

My Choice Matters Evaluation - Stage 4 and Final Report

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My Choice Matters Evaluation Stage 4 and Final Report

Prepared for:
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Glossary

ABI	Acquired brain injury
ADHC	Ageing, Disability and Home Care
ASD	Autism spectrum disorder
CALD	Culturally and linguistically diverse
MCM	My Choice Matters
MS	Multiple Sclerosis
NDIS	National Disability Insurance Scheme
NSW	New South Wales
NSW CID	NSW Council for Intellectual Disability
SHS	Sight–hearing–speech (sensory disability)
SPRC	Social Policy Research Centre

Executive summary

This report presents the findings of an independent evaluation of My Choice Matters. My Choice Matters and this evaluation are both funded by the New South Wales (NSW) Government.

An Easy Read version of the report is available at

www.sprc.unsw.edu.au/media/SPRCFile/What_happened_in_My_Choice_Matters_easy_read_report.pdf

What is My Choice Matters?

My Choice Matters (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. The program 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 developed in parallel with the launch and promotion of the National Disability Insurance Scheme (NDIS).

The policy context for MCM is the self-directed policies introduced in *Stronger Together (1 & 2)*, *Ready Together* and the NDIS. *Ready Together* builds on *Stronger Together 2*, aiming to increase the number of individualised packages and self-directed supports in preparation for the NDIS, and implements the *Living Life My Way Framework*, to ensure people have choice and control over their supports and individualised funding arrangements. Self-directed support is promoted because greater individual control over support can empower people with all types of disability and can improve outcomes. The principles underpinning self-directed support are consistent with principles of self-determination and empowerment. They aim to maximise peoples' control over their lives and are consistent with the principles of individual autonomy, freedom to make one's own choices and independence of persons included in the *United Nations Convention on the Rights of Persons with Disabilities*.

Self-directed support has been introduced in most parts of Australia and internationally. Most people with disability do not yet have access to self-directed support and it remains somewhat controversial, due to risks about equity of access and quality of care. Effective implementation of self-directed support depends on factors such as:

- understanding what is possible beyond what is already used
- being informed by the experience of others
- decision making support for people with intellectual disability
- perceptions of capacity to manage supported decision making
- protection of the rights of the person supported, support workers and families, and
- the availability of affordable, quality support.

An implication of these factors for effective implementation is the need for capacity building of people with disability and families to envisage and enable a good life, through choice and control in social networks and use of self-directed support. Good practice highlights the crucial role of peer support, accessible and comprehensive information, and community resource facilitators, as well as the benefit of training, workshops and mentoring.

MCM is relevant to all people with disability currently receiving formal support, including their families and carers, as well as those people who are looking for formal or informal support. The program is targeting people with disability¹ 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 (CALD) backgrounds, and this is being achieved by sharing information and resources, and working in partnership with specific organisations and individuals with expertise and experience in these areas.

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.

How was the evaluation conducted?

The Social Policy Research Centre at UNSW Sydney was commissioned to conduct a formative evaluation, whereby the program processes and outcomes are evaluated as the program is implemented, with feedback provided to stakeholders to allow them to modify program elements as necessary. The overall objectives of the evaluation were to explore:

- How MCM increases people's skills and knowledge
- How those skills and knowledge have led to people taking action, and
- What barriers (if any) prevented people from having successful outcomes.

This evaluation assessed the short and medium term implications of MCM for building the capacity and confidence of people with disability and families to make choices about self-directed support. The evaluation was conducted in four phases. Evaluation findings from earlier phases of the initiative have informed program development in later phases.

The findings relate to the process of implementing the program as well as the outcomes for participants in the program. The evaluation intends to form an assessment of the effectiveness and appropriateness of MCM.

Findings – program implementation

- MCM recognises what it takes to meaningfully work with people with disability, their families and carers. The program is inclusive and has made every effort to meaningfully engage with the community directly, through the provision of accessible resources and accessible online material.

¹ Note that MCM is inclusive of all people with disability and does not differentiate between people with profound and severe disability and any other disability.

- MCM has been responsive to community needs and has effectively utilised additional funding tranches. This report aims to inform and support future funding opportunities to ensure that effective outcomes are maintained and extended. The program should continue to be reviewed to ensure it remains responsive to changing requirements.
- MCM was an active participant in this formative evaluation and has worked closely with the evaluation team throughout the evaluation process. MCM has adapted the program and processes in response to interim findings. This has been an exemplary formative evaluation in that both the evaluation team and MCM staff have been flexible and responsive to changing requirements and recommendations. This has led to robust evaluation findings that may in turn contribute to the broad evidence base of effective practice.
- The needs of the community are extensive and diverse and require continual monitoring, particularly with regard to CALD and Aboriginal and/or Torres Strait Islander communities and the full range of disability communities.
- The initial task of MCM's program was the provision of knowledge and information, with capacity building activities to begin after this. MCM's scope has expanded beyond the initial aims of the program and there will continue to remain a need for their activities as the NDIS is rolled out.
- Consideration should be given to evaluating *Become a Leader Online* and, in particular, whether it had the same outcomes as the face-to-face program. This will help providers understand whether online modes are appropriate for capacity building for people with disability.
- The roll out of the program was not without challenges. The time, effort and resources used in establishing and delivering the program were considerable, especially in the initial set-up phase. The program was able to become more efficient and focused as time went on through experience, community and evaluation feedback.

Findings – participant outcomes

- Initial short-term findings show that for most participants, the program has had a positive impact on the target audience and has been well received. However, the impact of the program may not be fully understood until people start to make the transition from their current supports to the NDIS. Consideration should be given to identifying longer term outcomes through further research with participants as they transition to the NDIS or other services.
- MCM is made up of a number of different program elements, with different levels of interaction for participants – from accessing online materials, to attending information sessions, to group training. The elements are not directly comparable in terms of outcomes achieved, and many people participate in more than one element. However, all programs contribute to building capacity for voice, choice and control.

Implications and recommendations for MCM and the funding body

- Co-design of programs with community is important – both in their initial design, identifying measures of success, evaluation design, and in later phases as the program expands or contracts.
- Data collection is a valuable tool to demonstrate program reach, whether the program is meeting community needs, and what outcomes are being achieved. Funders may wish to establish common tools to capture data to benefit both the provider and the funder.
- Governance and oversight of programs by people with disability (key stakeholders) is critical. MCM benefited from the advice of an advisory group made up of key representatives from the disability community. This was particularly effective during the establishment of the program but was discontinued once the program was established. Given the organic nature of the program and its ability (and agility) to respond to community needs, the program may have benefited from the advisory group's continued oversight.
- MCM also responded well to ongoing findings from the evaluation. This continued presence during the life of the program allowed MCM to respond to issues and findings as and when they arose, increasing the utility of the program and of the evaluation.
- There are opportunities for the development of long-term, sustainable programs using the skills and resources developed through MCM. MCM has generated positive feedback on participation and outcomes of the program and could continue to do so in the future.
- The real test of how effective MCM has been will involve talking to people as they access the NDIS. MCM should continue to evaluate the impact it has on the community to ensure that it is able to develop and respond to community needs and extend successful programs.

Implications and recommendations for funders and providers of other programs

- Program implementation requires time, resources, skills, and appropriate staff. MCM had initial difficulties recruiting staff to the program and has since suffered staff losses as funding cycles have come to an end. Adequate lead-in time is required to ensure programs meet the needs of the target audience.
- Programs can react to, but cannot control, the political and economic context in which they operate. Wherever possible, program funders should provide as much notice as possible about changes to resources available or changes to the scope of requirements. In line with findings from the recent Productivity Commission inquiry, this will enable the development of 'higher quality services, better outcomes for individuals and families, and more efficient use of government funds'.²
- Programs rarely work in isolation of each other – with this in mind, collaboration in program delivery and in evaluation of programs would be useful to ensure the effective and efficient use of resources. MCM was one of a number of capacity building projects financed by

² P.32, Productivity Commission report, Human Services: Identifying sectors for reform, available at <http://www.pc.gov.au/inquiries/current/human-services/identifying-reform/report>.

Ageing, Disability and Home Care (ADHC) to help people prepare for the NDIS and changes to the disability support sector. ADHC could facilitate sharing information about the benefits and learnings from other programs.

- Data collection is critical to understand community needs, to understand program reach, and to get a sense of program outcomes. Better planning and infrastructure is required to collect, store and analyse data from program inception. Significant data was missing, even from *Become a Leader* and *Run Projects* (which have an application process). Data collected from *Get More Skills* (early Richter Scales) were on individual Excel spreadsheets for each session rather than in a collated database form.
- Programs should remain flexible and open to novel approaches – for example, combining e-learning, written and face-to-face material to meet the needs of the community.
- Programs are more effective when they reach a wider audience. Funders and partners need to be active in promoting programs such as MCM to the community through existing networks.
- Outcomes are difficult to specify, attribute and measure – especially with such diversity of needs and prior knowledge. Focus should be on short-term, measurable outcomes initially. Robust data collection is key to any effective outcome measurement.

Implications and recommendations for people with disability and families

- People with disability and their families have been active participants in this evaluation. The evaluation has demonstrated that the program has been successful in increasing the skills and knowledge of people with disability and families about choice, voice and control and self-directed support. People with disability may need to advocate for continued support during the long transition into NDIS services and supports.
- MCM has helped people with disability understand what opportunities are available through sharing stories. This has helped people envision new possibilities of what they are capable of. The sharing of stories should be maintained moving forward to help people understand what choices they may have.
- Participant experiences and outcomes in MCM have been positive and participation rates have been high. Survey results suggest that some needs are not being fully met (geographically of some programs, funding of *Run Projects*). Both factors suggest that support needs to continue.
- Representation of people with disability on the advisory group was beneficial. Their representation requires resources and skills to support their participation, including conducting meeting discussions in an accessible way. Government departments and service providers must continue to listen to the community to understand needs and tailor their programs accordingly.
- People with disability and families have other life experiences that intersect with their experiences of disability. Programs like MCM should include consideration of people's

language and cultural background, living circumstances, and support needs when planning for their participation.

Structure of this report

- Sections 1 and 2 provide an overview to the evaluation and the evaluation methodology
- Section 3 describes the key program components
- Section 4 describes participants in each of the key programs in terms of disability, diversity and location
- Section 5 and 6 describes participants experiences and outcomes from the core MCM programs, while Section 7 describes other outcomes from telephone support and accessible online material
- Section 8 considers the program component costs
- Sections 9 and 10 provide implications for future programs and a summary of the major findings.

1 Introduction

My Choice Matters (MCM) is a capacity building initiative of the New South Wales Council for Intellectual Disability (NSW CID), funded by the NSW Department of Family and Community Services through Ageing, Disability and Home Care (ADHC).

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 as they transition to self-directed supports and individualised budgets.

NSW CID, supported by ADHC, contracted the Social Policy Research Centre (SPRC) at UNSW Sydney to provide a formative and outcomes-based evaluation for the period from 2013 to mid-2016. Several interim reports analysed:

- Program reach and community demand (Stage 1 report)
- How well MCM has achieved its objectives, and what participants have done differently as a result (Stage 2 report)
- Internal processes, procedures and governance for the benefit of future programs (Stage 3 report)

This final report presents Stage 4 findings, as well as the overall findings of the evaluation. Stage 4 focused on the use of the program over time, as well as its various components, and overall effectiveness. The specific research questions for this stage of the evaluation were to understand whether MCM has achieved its aims, and to draw out implications of this for future programs.

After an overview of the methodology used in the evaluation, this report presents a comprehensive analysis of participants, their experiences and outcomes. The relative costs of the various components are then compared. The report concludes with a discussion of the implications for future programs, and the key recommendations of the evaluation.

All reports are available at:

sprc.unsw.edu.au/research/projects/my-choice-matters-evaluation/

2 Evaluation methodology

The evaluation took a mixed methods approach. MCM delivered a range of program components that differed substantially in terms of their reach and level of engagement required on the part of participants, and catered not only for people with disability, their families and carers, but also for service providers and members of the public more generally. This diversity in program components and in the experiences of participants made a mixed methods approach not only appropriate but necessary. Therefore, the evaluation analysed various data sources using quantitative and qualitative methods.

Previous stages of the evaluation involved interviews with participants, staff and workshop facilitators, direct observation of program events, and two online surveys. The previous Stage 3 report involved extensive qualitative research with staff members, including a workshop with MCM staff and interviews with MCM and ADHC staff, and MCM presenters involved across the range of MCM activities and supporting activities. This report draws on relevant results from these previous stages as well as several additional data sources.

2.1 Program data

The evaluation analysed several types of administrative data, including:

- Participant records
- Internal documentation
- Reports to the Board
- Financial statements.

In addition, the evaluation considered a range of materials produced for program participants, including:

- Information sheets
- Workshop and course booklets
- Participant (“shared”) stories.

These materials were available in hard copy or on the MCM website, which also hosted online courses. MCM staff also maintained an active social media presence. The evaluation reviewed both the content and the accessibility of the online materials.

2.2 Online surveys

SPRC carried out three online surveys over the course of the evaluation, the focus of which changed as the evaluation progressed.

The first survey attempted to reach a broad group, including people who had *not* heard of MCM, in order to understand the potential audience for the program, and to identify needs within the community. This survey was hosted by the UNSW survey platform; MCM posted the link on its website and distributed it through its social media channels and online forums, as well as the

research team's disability mailing lists. Results from this survey were the subject of an interim report.

The second survey focused on participants in order to gauge the appropriateness of, and levels of satisfaction with, MCM, and to understand the extent to which participants had made changes in their life. The third survey built on these results by capturing in greater detail differences in participant experiences and outcomes due to the different MCM components.

The second and third surveys were hosted by SurveyGizmo, an online survey platform noted for its accessibility. Unlike many MCM materials, however, online surveys were available only in English. The more targeted approach of the second and third surveys saw MCM distribute survey links via its website and social media channels, but also make use of alumni communities and email contacts.

Table 1: Online survey dates and participants

Survey	Duration	Hits
Survey 1	12 June to 4 July 2014 (3 weeks)	468
Survey 2	26 May to 17 July 2015 (8 weeks)	303
Survey 3	16 May to 19 June 2016 (5 weeks)	223

Note: "Hits" include incomplete and disqualified responses.

Source: Survey data

At the conclusion of online surveys, participants were asked if they were willing to be interviewed by the researchers. In the third survey more than one-fifth of participants agreed to be contacted (47 people, or 21%).

2.3 Interviews

The final stage of the evaluation involved interviews with participants and stakeholders.

Table 2: Interview participants

Relationship to MCM	Individuals
Participants interviewed in previous evaluation stages	8
Participants contacted through the online survey	7
Advisory group members	4
NSW CID Board member	1

Source: SPRC

Five stakeholders, including four members of the advisory group and one senior Board member, were interviewed to gain insights into the development and functioning of MCM. Their views were complemented by interviews with staff members carried out during previous stages of the evaluation.

