

SPRC researchers also conducted an audit of the MCM website and a range of materials on the website.

#### General comments

Overall, the website is written in Plain English and this makes it suitable for a wide range of people, but not necessarily people with intellectual disability who may require Easy Read information. This means that, while MCM has many good Easy Read resources on their website, the website content itself may be more difficult to navigate. One possible option to address this, used by some other websites catering to people with intellectual disability, would be having an Easy Read pathway through the website.

The MCM branding is effective in having symbols that are recognisable to the program. There may, however, be some areas for improvement to the symbols in terms of visual accessibility (light colours and multi-coloured letters might be difficult to follow) and cognitive accessibility (what does the plane, road and key lead people to think of and does this match the intent of the MCM programming?).



It would be worth testing the symbols both with people with vision impairment and people with intellectual disability.

## Main page

The strengths of the main page include:

- provision of tools to change font size and tools to change text colour and contrast
- video information (including Auslan) clearly placed on the main page
- flashing bar across the top of the screen that clearly links to publications in other languages, meaning that people do not have to go searching for this information
- 'listen' function that is built into the website to hear the webpage content in audio
- image descriptions on the photos in MCM's Facebook presence.

Areas for improvement include:

- The tools provided to change font size do not work on tabbed headings.
- In the bottom row of the following part of the main page, each of the boxes contains an individual link to a different part of the website; however, the whole of 'click here' and row of boxes in the middle of the image above are all one link. This could be confusing and might prevent some people from accessing each of the individual links in the bottom row, as they might assume it all operated as one link as above. Moving these two images so that they are further apart may solve this issue.



## The MCM Blog

The scope and variety of posts and the pictures in the MCM blog are strengths and make it an effective component of the website.

Areas for improvement include:

- The level of language in the blog posts varies depending on the different authors. Given that there is already a tag system categorising the blog posts, this could be used to categorise posts as using "easy language" or "standard language" to help people differentiate the level of complexity.
- The tool asking people to rate the quality of each blog post adds a lot of extra visual content to the page and this may be overwhelming for some people. Depending on its utility, the page may be clearer without this tool.
- The labels of what each of the dots mean in this tool come up when the user hovers over the dot. It would be more accessible if each label was permanently printed over each dot.

## Program and information pages

The program and information pages on the website (what's on; get involved; our stories; who we are; contact us) are generally effective, with some areas that could be improved.

Strengths include:

- links to PDF and 'text only' flyers on the "what's on" page
- tables read well with the "listen" audio function on the "what's on" page
- subtitled videos are a very accessible medium for the "our stories" page
- good representation of people from Aboriginal or Torres Strait Islander backgrounds and culturally and linguistically diverse backgrounds in "our stories"
- including a range of different options, including accessible options, for how people would prefer to be contacted on the "contact" page.

Areas for improvement include:

- The "who we are" tab may be better placed logically at the beginning of the tab series. This would have the added benefit of being a better layout for cognitive accessibility and possibly for people using screen readers.
- Some of the information on the pages linked to "get involved" is quite in depth and dense. While removing too much would result in the loss of important information, breaking it up may be beneficial.
- In at least one video in "our stories", some writing flashed across the screen that was not in the voice over. This would limit the accessibility of this video for people with low or no vision, who might only be listening to the audio.
- There were many more people with physical disability than intellectual disability in the videos in "our stories".

## Resources

The resources provided on the MCM website are a strength of the program. They provide effective information, a variety of information and are well-made, especially where they use Photo symbols that depict realistic people with disability. The style of the Easy Read information differs across the different resources. Some resources conform to the standardised format of having pictures down the left hand side of the page and text down the right hand side, but at other times, the resources have pictures interspersed with text. This is also an effective format although it may sometimes appear more complex.

While the resources themselves are effective, there are a number of areas for improvement with regard to how they are stored, sorted and accessed on the website:

- The resources can be difficult to find and access on the website. Listing them as a series of different links means that it is difficult to see the full scope at once and to make a decision about which resource to use. This may result in the user being overwhelmed with the amount of resources. It may be beneficial to list them all in one table on one page of the website.
- As there is a range of styles of resources available, it may be beneficial to have a way to access them by the different levels of complexity of the information, as well as by theme/ topic. This could make the sets of information appear smaller and more manageable and make it easier for people to access the most appropriate information.
- More explanation of the intent of the different types of resources might also be useful, especially for supporters who may be assisting people with disability to use the various resources.