Fifteen participants were interviewed by telephone during the final stage of the evaluation. Eight were follow up interviews with people who had been interviewed during previous stages of the evaluation, and seven people were contacted as a result of their participation in the online survey.

Interviews with the eight "longitudinal" participants focused on the effects of the program over time. Most were people with disability, but there were also parents or family members of a person with

disability, and one interviewee worked as a disability service provider. These people were familiar with the support needs of people with cognitive, intellectual and physical disabilities.

Interviews with the seven online survey participants explored in greater depth their experiences with the different program components. All but one of these interviewees were people with disability: four had physical disability, one had psychological disability, and the remainder had sight-hearing-speech (SHS) disability and psychological or mental health disability. The seventh interviewee was a family member of a person with disability. Six of the seven interviewees had applied for a *Run Project*, two unsuccessfully, and three of the seven interviewees had taken part in *Become a Leader*. These program components are described in the following chapter.

2.4 Limitations

Over the course of the evaluation MCM was one of a number of programs operating in NSW aimed at preparing members of the community for the introduction of the NDIS. Some MCM participants may have used these other programs, and for this reason personal outcomes may not necessarily be attributed to MCM alone, especially when the individual had not taken part in an intensive MCM component.

The evaluation made extensive use of online surveys, the biases of which are well known. Given that MCM distributed the survey link among its alumni groups, for instance, it is plausible that participants who had had positive experiences with MCM were more likely to respond. This bias may also have affected the sample of survey participants who volunteered to take part in a follow-up interview.

Other sampling biases, as well as more general methodological limitations, are discussed throughout the report.

3 Program components

Over the course of the evaluation MCM offered:

- *Get More Skills* workshops
- *Become a Leader* leadership courses
- *Run Projects*.

MCM complemented these components with a range of other on-the-ground and online activities. MCM staff provided information sessions, attended some organised community events, and fielded calls from the general public concerning information requests (see Section 7.1). The MCM website served as a forum for people to share stories and get more information, and over time hosted a broad range of online material, including two online courses.

Table 3: MCM components

Component	Duration	Delivered
<i>Get More Skills</i>	half-day	325 workshops
<i>Become a Leader</i>	one day per month over eight months	13 courses
<i>Run Projects</i>	over six months	5 rounds

Source: Administrative data

3.1 Get More Skills

Get More Skills workshops catered for people with disability, their family and carers, and service providers, as well as other members of the general public. MCM offered a variety of *Get More Skills* topics, including:

- Getting Started
- First Steps in Planning: Choice
- What is a Good Life?
- Planning 101
- Community Connections

MCM delivered 325 workshops over the period from May 2013 to June 2016, an average of 8.5 workshops per month. This frequency varied markedly over the course of the evaluation: in October 2015, for instance, MCM held 22 workshops, and throughout the first semester of 2016 scheduled seven metropolitan and seven regional workshops each month. Over the whole period, only eight scheduled events were cancelled.

Data on *Get More Skills* workshops come from two sources: reports to the Board, and an administrative register, which contains facilitator-reported attendance numbers and links to participant registration records. The figures above come from the administrative register.

The administrative register does not always yield statistics consistent with those cited in reports to the Board. In 2013, its first year of operation, MCM ran *Getting Started* workshops throughout NSW. According to a February 2014 Board report, MCM held some “30+” workshops, including two webinars, which were attended by some “800+” people “excluding walk-ins”. By contrast, the

administrative register lists only 27 workshops and two webinars, but has a total attendance of 1,251 people. These inconsistencies moreover carried through into later Board reports.

Some *Get More Skills* workshops targeted specific audiences. Board reports dated up to and including February 2016 mention 22 workshops catering for Aboriginal and/or Torres Strait Islander people, and 25 workshops for culturally and linguistically diverse (CALD) people. There were also 19 workshops specifically for parents and carers of people with disability. The administrative register, by contrast, has 10 workshops for Aboriginal and/or Torres Strait Islander people and 14 workshops for parents and carers. Also on the register are 33 CALD-specific workshops, including eight for Vietnamese speakers, seven for Arabic speakers, and four for Mandarin and Turkish speakers respectively.

MCM actively sought to collaborate with service providers to deliver *Get More Skills* workshops, but encountered some difficulties. In August 2015, MCM reported to the Board that there had been “real wins partnering with service organisations who support their service users to attend,” but conceded that such links were still “far & few between.” The situation improved throughout 2015, however, and in February 2016, MCM noted that its facilitators had put “significant work” into “developing partnerships for presenting CALD and Aboriginal and/or Torres Strait Islander events,” and that it had created a waiting list for service provider partnerships. The administrative register shows that MCM partnered with 57 different community organisations to deliver 102 of the 325 workshops (31%).

MCM devoted considerable resources to developing workshop materials, such as the “Good Life” workbooks volumes 1–3, two of which were translated into 10 languages and are also available in different formats. These workbooks were distributed to workshop participants and were also made available online. According to Board reports, a “large scale resource release” of at least 10 new resources occurred in the second half of 2014, some of which were later used as content for the online course *My Learning Matters*.

3.2 Become a Leader

Become a Leader was a leadership course for people with disabilities and their family members. It comprised eight face-to-face workshop days spread out over approximately eight months and split into two stages. In the two workshops of the first stage, participants examined their understanding of leadership as it applied to their own life. The second stage focused on leadership in the community.

Each *Become a Leader* participant chose or was assigned a mentor. Participants within a course also formed groups in order to undertake a community project.

Table 4: *Become a Leader* location and dates

Location	Start	End
Parramatta	May 2014	October 2014
Gosford	May 2014	November 2014
Moruya	May 2014	November 2014
Wagga Wagga	July 2014	December 2014
Ballina	August 2014	March 2015
Coffs Harbour	October 2014	May 2015
Newcastle	October 2014	May 2015
Wollongong	February 2015	August 2015
Penrith	March 2015	November 2015
Dubbo	May 2015	November 2015
Sydney CBD	June 2015	November 2015
Tamworth	June 2015	December 2015
Sydney CBD (young people)	March 2016	May 2016

Source: Administrative data

MCM offered 12 *Become a Leader* courses throughout 2014 and 2015. Three of these courses ran in metropolitan Sydney, one ran in Newcastle and one in Wollongong, and the remaining seven ran in regional centres. MCM considered offering a course in Broken Hill, but was unable to attract sufficient enrolments.

A thirteenth *Become a Leader* course, held in central Sydney and run intensively over three months in the first half of 2016, catered specifically for young people.

Applications for *Become a Leader* involved a written application and an interview. The Program Coordinator interviewed applicants as necessary to narrow down a competitive pool of applicants. Applicants were asked to discuss why they wanted to do the course, what their goals were in doing the course, and to describe an example of demonstrating leadership in their life. They were scored on their responses by the Program Coordinator according to the extent to which they displayed an understanding of leadership in their own lives as well as in the community. Extra points were awarded to individuals with disability as well as to those from Aboriginal and/or Torres Strait Islander or CALD backgrounds. On the basis of these scores, applicants were invited to enrol either in the first or in both stages of the course.

MCM also developed an online version of *Become a Leader* and a graduate network as part of its legacy program (see Section 6.5). These resources, which were launched in March 2016, are not covered by this evaluation. At the time of the evaluation, only four participants had completed a module of the online *Become a Leader* program and this was considered insufficient data to include in the evaluation. This could however be reviewed in the future.

3.3 Run Projects

Run Projects provided individuals and groups with funding to complete a project over a period of approximately six months. Its primary aim was to build capacity by having applicants plan a project, complete the application process, and, where successful, see the project through to completion. Individuals could apply for up to \$5,000 and groups for up to \$15,000 in five funding rounds.

Table 5: Run Projects rounds

Round	Start	End
Round 1	May 2014	October 2014
Round 2	July 2014	December 2014
Round 3	September 2014	February 2015
Round 4	April 2015	September 2015
Round 5	September 2015	February 2016

Source: Administrative data

There was considerable overlap between the first three *Run Projects* rounds, with implications for staff resources and the quality of support provided to applicants. The first three rounds began at two-month intervals during 2014; projects from the first round had therefore not come to completion when the third round of projects began. By contrast, Round 4 began one month after the end of Round 3, and Round 5 began as Round 4 came to a close.

MCM staff provided successful applicants with ongoing support as they carried out their project. However, experience in the first rounds also showed the importance of the skills, such as budgeting, which all applicants, successful or not, acquired in applying for a grant. MCM therefore devoted considerable resources in Rounds 4 and 5 to supporting people through the application process, and gave unsuccessful applicants constructive feedback and support following this feedback.

Applications for *Run Projects* were assessed by three to four members of a selection committee comprising at least one MCM staff member, an ADHC representative, and a person with disability. Committee members assigned scores based on criteria derived from concepts of choice, voice and control relating to broad programme objectives. Projects also received a score for design and feasibility.

3.4 Shared Stories and Information

MCM created substantial information resources in addition to the materials mentioned above. These materials were available as handouts at all events. MCM staff noted the tendency for people to take away all handouts, even if the information was not relevant to their situation. While the researchers asked participants in interviews and online survey to comment on the usefulness of MCM materials, their feedback – and occasional expressions of frustration due to information “overload” – should be interpreted in a context which, due to the introduction of the NDIS, has led many organisations to provide information for people with disability.

Most of these materials were also available on the MCM website, which served as a forum for people to get information and to share stories. Examples include stories by people with disability shared on the website in written, audio and visual formats. MCM staff also wrote blog posts and initiatives like ‘Our Story’, a zine celebrating the achievements of MCM program participants, and maintained a social media presence. The MCM website also went through a redesign process and was relaunched in January 2016.

In addition to publishing course workbooks online, and developed the *My Learning Matters* and *Become a Leader* online courses. MCM also considered posting recordings of *Get More Skills*

workshops online but came to a decision that that this was not a useful or accessible format for people with disability.

As mentioned, *Become a Leader* went online in March 2016 and therefore lies outside the scope of this evaluation. *My Learning Matters* was launched in May 2015, and over its 12 months of operation, attracted enough participants to be treated as a component in its own right.

3.5 My Learning Matters

My Learning Matters is an online course comprising 16 modules, which participants complete at their own pace. Modules cover the following topics:

- Needs and dreams
- Feeling valued
- Funding
- Choice
- Trying new things
- Making friends
- Community connections
- Work
- Home
- Goals
- Choosing a service provider
- Choosing staff
- Managing a personal budget
- Speaking up and rights
- About me
- Circle of support

My Learning Matters was launched in mid-2015, and continues to be freely available online.

3.6 Other activities

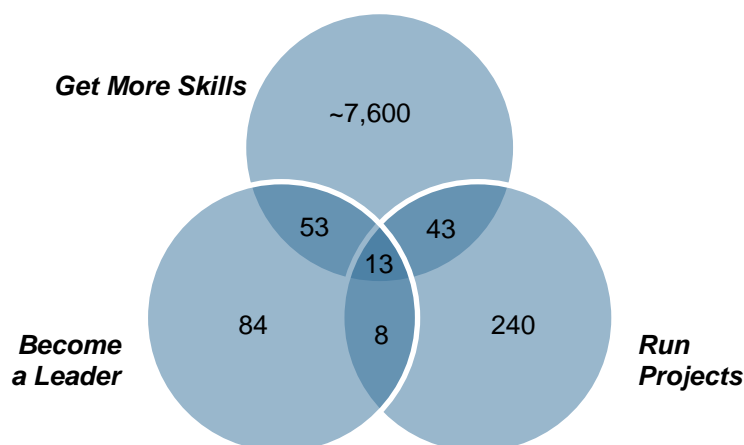
In addition to its *Get More Skills* workshops, MCM provided 28 information sessions, 22 of which were run for, or in partnership with, another organisation. Four of these sessions catered for Aboriginal and/or Torres Strait Islander people, three for family members of people with disability, and one for ADHC case managers. Attendance figures are incomplete but tally up to no less than 600 people.

MCM staff also came to spend considerable time fielding calls from the general public, often on matters not specifically related to MCM business, and some of which resulted in referrals to other organisations (see Section 7.1).

4 Participant profiles

MCM components varied substantially in terms of their participant numbers or reach. Over the course of the evaluation *Become a Leader* and *Run Projects* involved 441 unique individuals. *Get More Skills*, by contrast, reached an estimated further 7,600 unique individuals over the same period.

Figure 1: Unique participants in *Get More Skills*, *Become a Leader* and *Run Projects*



Source: Administrative data, SPRC analysis

Some people took part in more than one component; for example, 21 people completed both *Become a Leader* and *Run Projects*. One-quarter of the *Become a Leader* and *Run Project* participants also attended a *Get More Skills* workshop, and approximately one-eighth of *Get More Skills* workshop participants attended more than one workshop.

Other people came into contact with MCM by other means. No less than 600 people attended non-*Get More Skills* information sessions, and tens of people called into the service every week. Tens of people shared their story through the MCM website, which attracted 8,166 first-time and 3,790 returning visitors in the first half of 2016, and 872 people created a *My Learning Matters* account during its first year online.

Table 6: MCM components by reach

Component	Start	End	Unique participants
<i>Become a Leader</i> *	May 2014	May 2016	158
<i>Run Projects</i>	May 2014	February 2016	304
<i>My Learning Matters</i>	June 2015	June 2016	872
<i>Get More Skills</i>	May 2013	June 2016	~7,709
MCM website	January 2016	June 2016	8,166

Source: Administrative data, web analytics, SPRC analysis

* Note that there is a discrepancy between program data provided to the evaluators and other reports from MCM depending on the MCM administrative database the data was extracted from. The analysis in this report is conducted based on 158 *Become a Leader* participants. Note that other MCM reports may cite 173 participants completing stage 1, and 145 participants completing stages 1 and 2 of *Become a Leader*, both of which include 16 youth specific participants.

Detailed analysis is provided in Appendix A of participant profiles for each of the four elements of MCM: *Become a Leader*, *Run Projects*, *Get More Skills*, and *My Learning Matters*. This includes analysis of relationship to disability, diversity, and location of each participant against benchmarks.

Analysis of program and survey data highlighted a number of shortcomings in the data collected during the program and the evaluation:

- Questions related to cultural and linguistic diversity can be interpreted in a number of different ways. Participants may identify as CALD but speak English at home. Others participants are non-verbal.
- Data on country of birth does not reflect the multicultural nature of many countries; for example, the UK, the US and Canada are multicultural.
- Survey and program data was often incomplete. This may in some cases reflect registration documents and surveys only being available in English.

The different components of MCM had a broad reach in terms of age, relationship to disability, and location. People who identify as Aboriginal and Torres Strait Islanders are well represented in terms of both the use of the program and the evaluation, and people who identify as CALD are better represented in face-to-face sessions than other forms of the program.