### 3.4 Summary findings

Survey respondents and interview participants both indicated that they primarily used MCM to obtain information, especially about the NDIS. Many also stated that they had engaged with MCM for personal reasons, including personal development and gaining skills, or to help other people.

Participants generally found both Get More Skills and Become a Leader workshops to be physically accessible, and that MCM staff were very helpful with any issues in this regard. During the workshops, most participants said that they had felt able to listen, to speak up, and that they felt included. More than 80% of workshop participants found the language “just right”, and the information to be “what I needed”. Most GMS participants found information about the NDIS most useful, and among BAL participants, information about leadership.

Seventy-five per cent of survey respondents indicated that the website and print information were “what they needed”. All formats of material rated fairly highly in terms of what type of information was most useful, but handouts were considered to be the most useful format.

Room for improvement centred on presenting style and delivery. This was backed up by the researchers' observations.

# 4. What have people changed as a result of My Choice Matters?

## 4.1 Influence of workshop on future thinking/action

The most common effects interview participants reported as a result of their interactions with MCM were gaining confidence, becoming better at speaking up, and gaining independence. Section 4.2 below also contains information about the impact of MCM on participants' lives.

Become a Leader has been fantastic for me. It's pretty much changed my life and who I am. I'm pretty confident with family and friends but have tended to go into my shell with others. The program has pushed me to do things and pushed me out of my comfort zone.

I'm prepared to act now instead of sitting back and being an observer. I found out that the only person limiting what I could achieve was myself. She didn't need to be afraid or self-conscious of who she was, she gets needs to get on with it.

Several participants noted that this newfound confidence had translated into their being better able to ask for what they want and make their own decisions in life.

We are so used to ticking boxes according to an organisation's criteria but we can have more choice now with NDIS coming and we can say "hang on a sec, this doesn't fit me".

There's nothing worse than having someone make decisions about my life that I'm perfectly capable of making myself.

Some participants also mentioned that MCM had helped them to gain the knowledge and confidence to help or educate other people, either in a professional or less formal capacity.

One participant had a less positive experience. He had failed to successfully complete a Run Projects project and interpreted this as a personal failure. However, he still managed to find an upside to the experience.

Probably the initial irrational reaction would be 'I'm never gonna do that again' because in essence I feel that I wasn't good enough to complete the project, so that's that. But another side of me might say in future it will be different. But you like to have some positive outcomes even if there were negative outcomes too.

## 4.2 Ability to make changes

The survey asked respondents if taking part in My Choice Matters had led them to make changes. (The survey question listed "changing goals" and "changing use of supports" as examples.) The survey comprised four statements with which respondents could agree or disagree: "I have made changes", "I plan to make changes", "I feel able to make changes but have not made changes yet", and "I need to learn more about how to make changes".

**Table 14 Impact**

Impact	Count (N)	Percentage (%)
I have made changes	91	37.6
I plan to make changes	132	54.5
I feel able to make changes but have not made changes yet	114	47.0
I need to learn more about how to make changes	106	43.8
Blank	44	18.2

Note: Percentages represent counts as a proportion of 242 survey participations. Counts do not add up to 242 as participations could select more than one category.

Source: Second-wave survey responses

Of the 242 survey respondents, 91 had made changes (38%), 132 planned to make changes (55%), 114 felt able to make changes but had not made changes when they completed the survey (47%), and 106 felt that they needed to learn more about how to make changes (44%). 44 people left all of these questions blank (18%).

**Table 15 Impact (changes made)**

I have made changes	Count (N)	Percentage (%)
Yes	91	46.0
No	98	49.5
Blank	9	4.5
Total	198	100.0

Source: Second-wave survey responses

Of the 198 survey respondents who completed the impact section, 91 had made changes (46%), and 98 had not (50%).

**Table 16 Impact (changes made) by number of activities**

Number of activities	Yes (N)	Total (N)	Yes/Total	Std Error
None	10	44	0.227	0.063
One	49	104	0.471	0.049
Two or more	32	50	0.640	0.068
Total	91	198		

Source: Second-wave survey data

People who took part in one activity were significantly more likely to have made changes than those who had taken part in none. People who had taken part in more than one activity were significantly more likely to have made changes than those who had taken part in only one. Of the 198 people who answered the impact part of the survey, 44 had not taken part in any MCM activity (22%), 104 had taken part in one activity (53%), and 50 had taken part in two or more activities (25%). Of those who had not taken part in any activity, 10 had made changes (23%). By contrast, 49 of those who had taken part in one activity (47%) and 32 of those who had taken part in two or more activities (64%) had made changes. These differences are significant at the 99-per-cent level, meaning that there was only a 1% chance that the result was due to chance alone.