4.1 Become a Leader

MCM offered 13 *Become a Leader* courses, including one specifically for young people. The courses were attended by 158 people, an average of 12 participants per course. Unlike for *Run Projects*, the evaluation did not consider any data relating to unsuccessful applicants. While *Become a Leader* catered both for people with disability and for their families, more than three-quarters of participants were people with disability.

Of the *Become a Leader* participants with disability, half of participants had cognitive or intellectual disability, with most of the participants in the course for young people having cognitive or intellectual disability. Participants with disability were spread uniformly across the 15–54 age group.

4.2 Run Projects

MCM funded 296 *Run Projects* over five rounds. Projects could be carried out by an individual with disability or by a group. Over the five rounds there were 304 unique successful applicants. Where the relationship to disability was recorded, more than half had cognitive or intellectual disability, almost one-third had physical disability, approximately one-quarter had psychological or mental health disability, and one-quarter had sensory disability.

Run Projects funding recipients varied by age from primary school students to those in their seventies; the average age was 34.5 years. The number of unsuccessful applicants under the age of 24 years reflected strong demand from people in this age bracket. Three-fifths of *Run Projects* funding recipients lived in major cities and people in inner regional locations were well represented (86 people or 28%). There were relatively fewer *Run Projects* funding recipients from outer regional and remote locations than *Become a Leader* participants.

Given the importance of the application as a learning process and the support provided by MCM to applicants, the evaluation also considered data on unsuccessful applicants from Rounds 4 and 5. Among unsuccessful applicants, two-fifths were people with disability, and one-fifth were family members of a person with disability. MCM also received a relatively large number of applications from support workers. Among unsuccessful applicants with disability, almost two-thirds were people with cognitive or intellectual disability, and just over one-quarter were people with physical, or psychological or mental health disability.

4.3 Get More Skills

The data on *Get More Skills* participants are less complete than for other MCM components. For this reason only estimates of attendance figures can be given. Nonetheless, demand for *Get More Skills* was significantly higher than expected. An initial target of 2,500 attendees was, in late 2014, revised up to 4,000 people. MCM used registration data to track progress against these targets, which usually understated actual workshop attendance. *Get More Skills* workshops were attended by an estimated 7,709 people. Some people attended more than one workshop, bringing total attendance to an estimated 8,942 people, an average of 25.9 attendees per workshop.

Get More Skills registration records suggest that workshop attendees were more likely to be family members of people with disability than people with disability themselves.

By 2016 MCM scheduled *Get More Skills* workshops in seven metropolitan and seven regional locations every month. This allowed people from regional and remote areas to access the workshops. A relatively high proportion of participants resided in inner regional (1,188 people, or 27%) or outer regional and remote locations (373 people, or 8%).

4.4 My Learning Matters

My Learning Matters registered 872 accounts during its first year online. Most of these accounts remained inactive: only one-quarter of people who created an account completed one or more module. Of the 240 participants who went beyond creating an account, almost three-quarters completed one or two modules (177 people or 74%). The remaining one-quarter of participants completed three or more modules. Four participants completed all 16 modules.

My Learning Matters administrative records did not contain data on relationship to disability. CALD people appeared to be under-represented among *My Learning Matters* participants.

5 Participant experiences

Given the important differences between the various MCM components, outcomes for participants would be expected to vary depending on whether they had taken part in *Become a Leader* or *Run Projects*, or only attended a *Get More Skills* session. This was confirmed in analysis of the second survey results presented in an interim report, which showed that participants in *Become a Leader* and *Run Projects* were significantly more likely to have “made changes” than those who had only attended a *Get More Skills* session.

As the evidence in this chapter shows, outcomes for participants differed considerably. This raises methodological challenges of capturing data on capacity building, which may have very different attributes for different people depending on their circumstances. MCM staff also emphasised the importance of “the ideological shift that we feel happens but is hard to capture”. This makes a mixed-methods approach essential, as it combines survey data with interviews, some of them following up with people at various points over the course of the evaluation.

5.1 Become a Leader

Three-quarters of survey respondents who had taken part in *Become a Leader* found both the level of ideas and the appropriateness of language “just right” (36 people or 75%). This data is further explored in Table 7 and Table 8.

Table 7: Appropriateness of the ideas in *Become a Leader*

Level	Count	%
Too easy	4	8.3
Just right	39	81.3
Too hard	2	4.2
Not sure	2	4.2
Blank	1	2.1
Total	48	100.0

Source: Survey 3 data

Table 8: Appropriateness of the language in *Become a Leader*

Level	Count	%
Too easy	3	6.3
Just right	39	81.3
Too hard	3	6.3
Not sure	1	2.1
Blank	2	4.2
Total	48	100.0

Source: Survey 3 data

One interview participant praised the facilitators for their ability to cater for differing information needs:

We had awesome facilitators. It's hard because I am educated and I like to read and think at a master's level and I was worried that I wasn't going to get the stimulation out the program that I like to have when I am in a learning environment. For most of it I found that the facilitators were so good at engaging everybody at whatever level they needed to engage at and everyone helped each other... The accessibility was awesome; it was rare that I had to ask for help with information as the information was sent out in a way that I could use with my software. (Interviewee)

Four people found the level of ideas too easy. All of these people had enrolled in Stage 1 and 2 of the course, and three of the four had completed the course. The one who dropped out identified as a 22-year-old person with disability and a service provider, the only survey respondent who felt left out of the course (see below). Another service provider, a 35-year-old male, found the level of ideas too easy and the level of language too hard. The remaining two people were a 32-year-old Aboriginal and/or Torres Strait Islander male with Autism Spectrum Disorder (ASD), who left the question on the level of language blank; and a 48-year-old female with SHS and psychological or mental health disability, who, in contrast, found the level of language just right.

Two people found the level of ideas too hard. One was a 23-year-old male with ASD, also the only respondent who stopped listening after a while (see below); the other was a 34-year-old female with SHS disability who spoke "English and abrica" (Arabic?) at home. Both of these people also found the level of language too hard.

Two people found the level of ideas just right but the level of language too easy. One was a 36-year-old female who identified as someone with ASD and a family member of someone with disability, who completed both stages of the course. The other, who completed only Stage 1 of the course, was a "60+"-year-old male with complex disability who spoke Gujarati at home.

Approximately 90 per cent of survey respondents who had taken part in *Become a Leader* felt included and listened (43 and 42 people, or 92% and 89% respectively; Table 9), and more than four-fifths spoke up (39 people, or 83%).

Table 9: Participation in *Become a Leader*

Response	Tally	%
I spoke up	39	83.0
I felt included	43	91.5
I listened	42	89.4
I felt uncomfortable speaking up	2	4.3
I stopped listening after a while	1	2.1
I felt left out	1	2.1
Total	47	

Note: Tallies do not sum to total as people could select more than one response. Not included is one blank response.
Source: Survey 3 data

Some people expanded on the inclusiveness of the course in interviews:

And so I was very comfortable straight away within that group and that's not necessarily natural for me because of my blindness, it takes a little bit longer to suss people out.
(Interviewee)

People would help me out and I didn't have to ask for it, it was provided, I liked it. It was so nice to feel like that, it was just part of how things were done. I found the venue easy to get around. (Interviewee)

As mentioned, one person felt left out, and one person stopped listening after a while and also felt uncomfortable speaking up. The other person who did not feel comfortable speaking up, but who had listened and felt included, was a 42-year-old female with SHS, physical and psychological or mental health disability, and also a family member of a person with disability.

More than 90 per cent of survey respondents indicated that attending *Become a Leader* had helped them meet new people (Table 10). The one person who answered this question negatively was a 53-year-old male with physical disability who had completed both stages of the course.

Table 10: Did *Become a Leader* help you meet new people?

Response	Count	%
Yes	45	93.8
No	1	2.1
Not sure	0	0.0
Blank	2	4.2
Total	48	100.0

Source: Survey 3 data

Approximately 90 per cent of survey respondents who had taken part in *Become a Leader* indicated that the course had taught them something new (42 people or 88%; Table 11). The one person who had not learnt anything new had also dropped out of the course (see above). Two of the three people who were not sure whether the course had taught them anything new had taken part in Stage 1 only. One of these people was the same person who had found the ideas and language too hard and had stopped listening after a while; the other left no identifying information. The third person who was not sure whether the course had taught them anything new was the same person who had not met any new people through the course (see above).

Table 11: Did *Become a Leader* teach you anything new?

Response	Count	%
Yes	42	87.5
No	1	2.1
Not sure	3	6.3
Blank	2	4.2
Total	48	100.0

Source: Survey 3 data

One participant who took part in Stage 1 of *Become a Leader* found that it hadn't met their needs:

Yeah it was alright; maybe I would have gotten more if I [completed the course]. The ones I went to [people] had a lot of different disabilities, it had a lot to do with speaking up for yourself and I don't have a problem with that, some people who had an intellectual disability maybe it was more... I'm not saying if it was right or wrong, maybe they would have gotten more out of it. It depends on your character if you are a shy person you would get more out of it. It wasn't life changing or anything like that.

Another participant stated that they didn't gain anything new from the experience.

Survey respondents who indicated that they had learnt something new were asked to give examples of what they had learnt. Through a basic content analysis of these open responses several themes emerged (Table 12). Nine people mentioned that *Become a Leader* had taught them to speak up and eight people to advocate, either for themselves or for other people. Eight people mentioned deepened self-reflection. Seven people wrote that the course had given them more confidence, and five people that it had improved their sense of self-worth. Three people mentioned teamwork skills.

Table 12: New learnings from *Become a Leader*

Category	Tally	%
Speaking up	9	21.4
Advocacy	8	19.0
Self-reflection	8	19.0
Confidence	7	16.7
Self-worth	5	11.9
Teamwork	3	7.1
Total	42	

Note: Tallies do not sum to total as people could satisfy more than one criterion.

Source: Survey 3 data

Identifying common themes in these responses, while necessary, nonetheless fails to bring out the texture of the individual responses to *Become a Leader*, such as:

[Become a Leader] gave a name (or language) and context to experiences and ideas I had been struggling with. For the first time I felt part of a community of people with very different abilities who shared my experiences of the system and existing in the community in general. It was very validating. (Survey 3 respondent #48)

Approximately three-quarters of survey respondents who had taken part in *Become a Leader* indicated that the course had helped them to help other people (37 people or 77%; Table 13). Seven people were not sure, and three people responded negatively. One of these was the person who dropped out of the course, and one was a person who did not feel comfortable speaking up (see above); the other person, a 33-year-old female with physical disability, had also completed both stages of the course, had found the level of ideas and of language appropriate, and had listened, felt included and spoken up.

Table 13: Has *Become a Leader* helped you help other people?

Response	Count	%
Yes	37	77.1
No	3	6.3
Not sure	7	14.6
Blank	1	2.1
Total	48	100.0

Source: Survey 3 data

Survey respondents were asked to give examples of how *Become a Leader* had helped them to help other people. Ten people mentioned that they shared information, and nine people that they more readily encourage and advocated for other people:

Encouraged others and offered advice for situations, gave examples of previous problems and how I overcame challenges because I had learned to speak up and become confident to take back control and to [use] my voice to get the best outcomes and results. (Survey 3 respondent #19)

Table 14: *Become a Leader* community projects

Participant	Count	%
Yes	34	70.8
No	11	22.9
Not sure	0	0.0
Blank	3	6.3
Total	48	100.0

Source: Survey 3 data

Approximately 70 per cent of survey respondents who had participated in *Become a Leader* had also carried out a community project (34 people or 71%). Participation in a community project appeared in some cases to affect other outcomes, such as new learnings and meeting new people. The one person who had not learnt anything new, as well as two of the three of those who were not sure, had not completed a community project. Similarly, two of the three people who indicated that *Become a Leader* had not helped them to help other people, as well as three of seven people who were not sure, had not carried out a community project.

One interview participant, who had also carried out *Run Projects*, found that *Become a Leader* lacked support during the project implementation:

I think they could have helped me with the project, like when I did the Run Project. I pulled out of the community project group because I didn't get along with the other participants.

The same participant also suggested that follow up at the conclusion of the program was inadequate:

I think there could be a follow up. Once the course is over, that was it. (Interviewee)

MCM does offer *Become a Leader* participants an opportunity to complete an exit survey, as well as issuing a newsletter and managing an alumni forum in an effort to maintain participant engagement.

Another participant said that they would like to see *Become a Leader* offer more advanced, vocationally-minded units and accreditation:

The other thing is that I would love to see a next step, advanced training that encompasses units of competency or something like that. I have done *Become a Leader*, but it doesn't have a lot of weight as far as say capacity development or professional development in the workplace.

These issues also arose in the context of outcomes from other components. This issue may have been raised in that *Become a Leader* does not qualify as a course for transition to work programs. This comment may also reflect the lack of other accredited courses available that are accessible for people with disability.

5.2 Run Projects

One-fifth of survey respondent who had applied for *Run Projects* completed the application process on their own (18 people or 21%; Table 15). The remaining 68 people used some combination of support from family and friends (36 people or 42%), MCM (32 people or 37%), or someone else (22 people or 26%). Not everyone was successful in their first application to participate in *Run Projects* (Table 16).

Table 15: Did anyone help you apply for a *Run Project*?

Source	Tally	%
I did it on my own	18	20.9
Family and friends	36	41.9
My Choice Matters	32	37.2
Someone else	22	25.6
Blank	0	0.0
Total	86	

Note: Tallies do not sum to total as some people satisfied more than one criterion.

Source: Survey 3 data

Table 16: *Run Project* applicant success

Response	Count	%
Yes, the first time	62	72.1
Yes, but I had to apply more than once	10	11.6
No	11	12.8
Blank	3	3.5
Total	86	

Source: Survey 3 data

One participant explained that she had initially found the application process to be quite intimidating:

At first looking at the pro formas oh god that's like 25 pages that was huge but as I was actually going through I found that it was really comprehensive and so I submitted it. I was able to ring them up and actually ask them questions during the time I was filling out the form if I was sort of stuck on something or not quite sure how to approach something I was able to ring them up and I usually got onto someone who was able to tell me 'oh yeah if you approach it like this' or 'this is why we are asking this question'.

Two participants appreciated the support they had received from MCM to submit their application:

That process that they have - especially given that probably the majority of people applying don't have experience writing grant applications and that sort of thing - I think is really good because it helps you think about your project and get your head clear on what you want to do. It was great, it is the only time I've gotten feedback on a grant application before the decision is made and that was really good.

The application was pretty straight forward - had to submit it 3 times and we received feedback each time on how to improve it. If that is what got us over the line then it was a worthwhile process.

Four participants detailed negative experiences they had had with *Run Projects*. One of these participants had given a presentation at a disability organisation as part of his project and implied that it would have been good for MCM to provide more support during project implementation:

The experience was annoying. I did it at [disability specific organisation], they picked out a group, a lot of them were non-verbal and the lady that helped me took out a bit of my presentation. And they didn't give the guys time to allow them to say what they want, that annoyed me... I think someone from MCM should have been there, to take control.

Another participant had encountered obstacles in the application process that might have been overcome with more support:

I applied but I think that I misworded my application. I was encouraged to apply again but just didn't. I don't remember much about the process... It was a long time ago... I don't think that I was clear enough or put it in the format they wanted.

One longitudinal participant had had a particularly negative experience after submitting an unsuccessful *Run Projects* application:

I feel like I wasn't good enough. It's just - you get knocked back and you feel really low again. I had high spirits, and you get knocked down. I've been brought back to reality. It might have not been what they were looking for. I think if I had had a bit more help with my application, it would have been better.

Finally, one participant said that he had had two applications rejected. He attributed this to being located in a rural area:

... MCM [suggested I] put in an application for *Run Projects*. I did one and then got knocked back, so I did another one in the fifth round. I'd met the criteria as far as I was concerned for what they wanted. What happens - either people don't really care about the rural areas and that is a common factor with people living in rural areas, the lack of services and people not having the knowledge of living in a rural area and the circumstances that we can't do what

they do in the city. Travel is more expensive (for example getting a plane trip is more expensive).

This participant also stated that he had received help from a service provider with his second application, but that this extra help had not resulted in success:

I had a positive application process, but I was told [by My Choice Matters] that I had the best chance ever, but I didn't. I was told later that I could have appealed the decision. I didn't think it was worth the worry and the fuss.

Others noted that the support did not meet their needs in terms of timeliness of support or the amount of support provided:

As my project went on I did notice the response time at MCM dropped quite a bit, it was harder to get responses from them. I sometimes had to send two emails before getting a response and more than a week getting a response back. I found it harder to get in contact with them when my project was up and running.

For myself they could have given me more support. When I did the project, I was not able to give my all. It was not their project it was my project.

So I try to do things and they say they will get back to you, but they don't get back to you.

MCM was designed with the intention that the application process for *Run Projects* was equally, if not more, important than the outcome of the application or the project in terms of building individual capacity. This was not always understood by stakeholders or participants who may have been disappointed that their applications were rejected or projects were not completed. Additional support was provided for the application process to further this aim.

Almost four-fifths of survey respondents who had applied for *Run Projects* indicated that the application process had helped them to learn new skills (Table 17).

Table 17: Did applying for a *Run Project* help you learn new skills?

Response	Count	%
Yes	67	77.9
No	12	
Not sure	4	
Blank	3	
Total	86	

Source: Survey 3 data

5.3 Get More Skills

Participant experiences of *Get More Skills* were explored in detail in several interim reports. For this reason only new data are presented here. Three-quarters of the Survey 3 respondents who had taken part in *Get More Skills* had also completed another MCM component, whereas in Survey 2, this was true for only one-quarter of the respondents.

Most survey respondents found the information from *Get More Skills* to be what they needed (49 people, or 86%; Table 18). Five people were not sure, and one person left the question blank. One

family member asked for “more practical advice,” while one person with disability and an advocate had attended the workshop “seeking a link with the management” but had gone away disappointed. The proportion of Survey 3 respondents who found the information from *Get More Skills* to be what they needed was higher than in Survey 2 (79%), but the increase was not statistically significant.

Table 18: How was the information from *Get More Skills*?

Response	Count	%
What I needed	49	86.0
Not what I needed	0	0.0
Not sure	5	8.8
Open response	2	3.5
Blank	1	1.8
Total	57	100.0

Source: Survey 3 data

Four-fifths of survey respondents found the ideas in *Get More Skills* to be “just right” (46 people, or 81%; Table 19). Seven people found the ideas too easy: four people with non-cognitive or intellectual disability, including one CALD person; the family member and the advocate mentioned above; and another service provider. The one person who found the ideas too hard was a person with sensory disability who had also carried out a *Run Project*.

Table 19: How were the ideas in *Get More Skills*?

Response	Count	%
Too easy	7	12.3
Just right	46	80.7
Too hard	1	1.8
Not sure	2	3.5
Blank	1	1.8
Total	57	100.0

Source: Survey 3 data

Four-fifths of survey respondents also found the language in *Get More Skills* to be “just right” (46 people, or 81%; Table 20). Five people found the language too easy: three people with disability, and the family member and advocate mentioned above. Two people found the language too hard: the person who also found the ideas too hard, and a service provider.

There was no statistically significant difference between the proportion of respondents in Surveys 2 and 3 who found the ideas and the language in *Get More Skills* just right. (Survey 2 had asked about the level of language and ideas in a single question.)

Table 20: How was the language in *Get More Skills*?

Response	Count	%
Too easy	5	8.8
Just right	46	80.7
Too hard	2	3.5
Not sure	0	0.0
Blank	4	7.0
Total	57	100.0

Source: Survey 3 data

Two-thirds of survey respondents participated in the *Get More Skills* workshop by speaking up (38 people, or 67%), and a slightly higher proportion had (also) felt included (39 people, or 68%; Table 21). Most people listened (47 people, or 83%). One person with disability who found the ideas and language too hard stopped listening after a while, and one person felt excluded.

Table 21: Participation in *Get More Skills*?

Response	Count	%
I spoke up	39	68.4
I felt included	38	66.6
I listened	47	82.5
I stopped listening after a while	1	1.8
I felt uncomfortable speaking up	0	0.0
I felt excluded	1	1.8
Total	57	
Blank	0	

Note: Tallies do not sum to total as more than one response could be selected.

Source: Survey 3 data

Three-quarters of the survey respondents found that *Get More Skills* had helped them to meet new people (43 people, or 75%; Table 22). Three-quarters of the 12 respondents who had not met new people were family members. Two people were not sure. This question was not asked in previous surveys.

Table 22: Did *Get More Skills* help you to meet new people?

Response	Count	%
Yes	43	75.4
No	12	21.1
Not sure	2	3.5
Total	57	100.0

Source: Survey 3 data

5.4 My Learning Matters

Twenty-seven survey respondents had signed up for *My Learning Matters*. All of them had also taken part in another MCM component. Seventeen respondents found the information to be what they needed (63%). One 51-year-old female with psychological or mental health disability, who was also the mother of someone with cognitive or intellectual disability, found the information to be not what she needed. She “wanted more specific information about my situation”.

Table 23: Appropriateness of the information in *My Learning Matters*

Level	Count	%
What I needed	17	63.0
Not what I needed	1	3.7
Not sure	8	29.6
Blank	1	3.7
Total	27	100.0

Source: Survey 3 data

Seventeen respondents similarly found the level of ideas just right. Six people found the ideas too easy, but nobody found the ideas too hard. However, three people found the language in *My Learning Matters* too hard.

Table 24: Appropriateness of the ideas in *My Learning Matters*

Level	Count	%
Too easy	6	22.2
Just right	17	63.0
Too hard	0	0.0
Not sure	4	14.8
Blank	0	0.0
Total	27	100.0

Source: Survey 3 data

Table 25: Appropriateness of the language in *My Learning Matters*

Level	Count	%
Too easy	5	18.5
Just right	16	59.3
Too hard	3	11.1
Not sure	2	7.4
Blank	1	3.7
Total	27	100.0

Source: Survey 3 data

Seven people indicated that they preferred to do *My Learning Matters* online because they could work through the materials at their own pace and in their own time (Table 26).

Table 26: Would you prefer to do *My Learning Matters* in person?

Response	Count	%
I prefer to do it online	7	
I'd prefer to do it in person	13	
I'd like to do it online and in person	5	
Not sure	2	
Blank	0	
Total	27	

Source: Survey 3 data

Five people indicated that they would like to do *My Learning Matters* online and in person. For one person, this meant “first chance to try on my own” then “learn from others.” One person appreciated “having time to think about the answers” before discussing with someone “who might have other ideas”; another liked the accessibility of the format but then needed someone to explain some ideas; one person liked the videos and hearing stories, and then would follow up and ask questions; and one person would have liked to have help support for topics to be further explained, answering questions and discussing the topics.

Thirteen people indicated that they would prefer to do *My Learning Matters* in person. Reasons varied from learning style (“I am a person who learns better in person”) to interactivity with an instructor (“I get to ask more questions”), to perceived level of difficulty (“It is easier to learn face to face”), interactivity with others (“learn from others”) and the importance of making contacts:

For me the most powerful, helpful and life changing aspect of the MCM interaction I have had, has been the face to face interactions. I learn better that way and it is way more responsive, which led to more successful learning and outcomes. Without the personalised support from somebody who was aware of my journey at all stages, there were many times when i would have been overwhelmed and not continued. I really needed the encouragement and assistance with tricky things when I was unwell during the process and it made me feel like I wasn't going through massive life changes on my own. Interestingly MCM provided more support than the supports I was trying to set up during the first 2 years of my NDIS funding. Also unlike the paid supports, I have retained and built on what I learned and then been able to share with others. This has only been possible by having that personal relationship with MCM.

5.5 MCM branding

Similarities in the names of some components – e.g. *My Choice Matters*, *My Learning Matters*, *My Leadership Matters* – combined with the various names of *Get More Skills* modules, created confusion for some people. Consideration could be given to consolidating the branding of the different components.

Most people interviewed for the evaluation did not differentiate between *Get More Skills* and *My Choice Matters*. This finding is supported by evidence from survey data, particularly the third survey, in which participants were given an easy-language description of the four major MCM components and asked in which they had taken part. Participants could answer yes, no or not sure. Of the 138 survey participants, 16 people were unsure whether they had attended a *Get More Skills* workshop (12%).

MCM could simplify the branding of its components by offering all *Get More Skills* modules and website content, including *My Learning Matters*, under the unified banner of My Choice Matters. *Become a Leader* and *Run Projects*, by contrast, appear sufficiently selective and intensive to warrant distinct names.

6 Participant outcomes

In order to understand the extent to which MCM had helped participants to build capacity, the second and third surveys asked respondents whether they had made changes in their lives. These questions were also put to participant interviewees.

Among the 118 survey respondents who had taken part in at least one MCM component, more than three-quarters indicated that they had made changes in their life (90 people or 76%; Table 27).

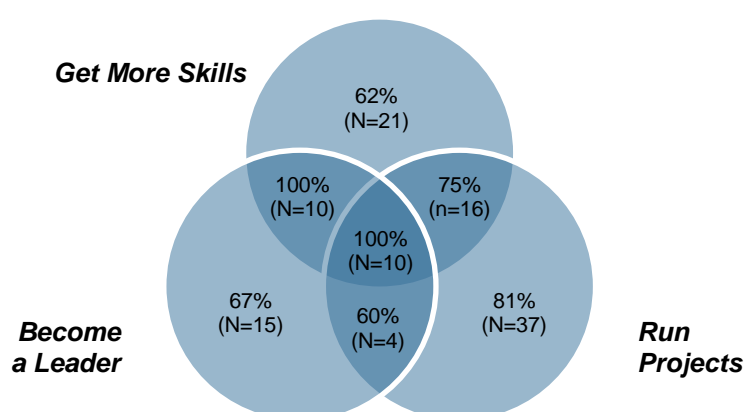
Table 27: Has My Choice Matters helped you make or think about making changes?

Response	Count	%
Yes	90	76.3
No	8	6.8
Not sure	13	11.0
Blank	7	5.9
Total	118	100.0

Source: Survey 3 data

The proportion of survey respondents who said that MCM had helped them to make changes in their life differed by component (Figure 2). All respondents who had taken *Become a Leader* and *Get More Skills* (including those who had also carried out a *Run Project*) indicated that they had made changes in their life (20 people). Among respondents who had only taken part in one component, changes were more likely following a *Run Project* (81%), then *Become a Leader* (67%), then *Get More Skills* (62%; Table 28).

Figure 2: Percentage of participants in *Get More Skills*, *Become a Leader* and *Run Projects* who have made or have thought about making changes in their life



Note: Not included are unsuccessful *Run Projects* applicants and people who were not sure of their participation in a particular component.

Table 28: Has My Choice Matters helped you make or think about making changes?

Component	Count	%
<i>Become a Leader and Run Projects and Get More Skills</i>		
Yes	10	100.0
Subtotal	10	100.0
<i>Become a Leader and Run Projects, Get More Skills not sure</i>		
Yes	2	50.0
No	1	25.0
Blank	1	25.0
Subtotal	4	100.0
<i>Become a Leader and Run Projects</i>		
Yes	3	60.0
No	1	20.0
Blank	1	20.0
Subtotal	5	100.0
<i>Become a Leader</i>		
Yes	10	66.7
No	1	6.7
Not sure	3	20.0
Blank	1	6.7
Subtotal	15	100.0
<i>Become a Leader and Get More Skills</i>		
Yes	10	100.0
Subtotal	10	100.0
<i>Run Projects</i>		
Yes	30	81.1
No	1	2.7
Not sure	4	10.8
Blank	2	5.4
Subtotal	37	100.0
<i>Run Projects and Get More Skills</i>		
Yes	12	75.0
No	1	6.3
Not sure	3	18.8
Subtotal	16	100.0
<i>Get More Skills</i>		
Yes	13	61.9
No	3	14.3
Not sure	3	14.3
Blank	2	9.5
Subtotal	21	100.0

Source: Survey 3 data

6.1 Become a Leader

The changes people had made or thought about making were as diverse as their circumstances. People spoke first and foremost of changes in attitude:

I am more aware of my rights. I think about how I can help others. I am more aware of things I can do. I learnt more about being part of a group. I learnt to speak up more. (Survey respondent #86, person with disability)

MCM has made me understand my place in social change. I have begun to see myself as someone who can make a difference and who has valuable life experience to share even though I do not have formal qualifications. (Survey respondent #48, person with disability and family member)

More confident in standing up for the rights of my daughter and don't let others push her around or force us to make decisions that we are not comfortable with (service providers can do that) (Survey respondent #19, family member)

I want to stop being passive and start achieving some goals that I want. (Survey respondent #122, person with disability and family member)

More confidence in my choices as a carer. (Survey respondent #110, family member)

Two of the four interview participants felt that they had benefited from the self-reflection aspects of *Become a Leader*:

The self-reflection was really daunting; you needed to be honest with yourself to really get something out of the program. Sometimes that was a bit confronting because I'm a big believer in fake it till you make it, you be brave even if you're scared shitless. So there were times during the program where my layers of defence were peeled right back and it was quite raw. And that was a good fit because it helped you be honest in your own situation and become a better person. Because you are truly able to identify areas where you needed to work on and vulnerabilities. We're not very good at acknowledging vulnerabilities and that is something that is important for leaders because that is what makes them authentic.

[My mentor] helped me be more assertive in the work place and think of different ways to deal with frustrations... It was a wonderful opportunity to be able to have that one on one time. I learnt a lot about my leadership style, that I must come across as very confident, because of my previous experience; I have to learn to encourage people rather than doing it by myself.