People were more likely to make changes regardless of the activity in which they had taken part. Of the 57 people who had attended a GMS session only, for instance, 21 had made changes (37%). Compared to the proportion of people who had made changes but not taken part in any activity (23%), this difference is significant at the 95-per-cent level, meaning that there was only a 5% chance that the result was due to chance alone.

**Table 17 Impact (changes made) by activity**

Activities	Yes (N)	Total (N)	Yes/Total	Sig.level
Get More Skills only	21	57	0.368	95%
Run Project only	13	31	0.419	95%
Become A Leader only	10	11	0.909	99%
Get More Skills and other(s)	46	97	0.474	99%
Run Project and other(s)	36	61	0.590	99%
Become A Leader and other(s)	30	44	0.682	99%
Shared Stories and other(s)	11	20	0.550	99%

Note: Significance levels (calculated using a “pooled” standard error) refer to the difference in the proportion of people who had made changes with respect to those who had not taken part in any activity.

Source: Second-wave survey data.

Among the specific changes mentioned by respondents, seven people had become more independent, and 22 people had put in place changes which they described in detail (e.g. “bundled packages and developed a plan with support from ADHC planner which we are just about to sign off” #334).

#### **Box 5: Survey response #75 by someone with disability**

What changes have you made?

*I have had the confidence to think about goals and fought the NDIA for changes to my plan and to help a support worker become restricted registered, broadened my sense of having a right to dream about an okay life, become more vocal about my struggles within the system, voiced certain goals that I thought I could not aspire to, had some successes which have begun to give me a sense of self-worth, realised I am part of social change.*

### 4.2.1 Plans for changes

The survey asked respondents if they planned to make changes, and if so, to describe these plans. Most people who stated that they had made changes also planned to make changes. To avoid repetition, this section considers only those responses of people who planned to make changes but had not yet made any, or whose plans differed substantially from changes they had already made.

Many of these plans involved Run Projects (#67, #84). A family member with disability wanted to run a project to increase accessibility at a local park (#287).

Several people mentioned advancing their career (#186, #187), including one person who wanted to start a business (#56, #178) and another who wanted to start a community organisation (#68). One service provider who had already started promoting information about the NDIS wanted to start an information and support service (#190).

Three family members intended to create plans for the NDIS (#96, #110), with one person placing emphasis on the need to separate the financial advisory and service provider roles (#204), and one family member intending to get support for the person for which she was caring (#191).

Others also mentioned increasing independence. One person with disability who had already become more independent planned to get a drivers licence (#273). Two family members expressed the desire for their children to live independently and have more of a social life (#93, #238).

One professional planned to use MCM information “when talking with clients to promote goal setting” (#299). One teacher planned to peruse the website in order to get information for parents.

## 4.2.2 Feeling able to make changes

Respondents were asked if they “felt able to make changes, but had not made changes yet.” Of the 198 people who completed the impact part of the survey, 114 agreed (58%), 64 disagreed (32%), and 20 left the question blank (10%). The relatively high proportion of blank responses reflected the ambiguity in the question for people who had already made changes: people could disagree with the proposition either because they did not feel able to make changes, or because they already had made changes.

**Table 18 Impact (potential to make changes)**

I feel able to make changes but have not made changes yet	Count (N)	Percentage (%)
Yes	114	57.6
No	64	32.3
Blank	20	10.1
Total	198	100.0

Source: Second-wave survey responses

People who agreed with the question were asked: “What could help you do this?”

Many people referred to further training, particularly with regard to the NDIS. Several people believed that MCM could help them make changes. One person with disability wrote: “I haven’t done this course yet, am willing to enrol as soon as possible when it’s available” (#123). A family member “would like to attend your workshops in the future” (#127). One person with disability intended to “keep looking at the NDIS website, My Choice Matters website, Facebook groups about disability” (#329).

Several people referred to support. A family member simply requested “help” (#310). A person with disability felt able to make changes if given “confidence and support and encouragement and being able to be mentored by someone” (#107). Another person with disability wanted “one-on-one guidance” (#339).

Some people believed that they needed to acquire new skills. A person with disability thought that “skills to write web pages” would bring about change (#247), and a teacher wanted “to upskill” (#285).