These were only some of the changes in attitude heard by the evaluation. As one survey respondent put it:

Too many to mention (Survey respondent #40)

Two-fifths of survey respondents who had taken part in *Become a Leader* had also started a new activity, course or something else (19 people or 40%; Table 29). Of these people, almost one-third had begun a new activity (15 people or 31%), almost one-fifth had applied for a grant (9 people or 19%), a similar number of people had started a course (8 people or 17%), and almost two-fifths had started something else (Table 30). Many of these activities involved advocacy.

Table 29: Has My Choice Matters helped you start anything new?

Response	Count	%
Yes	19	39.6
No	12	25.0
Blank	17	35.4
Total	48	100.0

Source: Survey 3 data

Table 30: What has My Choice Matters helped you start?

Response	Tally	%
I have started an activity	15	31.3
I have applied for a grant	9	18.8
I have started a course	8	16.7
I have started something else	18	37.5
Total	48	100.0

Source: Survey 3 data

6.2 Run Projects

Run Projects helped build capacity in making applications and dealing with administration.

Participants in *Run Projects* often spoke of the positive flow-on effects of this change:

It has enabled me to write funding submissions with more confidence, thereby lightening the workload in my life (Survey participant #22)

I am a bit better organising paperwork and appointments. I can get out of the house more. My routine has changed. (Survey respondent #88)

Interview participants spoke of learning new skills:

I didn't have a lot of experience in personal training and now I have a bit more, definitely learning new skills and things.

I was involved in *Run Projects* and my project was to learn how to use computers, how to use the printer, how to email, how to scan and things like that. And that was alright, it was a big help. It helps with your banking, helps with your shopping, helps with a whole lot of things.

I already have a bit of experience running projects and managing budgets from my job, but it really was a great experience of doing it solo. Managing the budget, finances, logistics and I had 2 scholarships and a grant and that was a really good experience doing that sort of small scale project management stuff.

For one person this had implications for future workforce participations:

It made me think about different income earning ideas that can be done in the context of my physical and cognitive limitations (Survey respondent #196)

One participant used the skills she had gained to assist others:

I made a website, shared experience with others. I have talked with others, with MS and Spina Bifida about how they can apply for grants and have been asked to help them apply for grants and look for opportunities.

Run Projects also helped people engage in new activities. Three-quarters of survey respondents who had taken part in *Run Projects* had also started a new activity (64 people or 74%; Table 31). Of these people, almost three-fifths had started a new activity (37 people or 58%; Table 32), one-quarter had started a course (16 people or 25%), almost two-fifths had applied for a grant (24 people or 38%), and a similar number of people had started something else (25 people or 39%).

Table 31: Has My Choice Matters helped you start anything new?

Response	Count	%
Yes	64	74.4
No	16	18.6
Blank	6	7.0
Total	86	100.0

Source: Survey 3 data

Table 32: What has My Choice Matters helped you start?

Response	Tally	%
I have started an activity	37	57.8
I have applied for a grant	24	37.5
I have started a course	16	25.0
I have started something else	25	39.1
Total	64	100.0

Source: Survey 3 data

Survey respondents spoke of the benefits of having found an activity:

I have found an activity that I am good at and can achieve success in to increase my self-esteem. (Survey respondent #23)

Now I garden (Survey respondent #28)

There were also other benefits from *Run Projects*. Some people had taken the initiative to make changes in their care or work arrangements:

Had staff rosters modified so I can undertake outings further from my home - and also evening activities, which can be tricky to staff. I went on a Vivid Harbour cruise on Saturday night! ... previously I have only travelled on day time ferries. (Survey respondent #75)

Learning to work from home rather than in an employer's workplace. I have been able to expand my personal and professional networks, without leaving home. I have been able to remain engaged in my fields of interest, via the computer funded. In effect I have significantly modified how I live my life. The future is no longer bereft of meaningful work/activity. (Survey respondent #123)

Most interview participants expressed gratitude for their experiences with *Run Projects*. One participant credited the *Run Projects* program with assisting his career:

It's meant I can work a job that I actually enjoy doing and potentially earn more money than some other job that I don't like. It's given a lot of opportunity and it's given me something that I enjoy doing at the moment. They did everything really well. They didn't get our hopes up too much either like they were pretty, your application looks good, but this is a bit unusual, so I wasn't expecting to get the grant and when we did it was such a great surprise.

One stakeholder specified *Run Projects* as a particularly effective initiative:

I thought that *Run Projects*, giving people the opportunity to apply for grants of \$5,000 to do the project of their choice? I thought that was very daring in terms of a small program like this. I thought that was very daring and it had a very big impact on the community in terms of getting people to kind of think differently. I think this was an invaluable message to say, you know, to try and seek innovation, to help people think differently. (Advisory Group member)

6.3 Change in circumstances

The interviews showed that for the majority of participants there had been no substantial changes in their lives or the support that they needed between their first interview and this interview. For the participants where something had changed, it was environmentally based; for example, moving home, where increased support was needed in order to deal with the change.³ One participant stated that there was a change in their views:

What has changed is that I have realised that I am unemployable since TAFE has had its guts ripped out of it. Realised that I am no longer required. ... I am not ready to be on the dust heap.

Five of the participants had further involvement with MCM activities between the initial interview and the second interview. Participants were mostly involved in *Run Projects*: either they had applied and had not been successful, finished a *Run Project*, or assisted with developing a *Run Project*. The rest of the participants were involved with or will be involved with *Become a Leader*, as a mentor or an administrator for the online forum for *Become a Leader*.

6.4 Future plans or aspirations

Most participants had future plans and had given some consideration to how to achieve those plans. For those who did not have detailed plans, participants expressed a mixture of negative as well as positive terms.

Around half of the participants said that they wanted to either increase their independence, or help other people. Most of the participants have stated that they have started working towards their goals:

I have a garden, I have pottery, when I'm up on the coast I have a canoe that I can go out in by myself, which is the first independent thing I've done. And so when I came back this time I rang the local neighbourhood house that's around the corner and got their timetable and

³ In this example, it was not clear whether moving home was instigated by the person or externally driven.

walking down to their yoga classes. I am trying to do things that I can and are within my reach that I can do independently.

Participants also talked about what they had gained from their involvement with MCM. Participants had varied involvement from completing *Run Projects*, to being involved in *Become a Leader*, to contributing to the online blog. Most participants felt that they had gained something from attending MCM programs. One participant said they had found it difficult due to their level of concentration and suggested that an online format would be preferable. Another participant stated that they preferred face to face learning. This highlights that programs need to maintain a mix of delivery mechanisms to maximise program reach.

6.5 Legacy

Two participants stated that their involvement with MCM had encouraged them to look to the future and to realise that they needed to take more control over their supports and to ask more for what they need:

It opens your eyes. Wake up things are going to change and you know, you need to think for the future, things are not going to be like we know now. You need to think for the future what does your son need? And what do you perceive for the future when you are no longer going to be here?

It gave me courage and inspiration that it will be better, that it will be better future for my son. And it gave me the confidence to know that the fund and support will be there. And it gave me the get up and go and prepare for that future.

Another participant said that MCM had helped her to become more comfortable with change:

I got my own new place. I'm stepping out of the walls of my place. Finding something to do out there. I like change more now.

One participant had received some screen-reading software from MCM as part of his *Run Projects* grant. He continued to use this program after completing *Run Projects*.

Participants varied in what they thought would be useful in their lives to help them further. One participant requested more information on the NDIS, one participant stated that disability-specific technology would be useful to them, while another participant identified further education as something that would assist them.

Participants were also asked if they had any general comments about MCM. Their suggestions included:

- Increased advertising and marketing of MCM
- A greater emphasis on individuals' outcomes rather than the process of achieving those outcomes
- Separate workshops for people with intellectual disabilities that could better cater to their information needs
- Broader opportunities for program participants to tell their stories
- More non-metropolitan activities
- Increased young leadership programs
- Course accreditation.

The MCM website was updated in January 2016 with a shift in focus to 'legacy' resources to sustain the outcomes of the program, as well as improving accessibility of the website and content. However, as MCM has been extended further, while leaving a legacy for the community remains an issue, MCM has now returned its focus to ongoing program delivery. However, legacy materials should remain a consideration as the program moves forward.

7 Other outcomes

MCM was not limited to *Get More Skills*, *Become a Leader*, *Run Projects* and *My Learning Matters*. MCM as an organisation provided incidental support to the community by helping people navigate the programs offered by both MCM and other providers, by helping people navigate policies and services, by providing assistance to access MCM programs, and by providing information to the community on the MCM website and through social media. Some of these activities went beyond the original purpose and funding of the program but were considered essential elements to the program. This section of the report provides an overview of analysis of telephone support provided over a period of time, as well as an updated review of the accessibility of the MCM website.

7.1 Telephone support

MCM staff stated that they spent considerable time fielding calls from the general public on matters not specifically related to MCM business. Some of these calls resulted in MCM referring people to other organisations.

As MCM had not collected data on these calls, it was decided to log these calls for a short period of time. SPRC created an online form with the following questions: the relationship of the caller to disability (self, family or carer, service provider, other); whether this was the first time the person had called MCM (yes, no, not sure); whether the person had taken part in a MCM program and if so, which one; approximately how many minutes the conversation lasted; and whether the conversation involved giving encouragement and support, giving specific information about MCM, giving specific information about the NDIS, a request for advocacy, or a referral to another organisation. A final text box allowed staff to add additional comments.

Data collection began at open of business on Monday 21 March 2016. SPRC and MCM initially agreed to collect data for two weeks. As this initial fortnight straddled the Easter long weekend, the decision was made to extend the collection period for an additional week. Data collection ceased at close of business on Friday 8 April 2016.

The online form was not onerous to complete. System time stamps showed that the online form took less than one minute to complete, even when staff members made additional comments.

On 10 days over the three weeks of the data collection period, MCM staff logged 50 calls totalling 272 minutes, or 4.5 hours. The duration of two calls were not logged. Data are presented below on the number of callers by relationship to disability (Table 33), duration of calls by relationship to disability (Table 34), and whether callers had participated in MCM programs (Table 35).

Table 33: Number of callers by relationship to disability

Relationship to disability	Count	%
Person with disability	12	23.1
Family or carer of person with disability	22	42.3
Service provider	10	19.2
Complex/Other	8	15.4
Total	52	100.0

Source: External calls log

Table 34: Total duration of calls (in minutes) by relationship to disability

Relationship to disability	Sum	%
Person with disability	54	19.9
Family or carer of person with disability	105	38.6
Service provider	32	11.8
Complex/Other	81	29.8
Total	272	100.0

Source: MCM external calls log

Table 35: Caller participation in MCM programs

Had the caller taken part in a MCM program?	Count	%
Yes	16	32.0
No	27	54.0
Not sure/Blank	7	14.0
Total	50	100.0

Source: MCM external calls log

More than half of the logged callers had not taken part in any MCM component (27 callers or 54%), and MCM staff were not sure whether a further seven callers had any previous involvement in a MCM component (14%). Only one-third of the logged callers had taken part in a MCM component (16 callers or 32%).

As one staff member commented:

Person had been provided with our number as the source of ALL disability info by their school.

MCM is clearly playing an important role as a hub of information on disability services, and should ensure that it collects quality data to demonstrate the impact of its role. The community's use of MCM as an ad hoc provider of information on disability services highlights that this is a current gap in service provision within NSW. The amount of time staff spend meeting this need is not insignificant, despite not being a service necessarily offered by the program.

7.2 Accessibility audit of MCM website

The MCM website (<http://www.mychoicematters.org.au>) has undergone significant changes since the previous evaluation report. The changes respond to some of the recommendations of the previous evaluation report, including improving the overall visual and cognitive accessibility of the website.

Key beneficial changes that have been implemented include:

- The website now has a simpler layout. Access methods have been maximised by including large icons on the main content of the page as well as specific links in the side-bar.
- The inclusion of the links to *My Learning Matters*, community languages including Auslan, Aboriginal and/or Torres Strait Islander and other resources in the side-bar increases their accessibility.

- Previously, MCM branding images did not clearly relate to each of the four elements of the program. The current use of Photosymbols instead improves clarity and accessibility.
- The use of icons to categorise information on the website also enhances the user experience.
- Denoting resources as 'Plain English' or 'Easy Read' helps to guide readers to information that is suitable for them.

Areas for further improvement include:

- More consistently and thoroughly marking Easy Read information:
 - While some resources are helpfully marked as 'Plain English' or 'Easy Read' in their titles, this is not consistently applied across all of the resources.
 - A link to a collection of all Easy Read resources could be included in the side-bar with the other links to language- or community-specific resources. This would eliminate the need to search specifically for Easy Read materials. An 'Easy Read' symbol could also be included in the new symbol set to again assist users to identify these materials.
- Improving the colour contrast on some elements of the website:
 - The colour contrast of black text against the blue, purple and green buttons on the resources pages may be inaccessible for some people with low vision. The purple buttons are likely to be particularly inaccessible.
 - The purple shading of the pictures in the 'Your Community' section of the resources may also present the same accessibility issue of black on a darker purple background.
 - The colour contrast for the 'Positive change' and 'Goals' symbols (white against yellow) may also be inaccessible for some people with low vision.
- At least one of the videos still includes writing that flashes across the screen that is not in the voice over. A voice over should be added.

8 Program component costs

Over the course of the evaluation, MCM offered components that varied markedly in terms of participant reach and engagement. Correspondingly, the cost of each component per participant also varied substantially. The calculations below are based on expenditure within each component only; they do not include administrative costs shared across the entire MCM program.

Table 36: *Get More Skills* budget

Expenditure category	2013–2016 \$	%
Staffing costs (includes MCM staff, facilitators, interpreters)	913,478	71.9
Venue costs (includes hire, catering and advertising)	175,636	13.8
Learning materials costs (including development and printing)	145,772	11.5
Participant support costs (including transport and support to participate)	29,039	2.3
Other	5,625	0.4
Total	1,269,550	100.0
per participant (8942)	142	
per unique participant (7709)	165	

Source: MCM administrative data, SPRC analysis

Get More Skills cost on average \$142 per participant and \$165 per unique participant, approximately seven-tenths of which paid for the salaries, fees and travel costs of staff, facilitators and interpreters (72%). The remaining expenditure was split between venue hiring and advertising (14%) and resource development (1%). A small proportion of expenditure (2%) supported participants to attend workshops (\$3.25 per participant). This either involved someone sitting with a participant to ensure that they could access content, or travel costs to and from the venue.

Table 37: *Run Projects* budget

Expenditure category	2013–2016 \$	%
Grants	1,080,117	69.6
Staff, interpreters, accountants	408,503	26.3
Resource development, printing and advertising	30,362	2.0
Participant support	18,638	1.2
Other	13,784	0.9
Total	1,551,404	100.0
per applicant (444)	3,494	
per participant (304)	5,103	
per completed project (258)	6,013	

Source: MCM administrative data, SPRC analysis

Run Projects cost on average \$5,103 per participant, approximately seven-tenths of which comprised grant monies (\$3,553 per participant). The remaining budget covered staffing costs.

Note however that these costs were used by successful and unsuccessful applicants. When all applicants are taken into account, non-grant costs came to \$1,061 per participant.

Table 38: *Become a Leader* budget

Expenditure category	2013–2016 \$	%
Staffing costs (includes MCM staff, facilitators, interpreters)	640,350	69.6
Venue costs (includes hire, catering and advertising)	93,203	26.3
Learning materials costs (including development and printing)	58,194	2.0
Participant support costs (including transport and support to participate)	76,277	1.2
Other	3,876	0.9
Total	871,900	100.0
per participant (158)	5,518	

Source: MCM administrative data, SPRC analysis

Become a Leader cost on average \$5,518 per participant. As with *Get More Skills*, approximately seven-tenths of this cost paid for the salaries, fees and travel costs of staff, facilitators and interpreters, and a small proportion of expenditure (1%) supported participants to attend workshops and maintain their engagement throughout the eight months of the course (\$483 per participant). The remaining expenditure was split between venue hire and advertising (26%) and resource development and printing (2%).

Also of relevance to the expenditure on *Become a Leader* was the cost of producing the online version, which came to approximately \$12,000, but built on infrastructure already in place for *My Learning Matters*. *Become a Leader* online launched only in March 2016 and is therefore outside the scope of this evaluation.

The cost of producing the *My Learning Matters* course, which came to approximately \$40,000, involved recording stories of people with disability. After one year online, the average cost of *My Learning Matters* was \$46 per participant, and \$167 per participant who had completed at least one module. The cost per participant will of course diminish over time as more people use the online platforms.

Table 39: Average cost per unique participant by component

Component	Average cost \$
<i>Become a Leader</i>	5,518
<i>Run Projects</i>	5,103
<i>Get More Skills</i>	165
<i>My Learning Matters</i>	167

Source: MCM administrative data, SPRC analysis

9 Implementation and governance of MCM

MCM is a program that was delivered through NSW CID, funded by ADHC. The program was initially funded until June 2014 but has received a number of extensions (time and scope) and additional allocations of funding. Staff were engaged by NSW CID to establish and deliver the program, which was overseen by the Consumer Development Fund Board, as well as an independent Advisory Group. As part of NSW CID, MCM was also responsible to the NSW CID Board. Table 40 below shows the timing of key steps in the implementation of MCM, from program announcement to this report.

Table 40: Timeline of MCM implementation

August 2012	NSW Government Announces the establishment of MCM
December 2012	Funding granted to NSW CID to establish MCM. Consultant (Futures Upfront) appointed to set up MCM and deliver first workshops while staff recruited
March 2013	NDIS legislation passed
May 2013	First <i>Get More Skills</i> workshops
June 2013	SPRC appointed to evaluate MCM First meeting of the Advisory Group <i>SPRC Evaluation plan published</i>
July 2013	NDIS launched – NSW trial site, Hunter District begins
November 2013	MCM extended to finish in July 2015 (originally June 2014) Other capacity building initiatives launched, e.g. Aboriginal Disability Network working in regional and remote areas.
April 2014	First <i>Run Projects</i> application round closes
June 2014	<i>Become a Leader</i> begins
July 2014	<i>SPRC evaluation Interim Report published</i>
June 2015	<i>My Learning Matters</i> online is launched
July 2015	Second proposed end of MCM funding – extended to July 2016 Advisory Board disbanded
November 2015	<i>SPRC MCM Evaluation – Fieldwork Report Stage 2 published</i>
January 2016	Relaunch of MCM website
March 2016	<i>Become a Leader</i> Online Launched
May 2016	<i>SPRC MCM Evaluation Report 3 published</i> <i>Become a Leader</i> concludes
July 2016	NDIS available in Northern Sydney, South Western Sydney and Western Sydney
September 2016	<i>SPRC MCM Evaluation Report 4 and Final Report published</i>

(Source: Based on Board reports and notes of meetings between evaluation team and MCM)

The researchers examined the implementation and governance of MCM throughout the duration of the evaluation in order to understand how the organisation delivered the program, how this affected outcomes, and what implications this has for other capacity building programs. This is considered in terms of the overall governance in terms of the Board, the direction provided by the Advisory Group, and the delivery of the program by MCM staff.

9.1 MCM Governance (Board)

MCM was directly accountable to the ADHC Consumer Development Fund Board. This Board comprised representatives from ADHC, NSW CID, and MCM lead staff. The evaluation included a review of minutes of Board meetings to understand the issues arising during the implementation of the program and how they were overcome. This section summarises those key issues.

Initial meetings determined which activities MCM would encompass. Board members initially noted that sharing stories was a good idea and that there was a noted lack of knowledge around the NDIS. An MCM Strategic Framework was developed which focused on capacity building and choice, voice and control, as well as flagging a focus on Aboriginal and Torres Strait Islanders and CALD communities. Early priorities also included developing a comprehensive website and communication plan.

In February 2013 the MCM Strategic Framework confirmed the four elements of the program. *Become a Leader* was initially allocated the bulk of the funding (\$365,540), followed by *Get More Skills* (\$258,613) and *Share Stories* (\$121,663), with \$13,613 for *Run Projects*. In October 2013, a further \$1.2m was pledged to *Run Projects*, based on 240 participants receiving \$5,000 each. Further information about funding allocation can be found in Section 8 .

In October 2013 the Board recommended an extension of MCM until June 2015, noting that the goals of the program, especially changing people's thinking, and thorough community engagement, take time. The Board also noted in October 2013 that it "has been difficult to engage with service providers, that MCM has encountered active resistance from some" (source: Board Minutes, October). Allocated funding was not being utilised at the rate initially expected.

A MCM project manager was finally employed in October 2013 after unsuccessful recruitment attempts earlier in the year and the position remains filled to the date of this evaluation.

In early 2014, a Board report noted that various groups had been underrepresented in MCM activities to date: people with disability, specific disability groups, Aboriginal and/or Torres Strait Islander and CALD people, family members of school aged children, and older family carers. An Inclusive Community Engagement Strategy was developed to address this issue.

Applications for *Run Projects* opened in early 2014 but initial interest was limited.

In mid-2014, several key staff members were employed, with a focus on managing *Run Projects* and supporting events. The program budget was adjusted to account for these staff members. The new roles included a *Run Projects* Coordinator, Project Officer, Communications Officer, and administration staff. A Board report noted that "MCM now has a full complement of staff, which has meant progress is happening much more efficiently across all domains of the project."

The Board noted throughout 2014 and 2015 the difficulty that program staff had in attempting to engage ADHC staff in the program, which in turn affected MCM's reach to ADHC service users.

In mid-2015, *Run Projects* and *Become a Leader* concluded. *Get More Skills* continued to grow and *My Learning Matters* was launched. MCM staff directed focus and resources to meeting the demand for *Get More Skills*.

As attention began to shift to smaller program activities based on time-tested approaches, it was suggested in early 2016 that Board oversight be reduced. The Board noted at this time that a budget review had found that *Get More Skills* had gone over budget due to increased scope; while *Run Projects* had gone under budget largely due to individual project underspend. The budget was revised in light of these and other related considerations.

9.2 The Advisory Group

As part of the Stage 4 evaluation, the researchers spoke to five stakeholders involved in governance of MCM, including members of the Advisory Group, the Board and senior staff, in order to understand their role in guiding the implementation of the program and whether the needs of the community were met. The Advisory Group members came from a range of backgrounds. While some had affiliations with various organisations, they had all been members of the Advisory Group in an individual capacity. Some of these stakeholders were people with disability and some were not.

The stakeholders generally thought that MCM's Advisory Group had been successful, with certain caveats:

I thought it was good, because it was good leadership, good communication between myself and the people who were involved in the group. There was only about seven people, but I enjoyed it and the other people enjoyed it too. I think we all enjoyed it, all learned something.

One stakeholder said that the Advisory Group had provided good advice on how to target different parts of the community in terms of cultural background and type of disability.

The stakeholders generally agreed that the Advisory Group had a representative range of members, both in terms of cultural backgrounds and disability backgrounds of individuals:

Yeah, definitely. We had one woman from a CALD community, elderly people with disabilities, a Deaf guy there with a signer, management of support agencies, and then me.

I believe it was one of the few advisory committees that did try and make an effort to have cross disability sitting there. I was quite impressed that they had a good representation of whether it was intellectual, hearing or sight impaired or physical disability... and carers, obviously. I thought they represented that.

I think what it did represent compared to a lot of other committees I've been on is it did have a significantly high proportion of people with disabilities, which I think is very credible. Usually there's maybe one or two token people with disability.

However, one stakeholder felt that multicultural communities were underrepresented on the Advisory Group.

Two stakeholders commented on the level of engagement of the Advisory Group with the work of MCM and with MCM staff members themselves. Both stakeholders had somewhat mixed opinions on the effectiveness of this engagement, voicing concerns that the connection between the program and Advisory Group members was not as strong as it could have been:

I think the staff were really good, but I felt as though the advisory group became a bit token at the end. It might have just been me, but when we first set off, I felt like we were playing

an important role, but at the end, I didn't know if our information was even making it through to the people who could make a difference. Can't put a finger on exactly what made it that way. A bit more feedback to the group would have been good.

I felt that most of the meetings they gave really good feedback on what was happening with the programs. I mean probably the only fault, in the early days, I think because they had a change in employees or they had a lot of you know, temps at different stages, it sort of jolted the program around a little bit. [After this] it didn't have the same connection, if that's the word, and networking, I guess.

One stakeholder said that the communication links between the Advisory Group and ADHC had been poor, especially given that it was a partnership project that had been funded by ADHC.

Two stakeholders noted that the Advisory Group meetings were plagued by poor attendance:

Sometimes people didn't ring up and say they weren't coming, and they had to postpone the meetings. That was frustrating. I was ready to come to a meeting, and it was put off. It happened probably about four or five times in twelve months. I was working part time. If I knew the meeting was on, I told my employer the day before that the meeting was on, and he would schedule what I had to do if he knew I wouldn't be there. I was lucky I had a flexible employer.

But I know that as time went on, one of the issues of that committee, which I haven't experienced elsewhere was attendance dropped off and towards the end, just before they closed the committee, I kind of remember that that might have been a contribution towards the committee having run its course. I thought that was unusual.

Two stakeholders offered a theory as to why attendance was poor:

Perhaps people felt like their voice wasn't heard, but all I can say, from my perspective, I attended the meetings and I thought that the group was being listened to, and there was ample opportunity to offer our perspective and advice. Perhaps attendance dwindled because people kind of went, "I don't know where my feedback is going." If there was a board member chairing the committee, perhaps that confidence and reassurance would have been there.

The other stakeholder felt that Advisory Group members had confidence in how things were going after the program had been successfully established and may not have felt it was necessary to devote as much time to the Group.

A stakeholder with a disability explained that he had initially had some trouble with the complexity of the language being used in the Advisory Group meetings:

At the start it was all flying over my head, the language they were using. I said to them that I didn't know about all these funding packages and that. I got up one day and said 'I don't even know why I'm here'.

The Advisory Group ceased meeting formally in mid-2015 on the basis that its purpose was to guide the establishment of the program to ensure it met the needs of the community.

9.3 Program implementation

The MCM program was implemented by NSW CID. This section, informed by minutes of meetings, observations and stakeholder interviews provides insights to the delivery of MCM from the point of inception to date, to understand what helped facilitate successful delivery of the program.

Initially, due to capacity constraints and timing of the initiation phase, NSW CID subcontracted the project initiation and initial steps to a consultant from *Futures Upfront*. *Futures Upfront* worked in consultation with the Executive Director of NSW CID to develop the framework and concepts for the program and to start implementing *Get More Skills* sessions.

One stakeholder commented on the fact that MCM had begun without a firm direction from funders on where it would go or what it would eventually look like:

We got a two page letter offering us the contract; it wasn't a blank slate, but the scope was quite broad and there wasn't a lot of detail in it. That was both advantageous and a challenge. Five million dollars is a lot of money but it isn't a lot of money.

They went on to note that there was a lot of "political pressure" and attention on the project at the beginning, perhaps without an understanding of the level of consultation involved before program commencement:

There was a real pull and push at the beginning around making sure stuff was happening, and we were always very keen to have quality over quantity but at the beginning it was very difficult to say what we'd be doing with the money before we actually asked people.

This finding is not unusual. Recent review of an outsourced community support program in South Australia had similar findings in that very little time was provided from contract signature to program delivery.⁴

The stakeholder also pointed out that the funders didn't necessarily understand the importance of evaluating the program, given that there had been very little research on similar programs, and the value such guidance could offer policymakers and practitioners. The project has benefited from a number of additional rounds of funding that may not have been directly tied to evaluation findings.

Fieldwork Report Stage 3⁵ focused in detail on the implementation of the program, informed by interviews with staff and other stakeholders. The report highlights the significant resources dedicated to engaging with the community and providing support, as well as the need to communicate more with external service providers and government departments.

As noted in Section 9.1 above, the implementation of the program has been impeded by difficulties in recruiting and retaining staff. It is unclear from the evidence examined why the initial recruitment of staff was so difficult – other than perhaps that the launch of a number of other initiatives at this time may have meant that programs were competing to recruit staff with a highly specialised skillset. It was observed towards the end of 2015 that a number of staff left MCM as it was nearing the program end date. However, in early 2016, an extension to the funding was granted and the

⁴ Available at: https://www.sprc.unsw.edu.au/media/SPRCFile/Crisis_Respite_Services_Evaluation_Final_Report.pdf

⁵ Available at: https://www.sprc.unsw.edu.au/media/SPRCFile/My_Choice_Matters_Evaluation_Fieldwork_Report_Stage_3.pdf

team went from wrapping up the program, to restarting a number of elements. This uncertain ongoing funding impacts the retention and quality of staff and has a direct implication on the outcomes for participants – particularly if systems and processes are not well documented for easy handover (which is unlikely in a small program where the program is being terminated).

9.3.1 Program reach

Program reach is described in detail in Section 4 above, with supplementary data provided in Appendix A. This section provides insights into strengths and weaknesses of the program in terms of encouraging people to participate in the program. Some stakeholders interviewed identified groups within the community whom they felt may not have been targeted by MCM as much as they should have been. One stakeholder mentioned the difficulty she had encountered in encouraging individuals from a range of disability backgrounds to engage with the program:

[MCM was successful] to certain elements of the community. It's a difficult one – [some people] don't feel like they're entitled to that sort of funding. I had to really encourage a couple of people to attend those sessions – one guy was computer illiterate until he used the funding. It's quite a varied group of people. (Advisory Group member)

Another stakeholder felt that MCM had not done enough to engage with the Aboriginal disability community:⁶

The only criticism I would have... we always thought, from the beginning, there should have been more Aboriginal representation, to connect with the Aboriginal community. I think would be the only fault I would see that it was very much a generic program, like one size fits all. They should have had more Aboriginal people on board. They would have had... they had reasonable numbers, I think, but I just think it may have worked better if they had Aboriginal employees selling it out there on the ground.