Several people brought up money. One carer wanted “money to pay for activities” (#73), and another a “gov[ernmen]t grant” (#84). One family member and carer wrote of “appropriate funding or support that would allow the person I’m caring for to learn to become independent and participate in the local community” (#191), and another mentioned the cost of “employ[ing] specialists... additional funding would help tremendously if available” (#258).

Others agreed with one family member and carer and one ability linker who put making changes down to a question of “time” (#51, #113, #310). One family member “need[ed] to work through the My Choice Matters workbooks” with the person with disability (#103). One family member concluded: “it is difficult when you do not have time or support” (#197).

People who disagreed were asked: “What could help you feel able to make changes?”

One person complained of a lack of “clearer info[rmation]” (#96). A community worker felt there was a need for “more knowledge and specific directions about NDIS” (#88). One person with disability requested “more workshops” (#234).

People also brought up support (#187, #204), several mentioned funding (#79, #252, #319), and some mentioned both (#142, #320). One family member and carer requested a case manager (#48).

Several people saw the barriers to change in external circumstances. One family member wrote of a “discussion with current respite providers about my future relationship with them and some more one-on-one assistance regarding future planning. I already had a meeting with one agency and was not satisfied with their knowledge of NDIS” (#77). One family member and carer had made some changes but could not make more “until the NDIS (or other funding) is in place to help her. Until she has left home I can’t make changes for myself either” (#238).

### 4.2.3 Learning more about making changes

The survey asked respondents if they “need[ed] to learn more about how to make changes”. Of the 242 survey respondents, 106 agreed (44%), 73 disagreed (30%), and 63 left the question blank (26%).

Those people who indicated that they needed to learn more about how to make changes were asked to describe what they needed to learn. By far the most common issue was detailed information on the NDIS.

Many people expressed a high sense of personal responsibility for learning about change. As one family member put it, “[I] need to research online resources and talk with ADHC about pre-planning for NDIS so we can develop a comprehensive plan” (#103). One person with disability saw the need to “build more skills before I can successfully transition onto the NDIS” (#107). Skills mentioned included “read write speaking” (#136), “people skills” (#56), “life skills” (#116), “how to develop a plan” (#110), “goal choosing and planning” (#114), “cop[ing] in difficult and painful circumstance” (#115), “strategies on how to be effective” (#178), and “how to change others to work more productively to achieve agreed goals or targets” (#118).

Some people wanted to become more active in the community. One person wanted to “attend more local workshops, talk to people” (#131). One person with disability saw an opportunity to learn “how local business and community are legally bound to accept changes” (#142).

## 4.3 Summary findings

Interview participants said their interactions with MCM had led them to gain confidence, become better at speaking up, and gain independence.

Thirty-eight per cent of survey respondents said they had made changes as a result of their interactions with MCM, while 55% planned to make changes. The more MCM activities the respondent had taken part in, the more likely they were to have made changes. Fifty-eight per cent indicated they felt able to make changes but had not done so yet. Many of these people referred to a need for training while others referred to a need for support. Forty-four per cent of respondents said they needed to learn more to make changes, usually about the NDIS, or to gain the personal skills and capabilities to make changes.

Survey respondents who had made changes were asked what changes they had made. On a personal level, most cited increased confidence and positivity, while on a practical level, most felt better informed, becoming more proactive, and advocating for themselves or others.



# 5. Is My Choice Matters working well?

This is a formative evaluation in that the role of the evaluation team is also to help identify improvements in the process of delivering My Choice Matters to the target audience.

## 5.1 Strengths of the program

The evaluation team identified a number of strengths of the program:

- MCM staff members are very helpful and proactive to help people attend workshops.
- Translators are provided as needed by workshop attendees.
- Large majorities of workshop participants found workshop language to be “just right” and information “what I needed”, and three-quarters agreed that print and online material was “what they needed”.
- MCM is having a positive impact on the lives of some of its participants, particularly in the areas of increased confidence, increased information and ability to make positive changes.

## 5.2 Recommended improvements to the program

The evaluation team identified further improvements that could be made to the program:

- At workshops, it would be beneficial to provide information for people to take away that is relevant to the presentation and extends the presentation material.
- The extent of information assimilation seems to be too dependent on the personal style of facilitators and quality and breadth of content in individual workshops. This could be improved by being more systematic in the approach across workshops and having more standardised workshop material, content and delivery, while retaining the ability to adapt a workshop to the needs of and range of participants.
- There is the potential to make workshops more focused on capacity building than provision of information, particularly the GMS workshops. While information is very useful and desired by participants, skill development is also needed to be able to utilise that information effectively.
- Only 38% of participants had made positive changes, with the more active participants the more likely to have made changes (hence could be a self-selecting population). It is important to bear in mind the 55% who planned to make changes, and the 58% who felt able to but had not yet done so. It is particularly important to keep in mind the 44% who said they needed to learn more to make changes. While information provision about the NDIS was rated as good, these people still wanted to know more about it as well as wanting more personal “upskilling” to be able to make changes.

### 5.3 Evidence of MCM incorporating previous suggestions

The evaluation team examined whether previous suggestions had been implemented.

- Implementation of previous recommendations was variable between personnel. Print material available for workshop participants to take home was not always relevant. However, MCM provided a lot of information online (but that requires some effort in searching for it).
- Workshops are still highly influenced in design and content by individual presenters' personalities and styles, rather than offering standardised delivery and content. While it is important to respond to the needs of the participants, the evaluation team noted through both observations and feedback from participants that some workshop sessions were not well structured and did not respond to participants' needs in terms of content and delivery.
- The program appears to be meeting the needs of people with intellectual disability while recognising that it will always be difficult to cater equally to all types of audience.

### 5.4 Suggestions for the next stages of the evaluation

The MCM program will end in June 2016. One survey respondent noted:

Longer time frame for the program-I believe the funding is ending next year? Follow up for people already engaged with MCM when it ends. [survey respondent]

For this reason, the final stages of the evaluation (Stage 3 – October 2015 to January 2016, Stage 4 – February to July 2016) will also inform the legacy process.

#### 5.4.1 Stage 3

Stage 3 of the evaluation will focus on staff, governance, structure; sustainability of the program – how will the benefits continue after June 2016; and how MCM identifies and achieves its learning outcomes. The Stage 3 report will be intended to assist the legacy process.

- **Staffing:** The program has grown immensely and has delivered a large number of workshops. Throughout the evaluation, the team has noted the diversity of staff involved in delivering the program as well as changes of roles and responsibilities for many staff members. As MCM will not receive funding beyond June 2016, we propose to examine the elements that have allowed the team to function effectively and to deliver a large number of diverse programs. This will assist the legacy process and provide potential guidance to similar programs.
- **Governance and engagement with stakeholders:** MCM's governance has evolved over the life of the program, especially in the wake of the conclusion of the Advisory Group. The researchers will examine the nature of this evolution as it pertains to governance processes and roles in order to ascertain the overall effectiveness of the program's governance.
- **Quality Assurance:** the evaluation team will examine areas such as continuous improvement over the life of the program, regular reviews, sustainable support and funding arrangements, and staff development.
- **Risk management:** the evaluation team will analyse potential risks to the program and strategies to avoid and address these risks.

The evaluation team will:

- conduct a workshop with MCM staff
- interview MCM staff individually
- talk to data custodians at MCM to ascertain what sort of program data is collected in order to plan Stage 4
- interview MCM facilitators
- provide a short report on findings

## 5.4.2 Stage 4

Stage 4 will include:

- a statistical analysis of program data on the use of MCM, whether people maintained engagement with the program, and whether people repeated any elements of the program
- a qualitative analysis of long term outcomes for people using the MCM program – follow-up interviews, if possible, with people interviewed in Stage 1 of the evaluation
- other focus areas and methodology, which will be determined based upon Stage 2 and Stage 3 findings. This may include a greater focus on ‘under examined’ program elements such as BAL and Run Projects.

# Appendix A

## Survey comments

The survey asked respondents if they had any suggestions for improving MCM, and other comments they would like to make. These responses are presented as written.

### Suggestions for improvement

Most of the respondents' suggestions for improvement centred on ways to improve the workshop experience, provide greater support for Run Projects recipients, and to provide more workshops in regional areas.

More exact items that can be requested for my own sons' disabilities - none of these were mentioned in the presentation - seemed to focus on physical and intellectual disabilities - even though my sons are also high needs [survey respondent]

Perhaps more narratives from people who are trialling the NDIS in trial regions. I would also suggest having workshops specifically for people who have physical impairments, as the tone was a bit patronising. [survey respondent]

Communication Re Run Projects. Very disappointing experience. Not feeling supported in this despite them reporting that they offer support

Is it possible to put some of your information on dvds? My sister does not have access to the internet or a computer. Put resource material or tutorials on dvd would be perfect for her. Of course we would expect to pay something for this resource. [survey respondent]

More availability to staff & more presentations, extension of programs, programs that suit differing levels of ability. [survey respondent]