Another stakeholder offered a different perspective on MCM's reach with CALD and Aboriginal communities:

It's a bit too much to set up MCM as saying they do CALD 'well enough', Aboriginal 'well enough'. They did it better than any other initiative that I've seen. I could put it like that. Did they address all issues? No. It was \$5 million, it wasn't a culturally specific initiative, but as part of a generic initiative, I think they did better than anyone I've seen.

One stakeholder said that families should have been targeted more, although it should be noted that there were high numbers of family members across the program elements:

I can't help not speaking out about the need to include families of children. To only direct My Choice Matters to adults who have disabilities is a bit of a missed opportunity.

Finally, one stakeholder commented on the difficulty the program had had in circumventing service providers that were acting as "gatekeepers":

The big problem has been distributing information through care providers because they feel [MCM is] a problem to their existence. I was distributing info through the guys who come to

⁶ Note that an Aboriginal consultant was employed by MCM to facilitate program reach.

the workshops I run, and it wasn't getting to the people through the providers. Running the MCM sessions about the funding was really good in getting past those barriers.

9.3.2 Responding to the community

Staff noted that MCM has changed significantly since its inception. It was originally intended to be a two-year program, beginning in 2013, but the timeframe was subsequently extended until 2016 and received additional funding. This resulted in a modification to the strategic goals of the program as MCM became significantly broader. In particular, the program became larger, administering a greater number of workshops and grants than was originally planned. MCM has responded to needs identified by the community (and reported in this evaluation), including the range and depth of program resources offered. This has enabled the program to become more responsive to the needs of the target audience, especially by being able to provide additional support to *Run Projects* applicants and workshop participants:

I feel like it's expanded to include a lot more people, which is really important, really positive. A lot more people with disabilities, a lot more families.

Recruitment and outreach methods have also been modified over the course of the program. Some of this modification has been due to MCM staff identifying under-targeted communities, such as culturally and linguistically diverse or regional groups, and people with specific disability types, such as those with an intellectual disability:

Going to small towns has made a huge difference for people.

Refining and improving overall communications techniques, as well as greater resourcing, have expanded program reach. Having said this, staff members commented on the fact that the demand for information was still great despite their efforts to reach as broad an audience as possible.

Most of the staff roles have also adapted and changed over the life of the program as the program itself has developed, sometimes detrimentally due to unmanageable workloads. In the area of communications, the newsletter was enhanced and a greater emphasis was placed on the program's Facebook page, significantly growing the number of Facebook group members and promoting community discussion, interaction and reflection:

That has been quite powerful for people to self-reflect, for someone to see their journey as important, to see the changes they've made. That gives people a lot of confidence too and encourages them to share with other people. [MCM has] given people a voice about their life and experience that they didn't have before.

The administration role has also expanded over the life of the program. As a result, the Administration Officer took on extra responsibilities, such as providing *Run Projects* support, event and workshop management and administration, resource management, and expanded data collection analysis. At times, the Administration Officer required extra assistance from an Events Officer to help plan and coordinate workshops. Another staff member also mentioned that they felt that their role was "probably more work that can be done by one full time staff member".

The role of the *Run Projects* Coordinator also expanded significantly over the course of the program as the program itself grew and demand for funding increased. The *Run Projects* team itself expanded to accommodate this growth to include additional staff members. As a

consequence, the *Run Projects* Coordinator's role changed from primarily a support role, to also including staff supervision duties.

In mid-2015, the MCM program expanded to reach people in supported accommodation, as well as their family members and accommodation staff. This was in response to low numbers of people living in government-supported accommodation accessing the MCM program. While MCM previously excluded staff, ADHC recognised that their staff are able to support people with disability in taking more control in their lives.

9.4 Summary

In summary, a number of implications have been identified for existing and future program delivery. While these have arisen in the context of the MCM evaluation, these are not unique to this programme. For example, many of the issues raised are also articulated in the recent Productivity Commission inquiry report *Human Services: Identifying Sectors for Reform* (in particular, how governments commission family and community services). In order to maximise success, funders should:

- Allow more time to initiate programs and allow consultation with key community stakeholders in a program development stage – including the design of appropriate outcome/performance measures. This could include time for creative development of the program, with a delineated “design phase” led by experts in program design. The program period should not start until key personnel and governance are in place.
- Support program development by adequately resourcing governance across the life of the program, including providing roles for people with disability and ensuring ongoing engagement.
- Staff programs adequately from commencement. Having a full complement of experienced staff has been key to the success of MCM.
- Provide clear information about funding cycles to program managers and the governance groups in order to prepare for possible program extensions, to redeploy/retain staff as necessary, and to prepare evidenced-based applications for further funding. The ability to plan enables program managers to make better informed decisions and reduces unnecessary staff (and knowledge) loss from programs.
- Recognise overlap with similar programs and actively work together to share lessons learned and, where possible, consolidate or share resources to lead to more effective outcomes for the community.
- Ensure that budget under and overspenders are responded to quickly and appropriately.
- Continually monitor program reach to ensure the program is meeting the needs of target groups.
- Allow programs to adapt to meet the needs of the community by continually monitoring their implementation and outcomes, and listening to the needs of the community either directly

(such as direct feedback or surveys), or indirectly by talking to advocacy or governance groups.

- Recognise that in addition to the program, there may be other resources that the program can provide to the community to make up for the short fall in accessible material, information and assistance from other organisations in the sector. In the case of MCM, staff have also played a crucial role in providing support for people with disability to help navigate the disability system, as highlighted through the telephone support survey.

10 Key areas of success, challenges and impact

The original aims of MCM, as described in the Evaluation Plan, were to:

- Raise awareness of opportunities to realise goals and participate in communities
- Build skills and confidence to strengthen partnerships and networks
- Enhance people's practical capabilities to exercise greater choice and control over their lives, including their supports
- Enhance their ability to manage self-directed support and individualised funding.

Through the different MCM programs, each of these aims could be realised. The *intermediate outcomes* of MCM were expected to be the **increase in people's capacity to exercise choice, voice and control** and in particular, about envisaging a good life and arranging social networks and self-directed support.

The *long-term outcomes* of MCM were expected to be:

- Participating in self-directed support and individualised funding
- Participating in networking and learning opportunities, particularly with peers
- Building skills and confidence, including a capacity to self-advocate
- Participating in education, further training, community life and employment
- Maintaining and improving health and wellbeing.

Sections 5 to 10 above outline the specific outcomes from each program. This section of the report discusses the overall findings in relation to the original aims of the program, highlighting key areas of success, challenges, and impact, and the implications for the program.

10.1 Successfully identifying and addressing the needs of the community

MCM commenced in 2013. The program has changed during this time, and the context in which the program operates has also changed. There are a number of other programs operating in NSW in this space with similar objectives to prepare the community for the NDIS. Some program participants live in the original and additional trial sites and therefore have become more aware of what is required from the NDIS. The NDIS was rolled out state-wide during the concluding phase of the evaluation.

In addition, the target audience for MCM is an incredibly diverse group – every person has unique needs depending on their disability, their level of family and social support, their prior experience with disability support programs, their literacy, their location, and other factors. When MCM was launched, MCM staff realised the community needed basic information about the NDIS before moving on to building capacity and was **responsive to community needs**.

MCM went to great lengths to engage hard-to-reach groups within the community after experiencing some initial difficulty reaching these groups. This was in response to the formative evaluation findings, but went beyond those findings in most instances. **MCM engaged hard to reach groups** by way of collaborations with external organisations and service providers. For example, collaborating with the Aboriginal Disability Network to access the Aboriginal and/or

Torres Strait Islander community, tailoring workshops for CALD communities, conducting information sessions for people in custody with the Intellectual Disability Rights Service, and developing a version of *Become a Leader* specifically for young people.

Based on the needs of the community and the timing of the roll out for the NDIS, the evaluation team has been able to report on people's capacity to exercise choice, voice and control and has commented where possible on longer-term outcomes. This is limited to some extent given the limited options to exercise choice, voice and control. Ultimately, **the true measure of success for this and other similar programs will be whether people are able to navigate the NDIS and exercise choice and control in setting up their individual plans.** In effect, the evaluation of MCM may provide a baseline on which future research could be based.

The MCM team has gone to great effort to identify the needs of the community and has gone a long way to address those needs. Members of the MCM Advisory Group commented on the outcomes of the program:

In my view, a hugely successful investment. I think My Choice Matters has delivered a nation-wide leading example of how, with the right investment, we can start doing some activities that change people's capacity to be able to do more and more and take more control of their life, whatever that means, however they do it. I'm always talking it up at a national level and saying that more states should have invested on time prior to the NDIS to really deliver learning to people with disability and their kin and their family members.

In terms of program delivery, *Futures Upfront* ensured that the program started delivering sessions to the community reasonably soon after project initiation, while the larger roll out of the program was dependent on staff recruitment and the formalisation of the MCM team within NSW CID. Staff members from both *Futures Upfront* and MCM were responsive to the needs of the community and adapted the program to meet those needs. Within months of rolling out the program, specific sessions targeting Aboriginal and CALD communities were provided. Online information has also been available in a number of other languages. The MCM program is a community-wide program aiming to build capacity with people with disability in NSW. While *Get More Skills* and online information have been tailored to different communities through particular events, or by providing translated material, the program is for the most part mainstream and has had considerable reach into both Aboriginal and CALD communities. For greater reach, specific culturally appropriate programs are required (for example, the program delivered by the Aboriginal Disability Network), that have been developed by the target audience themselves.

MCM, through the collection of program data, is monitoring program reach and responding to program shortcomings. However, ongoing engagement with the community, for example through the Advisory Group and other networks, will ensure that community needs are identified. Consultation with the Advisory Group members and other networks (including other capacity building programs) may also help meet the needs of the community in the most appropriate way.

10.2 The importance of formative evaluation

MCM staff have been particularly active and receptive to the evaluation process and findings, and have adapted the program and processes in response. For instance, in previous reports, SPRC has made various recommendations that have been thoroughly addressed by MCM, including:

- Engaging greater numbers of people with disability, particularly intellectual disability.
- Delivering workshops more systematically and in a more standardised format while retaining the ability to adapt a workshop to the needs of and range of participants.
- Increasing the program's focus on capacity building. This has primarily been achieved through devoting significant resources to community engagement and support.
- Making numerous changes to the website to improve accessibility and community engagement.

This has been an exemplary formative evaluation in that both the evaluation team and MCM staff have been flexible and responsive to changing requirements and recommendations. The robustness of the evaluation may in turn contribute to the broad evidence base of effective practice.

MCM has been responsive to community needs and ADHC has supported extending the duration of the program, as well as funding available. This report will be able to inform future funding allocation within the program to ensure the optimal allocation of resources across program elements. The program should continue to be reviewed to ensure that it remains responsive to changing requirements.

10.3 The difficulty in measuring outcomes

The needs of the community, as evidenced in this evaluation, are extensive. With limited resources it is critical to invest in programs that lead to outcomes that meet the community's needs. Working with the community to set realistic, measurable program objectives, including measures of success, is critical to best allocate program resources towards multiple objectives, and to extend effective programs. Providing outcome measures, as well as input and process measures, contributes to an evidence base that can strengthen practice and provide confidence in program improvements. This must be supported by robust data collection and quality assurance of data provided for analysis.

This evaluation is based on measuring *interim* outcomes of participants being able to exercise greater choice, voice and control. **For people to exercise choice, voice and control, choices need to be available** to them. The availability of service options, activities and support are different in different locations. The NDIS is expected to require people to make choices and take control of their supports; however, while the government expects choices to grow as the NDIS is rolled out, options may still be limited. Recent research with people with intellectual disability seeking employment⁷ and research with people retiring or approaching retirement from Australian Disabilities Enterprises⁸ highlights the lack of options currently available to people with disability, from employment to leisure activities. Measuring a person's ability to make choices will be limited until they have choices available to them.

⁷ See <https://www.sprc.unsw.edu.au/research/projects/employment-model-outcomes-pwid/>

⁸ See <https://www.sprc.unsw.edu.au/research/projects/TTR-from-supported-employment/>

This research has not been able to examine long-term outcomes. In order to achieve this, further research could follow graduates of *Become a Leader* and *Run Projects* as they access the NDIS using a control group of *Get More Skills* participants.

10.4 The importance of connecting people to other services

Throughout the implementation of MCM it has been clear that the community needs more information about government policy, the NDIS, the supports and opportunities available to them, as well as opportunities to link up with other people. MCM has met a number of these needs however, remains time limited. The change in arrangements under the NDIS are substantial and it may take 5-10 years until this approach to funding support is normalised, both by people with disability, their families, the community, service providers and governments. Therefore, the need for ongoing capacity building, support, and information to help navigate the NDIS must be recognised. This should not be done in isolation – any future work should consider the findings of the recent Productivity Commission inquiry *Human Services: Identifying Sectors for Reform*, and in particular the recommendations for coordination between governments in commissioning family and community services for the benefit of service users. The National Disability Insurance Agency is a key stakeholder to engage with, but not the only stakeholder in what is a very complex service space.

MCM also provided a range of ancillary support to people using the program, responding to the needs of the community. This service is informal, unfunded and is not insignificant. Our analysis demonstrates that this is currently a service gap: support is clearly needed by the community and should continue in its current or an alternative form.

10.5 The importance of stability in funding

The stability of this program is important to ensure continuity of outcomes, as well as stability of support for the community during this period of transition. As noted above, MCM has successfully expanded the program to meet identified needs – both in terms of scope and duration. MCM has been responsive to funding opportunities and has remained agile throughout the program's life. With clearer information about funding cycles, MCM could provide an even better program to the community – particularly when extensions are made in consultation with the community. This could also have the added benefit of attracting staff earlier, and allowing the program to retain staff when funding periods are coming to a close. Allowing more time to prepare applications for further funding would also allow for the development of higher quality services and potentially greater coordination with other providers. While MCM has worked through this unstable funding period, greater successes may have been achieved with more stability.

10.6 Recognising that MCM is not working in isolation

MCM is one of a number of programs being funded to help people with disability transition to the NDIS. MCM should work with other programs to share resources and knowledge in order to maximise outcomes for the community. In addition, a meta-analysis should be carried out to examine the effectiveness of the programs overall. There is a sense that multiple programs are working in isolation rather than being able to benefit from collaboration and knowledge sharing.

Appendix A Supplementary data

Participation benchmarks

When benchmarking participant data against statistics on disability in the community, the objectives of the program must be kept in mind.

My Choice Matters (MCM) targeted all people with disability, including those eligible for various tiers of the National Disability Insurance Scheme (NDIS). In general, the transition to the NDIS affects people with disability under 65 years on 1 July 2016. For this reason the age structure of MCM participants with disability would not be expected to reflect that of the community, where the prevalence of disability increases markedly with age. This also has implications for determining benchmarks for participation by Aboriginal and/or Torres Strait Islander people.