More information and interaction so that the disabled people feel more comfortable and confident. [survey respondent]

Get More Skills is too light on with information and is really preaching things that most people already practice. [survey respondent]

A workshop that actually helps people complete funding applications would be great, as would other hands on workshops where the facilitators take a backseat and let the participants drive. That's true empowerment for people who may not always have a chance to do that in normal life. Also, I'd like to see more people with disabilities employed as facilitators. [survey respondent]

Sharing your reasoning why you do the things you do. (Help others not to re-invent the wheel) [survey respondent]

Opening My Choice Matters services in major rural centres. [survey respondent]

Excessive paperwork for the run project only deterred my application and if you met our family looked at our situation knew us, and what we wanted to achieve we'd probably would have been supported. [survey respondent]

maybe some webinars to capture a wider audience? [survey respondent]

i think i was lucky to receive the money for project but a lot of people miss out. Yes I understand that MCM didt approved the therapy services for round3/4 but i think it was unfair as most of these kids have similar problems and need the same therapy. Alot of people i know (Vietnamese background) missed out as it was diificult for them to fill in forms and then get rejected. [survey respondent]

Get rid of the Corporate speak and tell it in PLAIN ENGLISH and have someone WITHOUT a vocal disability present it. [survey respondent]

Backup information session. [survey respondent]

It is a very good program because it lets the person control and manage thier own project without to many guideline and rules. [survey respondent]

Frequent seminars in Goulburn & surrounding remote country areas. [survey respondent]

There are some accessibility issues for low vision / no vision people in the way the documents are presented. i.e. lots of text boxes, pictures, graphics, icons etc. Ideas / information expressed by graphics are lost to these people. [survey respondent]

Therapies such as speech, ABA, and occupational are a fundamental building block and critical success factors in the development of someone with a disability. These must be included in any future My Choice Matters projects being considered for funding. Most people canâ€™t afford these services ongoing, I know we canâ€™t. But like us we were able to develop a project that helped our daughter to learn new skills. I only wish it could have been longer. [survey respondent]

Words sometimes , mainly at forums or just over the phone or government schemes. lease don't use acronyms and assume that people understand everything that the governmet is doing. Eg NDIA, NDIS, Capacity Buidling, i am aware of these things but this is just an example. but as I listen to people speak it is almost as if they are speaking two languages. I live in a household where I cannot speak a lot of the language at home and my family adapts to me. i wonder if the same could happen at information sessions. Where even if someone isn't being assertive enough (sometimes me) doesn't say anything about their lack of understanding of terms nd phrases. [survey respondent]

Ongoing support would be good. [survey respondent]

I feel that some people felt that most of the focus mainly centered on physical disability it became hard to imagine someone with an intellectual disability and high needs being able to partake in all the great ideas. [survey respondent]

I think My Choice Matters could make more presentations in regional areas. [survey respondent]

A focus on understanding that parents of those who do not speak for themselves and who need 24 hour support (accommodation needs) want to make constructive and valued changes for their sons or daughters, but cannot find a forum for this discussion. [survey respondent]

a little more info on early childhood - school aged children within the presentation. [survey respondent]

Clear guidelines on what applicants can apply for instead of deciding half way through the program that people can't apply for certain things. [survey respondent]

More contact between the project manager and the my choice matters link. [survey respondent]

Its hard to make it to some of the daytime events, or to stream live podcasts during the daytime (such as the launch of My Learning Matters) and it would be great if videos of those

events could be uploaded to the website to watch at a later time. [survey respondent]

What about people who are unable to make choices for themselves. They are excluded from services. [survey respondent]

With the Run Project, we were left to own devices, which I like. But sometimes a little frustrating when looking for communication back on a matter or two. [survey respondent]

The leadership course involved travelling and attendance at the seminars. My fatigue levels are too severe to attend. I was assured that the convenors were looking at an online presentation of this course. Participating in a group and travel is impossible for me. [survey respondent]

Hold the workshop closer to home as public transport takes 1 1/2 hrs to travel to Lismore from Ballina, have to catch the earliest bus at 7.30am to get there for 10 am start. [survey respondent]

I found the experience of applying for a grant in your Run Project - Round 1 an interesting experience, writing a submission that was successful and then implementing the goal. What I found difficult was the regular changes of the coordinator during the term of the project, and therefore when I needed to ask questions there was no real prior knowledge, I had to explain things from an earlier time for the new person + there was no real contact as originally agreed to unless I initiated contact. When I sent emails with questions there was several days time lag to gain a response, at times I re emailed information thinking it may not have arrived but it had. When I tried to send final information for the project I had problems emailing all the information and photos as your email service at the time would only accept small limited sized email information, it took me 3-4 emails for all information needed. I was asked to supply information that could be made into a story to share. I do not know if that information was ever used or how it may of be used. [survey respondent]

## Anything else?

Other comments were generally positive in nature, with many respondents expressing gratitude for having been involved with MCM. Some respondents also provided constructive criticism.

I believe you need to advertise directly in public media to help local people know that you will be here. There are many who do not use the internet. Also NPOs do not encourage parents/carers to attend meetings, so it is important to gain independent recognition. [survey respondent]

I have found the Information Sessions I have attended I pick up more information for the changes coming. [survey respondent]

MCM has had a profound effect on me. I have never before experienced a service that is actually accessible, meaningful and genuinely helpful in a practical sense. I have been seriously let down by mainstream and disability health and support services, and struggle in many areas of life. My success with MCM has improved my confidence and sense of worth to a point where I have been able to keep going and moving towards my goals in spite of my circumstances still being challenging. Tymon has made me feel I am a valuable person with ideas that are worth sharing. His caring and non-patronising attitude and insightful comments have made a huge difference in terms of opening my mind to possibilities for a better life. [survey respondent]

MCM have developed some great resources and the Run Projects initiative has been a great success. I hope this support continues for people with a disability, so much more work to do!! [survey respondent]

I would be keen to assist a group from Mudgee to run a project but do not quite understand what is meant by a project and how we would go about it. [survey respondent]

My Choice Matters has been the most accessible opportunity we have attended and participated in so far. It has opened up our thinking, and helped us feel there is hope for a future of joy and opportunity. After listening to other family members talk about the idea of building a garage so my other grandsons could have a "teenage space" at their house, Jack

took his uncle down to our garage and asked him whether I might build a teenage space for Jack in our garage. So he is learning to think about his future. [survey respondent]

People are so confused about the NDIS. The glossy brochures that cost \$3.00 each (according to the trainer) should be used sparingly...perhaps we don't need glossy brochures and that money can be used elsewhere. [survey respondent]

The project was a great opportunity for my daughter to learn new skills and share her story with others. [survey respondent]

I have participated in two of the get more skills modules. The planning for a good life workshop was much more helpful and provided a lot of practical info to help put a thoughtful plan together. [survey respondent]

I found that the day gave my ideas and also enabled me to reflect on our lives. Changes are being made all be it slowly but it is happening so thankyou. [survey respondent]

I think you are doing a fantastic job and I am very grateful to everyone at My Choice Matters. I wish you had funding forever! [survey respondent]

I got yesterday a link to survey for day 1 of Become a Leader Course, I could not enter any data, after displaying the survey points on my screen. It want allow me to enter any feedback or choice answers. [survey respondent]

When I was accepted into the program I was a little uncertain on what to expect. I have found the program informative and collaborative. Being around like minded people who have had family health issues unexpectedly arrive at their feet, has been reassuring that I am not on my own. Hearing others stories and trials in life is grounding for me. It helps to put life in perspective. Safety in numbers as they say. I have made new friends and learnt a lot about resilience and having the confidence to speak up about the various issues surrounding mental health and the wide range of disabilities . As I am the breadwinner and carer of 2 family members as well as raising our children I at times thought I had bitten off more than I could chew time wise with attending "My Leadership Skills" But I am glad I have put in the effort to attend. Meeting such wonderful caring people has been a bonus and although it has put pressure on my already busy schedule and at times I thought I would not be able to make it, once arriving and seeing everyone reassured me that I had made the right decision to attend. I always finish the day feeling lighter. [survey respondent]

If you could run a project for one year instead of six months. [survey respondent]

Mum has assisted me as I find it difficult to write in such emotive areas and that is why I don't want to talk about it with anyone as I become distressed with sharing my very personal things. It took a lot of courage for me to try the second time for approval and it cost me a lot in the end. [survey respondent]

the most hopeful and positive voice, as well as honest that we have heard in the industry. [survey respondent]

Instead of demanding answers be more visible and meet the disabled people face to face to allow encouragement which they desperately need. [survey respondent]

this is a good way to inform people and get them practiced in the self confidence they need to build and move forward understanding how the NDIS will work and impact the future with its changes. [survey respondent]

We all know the survey will go no where. You'll get marks for the course you on and you may send this information on to My Choice Matters. That will be the end of you. As people like me never see or hear how this survey turned out. Questions set up to make My Choice Matters Staff look good. So they can keep getting their funding. This survey is to justify My Choice Matters staff. [survey respondent]

Clean this support and aid industry from dodgy dealers. Impose fines and deregistration. [survey respondent]

the workshop was a good starting point for families to get them thinking about NDIS. [survey respondent]

It's a great program but like anything to do with people with disabilities it needs to shift to a PWD driven model. There are lots of skilled PWDs who could easily become facilitators. [survey respondent]

yes, could we please work with complementary currencies ([www.timebanking.com.au](http://www.timebanking.com.au)) supported by NSW government Education & Communities. Ask me! [survey respondent]

only that My choice matters was very instrumental in helping me to achieve some of my goals. [survey respondent]

I'm grateful for the opportunity to apply for a Run Projects grant and receive help from My Choice Matters Run Projects to pursue my goals and make positive changes in my life. [survey respondent]

Isolated rural areas are exactly that isolated from everything including freedom of choice, information and support. [survey respondent]

No- There is not enough space provided here to inform of the wider issues that envelope those who live in communities outside the Metro parts of Australia. [survey respondent]

Thankyou for the opportunity, I feel stronger in my caring role knowing there is support out there. [survey respondent]

Just wanted to say thank you for opening alot of doors for alot of us as I know your information sessions/website and e-learning has assisted people. Good work :) [survey respondent]

I worked very closely with Barbel Winter as we co hosted and provided the interpreting for 2 specific workshops for the Arabic community. Barbel demonstrated utmost respect for the attendees in the workshop - it was a pleasure to work beside her. [survey respondent]

Be realistic with the disability person condition. For example, just because you want different project then decide to cut approval for the therapy services???? but that kid may need just that. A lot of people from ethnic background already have difficulty with language, this doesn't make it easy for them. [survey respondent]

Please stop having exclusive events for DISABLED. That way, they can never merge with the main society. That is the 60+ years of experience in INDIA, with respect to "Untouchables", oppressed, dis-advantaged class. It makes some of them more welfare-dependent, they want to continue being dis-advantaged. [survey respondent]

Just keep up the good work, and ensure that us country people are able to attend things at manageable times & places. [survey respondent]

You do a great job[survey respondent]

This was one of the best seminars- most helpful, that Challenge Foundation have attended. [survey respondent]

Nice accessible survey!! Thanks [survey respondent]

My experience with mcm has been a great benifet to me and our group. Cant praise them enough. [survey respondent]

The lady running the Mychoice matters from Coffs Harbour was extremely respectful. [survey respondent]

I wish to focus on my son who is 53 years this year. I am 89 in August. I want information for my son, but have failing capacity to enter into public discourse. [survey respondent]

thank you for making it available to families in our area to attend. [survey respondent]

Living in a rural regional area I have found MCM as a great information tool. Much more informative than ADHC. I feel preparing for the NDIS is critical it is probably the greatest reform/scheme for people with a disability that I will see in my life time. It needs to be embraced and sustainable. [survey respondent]

After I submitted my 'run project' application, I was told via email that the quota for people applying for ipads/ot/speech therapy had been met and that the funding needed to be spent



on other things. Wouldn't you think that obviously there is a demand for these things and perhaps more funding should be put towards it rather than denying applicants? I wanted a communication output device for my sister, and the Ipad uses innovative technology to support individuals communication. [survey respondent]

I'm really grateful for all the information I've got so far and that its in a format that my son can share so he can begin to make informed choices.

My 6 key points to remember from the course: 1) Be a good listener, ask questions 2) DON'T make assumptions, speak up 3) Get out of your Comfort Zone & into your LEARNING ZONE!! 4) Don't make excuses! 5) BECOME resilient & be ABLE to OVERCOME the unexpected. 6) Get out there & THRIVE ... challenge authority, challenge YOURSELF, EVOLVE & CHANGE forever! [survey respondent]

We were very happy to have been helped financially with the project. [survey respondent]

I would like to see some new language developed around people with disability that paints us in a positive light and as regular members of society. I'm not a fan of political buzzwords and I'd like to be thought of as more than just a "consumer" or a "disabled worker" or a "client". I'm an individual just like everyone else. [survey respondent]

i have make one really good friend through the workshop and that is wonderful. [survey respondent]

Maybe my life experiences could help in presenting some of these courses. Or I could speak to my disability to promote understanding so that provisions can be made. at the moment i feel totally left out. [survey respondent]