The prevalence of disability is higher among Aboriginal and Torres Strait Islander people than the total non-Indigenous population. According to the ABS Survey of Disability, Ageing and Carers 2012, Aboriginal and Torres Strait Islander people were 1.7 times more likely to have disability than other people in the community once the difference in the age structures of the populations were taken into account. As approximately 2.5 per cent of the NSW population identify as Aboriginal and/or Torres Strait Islander (ADHC 2012), Aboriginal and Torres Strait Islander people should account for approximately 4.2 per cent of MCM participants.

Other benchmarks derive directly from the ABS Survey of Disability, Ageing and Carers 2015, which identified approximately 1,372,400 people with disability of all ages living in NSW, of which 776,300 were aged 0-64 years (ABS 2016, Table 1.1). Of the group with disability aged 0-64 years, an estimated 227,100 had a profound or severe limitation (ABS 2016, Table 2.1). The benchmarks for the discussion of the participants are based on all persons aged 0-64 years with a disability and data for people in this age group with profound or severe limitation are also reported for comparison.

According to the ABS Survey of Disability, Ageing and Carers 2015, two thirds of NSW residents aged 0-64 years with any reported disability lived in major cities (66.3%), and nearly one quarter in inner regional locations (23.5%). The remaining people lived in outer regional and remote locations (10.4%).

Among NSW residents aged 0-64 years with disability almost three-quarters were born in Australia (74%), around one-fifth in non-English speaking countries (18%), and the remaining people (8%) in major English speaking countries: New Zealand, South Africa, the United Kingdom, Ireland, the United States and Canada. More than four-fifths of these people however mainly spoke English at home (84%). Five per cent of people with disability in this age group in NSW reported relatively low levels of proficiency in English (not well or not at all).

These benchmarks are approximate, and the statistics from which they derive may involve large margins of error. Nonetheless they serve as a useful guide for evaluating participation levels in MCM components.

MCM captured data on languages spoken at home and country of birth of participants (as well as of their parents), to determine the participation level of culturally and linguistically diverse (CALD)

people. It should be noted, however, that neither of these variables serves as a straightforward CALD marker.

The shortcomings of using data on languages spoken at home to determine CALD status are best illustrated by examples from the data. First, non-verbal people often disregarded the question, while others nominated Auslan. Second, of those people who specified a language other than English, some made it clear that they spoke their language(s) as well as English, while others did not. Third, a few people appear to have understood the question as relating to their knowledge of foreign languages. Finally, many people who might identify as CALD nonetheless speak English only. It should also be noted that it is usually not possible to distinguish between negative and blank responses to the question: “Do you speak a language other than English at home?”

The shortcomings of using data on country of birth reflect the multicultural nature of many countries. Someone born in Australia or another English-speaking country might nonetheless identify as CALD (even if they only speak English at home); others born abroad may not identify as CALD. For the purposes of analysis these cases are no better resolved by combining data on language and country of birth.

More important than these considerations, however, is the fact that a high proportion of records used for the analysis in the following sections carried incomplete CALD data. It is plausible that non-English speakers were less likely to properly complete MCM registration forms or take part in SPRC surveys, which were available only in English. This issue arises repeatedly in the following sections.

ABS data from the Survey of Disability, Ageing and Carers 2015 is used to provide benchmarks for geographical location (Table 41), country of birth (Table 42), and main languages spoken at home (Table 43). Data on proficiency in English is also provided for information but this was not collected in the survey (Table 44).

Table 41: Benchmarks for geographical location in NSW

ABS remoteness category	People with disability aged 0-64	People with profound or severe limitation aged 0-64
		%
Major city	66	69
Inner regional	24	19
Outer regional or remote	10	12
Total	100	100

Source: ABS Survey of Disability, Ageing and Carers 2015 Catalogue no 44300DO001_2015 Disability, Ageing and Carers, Australia: New South Wales, 2015, Table 5.1

Table 42: Benchmarks for country of birth in NSW

Country of birth	People with disability aged 0-64	People with profound or severe limitation aged 0-64 %
Australia	78	79
Other main English speaking countries	6	5
Non-English speaking countries	15	16
Total	100	100

Note: Other main English speaking countries include New Zealand, South Africa, the United Kingdom, Ireland, the United States and Canada.

Source: ABS Survey of Disability, Ageing and Carers 2015 Tablebuilder

Table 43: Benchmarks for main language spoken at home in NSW

Main language spoken at home	People with disability aged 0-64	People with profound or severe limitation aged 0-64 %
English	89	84
Other	11	13
Not applicable	1	2
Total	100	99

Source: ABS Survey of Disability, Ageing and Carers 2015 Tablebuilder. Totals may not sum to 100 due to rounding

Table 44: Benchmarks for English language proficiency in NSW

Proficiency in spoken English	People with disability aged 0-64	People with profound or severe limitation aged 0-64 %
Very well or well	6	6
Not well or not at all	3	8
Not applicable	90	86
Total	99	100

Source: ABS Survey of Disability, Ageing and Carers 2015 Tablebuilder. Totals may not sum to 100 due to rounding.

Become a Leader

MCM offered 13 *Become a Leader* courses, including one specifically for young people. The courses were attended by 158 people, an average of 12 participants per course. Unlike for *Run Projects*, described in the next section, the evaluation did not consider any data relating to unsuccessful applicants.

Relationship to disability

While *Become a Leader* catered both for people with disability and for their families, more than three-quarters of participants were people with disability (123 people, or 78%; see Table 45).

Administrative data also registered 30 family members (19%), two carers, and three people who did not specify their relationship to disability.

Table 45: *Become a Leader* participants by relationship to disability

Relationship to disability	Count	%
Person with disability	123	77.8
Family member of a person with disability	30	19.0
Carer for a person with disability	2	1.3
Blank	3	1.9
Total	158	100.0

Source: Administrative data

The administrative database did not allow for complex relationships to disability, which were captured in survey data. Of the 48 survey respondents who had taken part in *Become a Leader*, one-half identified as a person with disability (24 people or 50%), and one-quarter as a family member of a person with disability (12 people or 25%). Seven people identified as a person with disability and family member of a person with disability (15%). The figures, presented in Table 46, suggest that family members who had taken part in *Become a Leader* were more likely to respond to the survey than people with disability themselves.

Table 46: *Become a Leader* survey participants by complex relationship to disability

Complex relationship to disability	Count	%
Person with disability	24	50.0
Person with disability and family member	7	14.6
Person with disability and service provider	1	2.1
Family member of a person with disability	12	25.0
Service provider	1	2.1
Blank	3	6.3
Total	48	100.0

Source: Survey 3 data

Of the *Become a Leader* participants with disability, 117 records had data on disability type (Table 47). One-half had cognitive or intellectual disability (58 people, or 50%), including 39 people who had cognitive or intellectual disability only (33%). There were 37 people with sensory disability, 37 people with physical disability (32%), and 12 people with psychological or mental health disability (10%). Fourteen people specified a disability, including two people with acquired brain injury (ABI), two people with multiple sclerosis (MS), and five people with Asperger syndrome. Participants in the *Become a Leader* course for young people were predominantly people with cognitive or intellectual disability.

Table 47: *Become a Leader* participants by disability type

Disability type	Tally	%
Cognitive or intellectual	58	49.6
Sensory (sight–hearing–speech)	37	31.6
Physical	37	31.6
Psychological or mental health	12	10.3
Other	13	11.1
Total	117	100.0
Blank	6	

Note: Tallies do not sum to total as people may satisfy several criteria.

Source: Administrative data

On the basis of previous survey results, the third survey allowed respondents to select Autism Spectrum Disorder (ASD) in addition to the four administrative categories (see Table 48). Of the seven people with ASD, five also selected cognitive or intellectual disability, while two did not. The figures suggest that disability type did not influence the likelihood of a participant taking part in the survey.

Table 48: *Become a Leader* survey participants by disability type

Disability type	Tally	%
Cognitive or intellectual	12	40.0
Physical	9	30.0
Sensory (sight–hearing–speech)	8	26.7
Psychological or mental health	8	26.7
Autism spectrum disorder (ASD)	7	23.3
Complex	1	3.3
Total	30	100.0
Blank	2	

Note: Tallies do not sum to total as people may satisfy several criteria.

Source: Survey 3 data

The survey asked family members of a person with disability to specify the disability type of that person. Of the 18 respondents, 11 had a family member with cognitive or intellectual disability (61%), seven had a family member with ASD (39%), six had a family member with psychological or mental health disability, five had a family member with sensory disability, four had a family member with physical disability, and two people specified some other disability. Some people selected more than one category, but there were no blank responses.

Diversity

Participants with disability were spread uniformly across the 15–54 age group; the high proportion of participants aged 15–24 years was due to 10 enrolments in the course for young people. Family members and carers were generally older; the youngest family member turned 37 years and the youngest carer 57 years in the year in which they began the course.

Table 49: *Become a Leader* participants by age group

Age group	Count	%
15–24 years	35	28.5
25–34 years	25	20.3
35–44 years	22	17.9
45–54 years	20	16.3
55–64 years	7	5.7
65 years and over	1	0.8
Blank	13	10.6
Total	123	100.0

Source: Administrative data

Registration records did not include the gender of *Become a Leader* participants. According to survey data, approximately half of participants with disability were male (16 people or 50%; Table 50). The majority of people without disability, such as family members, were female (10 people or 63%; Table 51).

Table 50: *Become a Leader* survey participants with disability by gender

Gender	Count	%
Male	16	50.0
Female	15	46.9
Blank	1	3.1
Total	32	100.0

Source: Survey 3 data

Table 51: *Become a Leader* survey participants without disability by gender

Gender	Count	%
Female	10	62.5
Male	2	12.5
Blank	4	25.0
Total	16	100.0

Source: Survey 3 data

Seven *Become a Leader* participants identified as Aboriginal and one as Aboriginal and Torres Strait Islander (5%). The proportion of Aboriginal and Torres Strait Islander people among course participants may have been higher, as a substantial proportion of enrollees did not indicate their Aboriginal and Torres Strait Islander status (29%). According to these data, people who identify as Aboriginal and Torres Strait Islander were not under-represented among *Become a Leader* participants (Table 52). Only one survey respondent, however, identified as Aboriginal or Torres Strait Islander.

Table 52: *Become a Leader* participants by Aboriginal and Torres Strait Islander status

	Count	%
Aboriginal	7	4.4
Aboriginal and Torres Strait Islander	1	0.6
Neither Aboriginal nor Torres Strait Islander	104	65.8
Blank	46	29.1
Total	158	100.0

Source: MCM administrative data

Of the 158 participants, eight people with disability and one family member spoke a language other than English at home (7%). Data on country of birth suggest that many records were incomplete. Of the 158 participants, 104 people were born in Australia (66%), one person was born in a main English speaking country, and 14 people were born in non-English speaking countries (9%; see Table 53). The data suggest that people born outside of Australia were under-represented among *Become a Leader* participants, but as no group exceeded its benchmark, it is not possible to make a conclusive statement. As mentioned, people from non-English speaking backgrounds may have been more likely to submit an incomplete registration record. It should be noted that 22 people had at least one parent born in a non-English speaking country.

Table 53: *Become a Leader* participants by CALD status

Attribute	Count	%
Language spoken at home		
English/ Not stated	149	93.0
Other	9	7.0
Country of birth		
Australia	104	65.8
Other main English speaking country	1	0.6
Non-English speaking country	14	8.9
Blank	39	24.7
Total	158	

Source: MCM administrative data

Five of the 32 survey respondents with disability indicated that they spoke a language other than English at home (16%; Table 54). In addition, one person indicated that their family member with disability spoke a language other than English at home. These data suggest that people from CALD backgrounds were not underrepresented among *Become a Leader* participants, although the margin of error is large. MCM must ensure that it collects complete administrative data on CALD participants.

Table 54: *Become a Leader* survey participants by CALD status

Language other than English spoken at home	Count	%
Yes	5	15.6
No	27	84.4
Total	32	100.0

Note: If the survey sample is assumed to be random, the standard error is 5.5 per cent.

Source: Administrative data

Living arrangements, location and remoteness

Administrative records did not include data on living arrangements, a question on which was included in the third survey. Among the 28 survey respondents who provided details of their living arrangements (Table 55), approximately two-fifths lived with their parents (12 people or 43%), one-quarter on their own (8 people or 29%), and one-fifth with a partner (5 people or 18%). Two respondents (also) lived with siblings, three (also) with children, and one person had other arrangements.

Table 55: *Become a Leader* survey participants by living arrangement

Description	Tally	%
I live on my own	8	28.6
I live with my parents	12	42.9
I live with brothers and sisters	2	7.1
I live with my partner	5	17.9
I live with my children	3	10.7
I live with someone else	1	3.6
Total	28	100.0
Blank	4	

Source: Survey 3 data

Family members were asked about the living arrangements of the person with disability (Table 56). Two-thirds of respondents indicated that they lived with the person with disability (12 people or 67%). According to family member, one person with disability lived on their own, one person with other family, two people in assisted living and two people in other arrangements.

Table 56: Who does your family member with disability live with?

Response	Tally	%
Me	12	66.7
Self	1	5.6
Other family	1	5.6
Assisted living	2	11.1
Other	2	11.1
Total	18	100.0

Source: Survey 3 data

Become a Leader was offered in three metropolitan Sydney locations, Newcastle, Wollongong, and seven regional centres (Table 4). Enrolments in Sydney CBD (16 people), Parramatta and Tamworth (17 people each) were above the average of 12 people per course; numbers in Wagga Wagga (6 people), Gosford (7 people) and Dubbo (8 people) were below average. One-half of

Become a Leader participants resided in a major city, and a further two-fifths in an inner regional location. The remaining one-tenth came from outer regional or remote locations (Table 57).

Table 57: *Become a Leader* enrolments by ABS remoteness category

Description	Count	%
Major city	79	50.0
Inner regional	63	39.9
Outer regional	13	8.2
Remote	1	0.6
Blank	2	1.2
Total	158	100.0

Source: Administrative data, SPRC analysis

Residents of major cities travelled on average 25km to attend the course. Residents in inner regional locations travelled 43km, and those in outer regional locations approximately 105km (Table 58). These average figures do not include distances travelled by attendees of the course for young people.

Table 58: Average distance travelled by *Become a Leader* participants

Description	km
Major city	25
Inner regional	43
Outer regional	105

Source: Administrative data, SPRC analysis

Distance was an issue for some participants. As one interviewee person noted:

In regards to *Become a Leader*, I would go to it if it was closer, an hour was too far, even though they gave me cab vouchers it was just too far to be stuck in a cab. If it was around here I would attend.

A breakdown of *Become a Leader* participants by ABS statistical level area is provided below in Table 59.

Table 59: *Become a Leader* participants by ABS statistical area

SLA4	Location	Count
101	Capital Region	11
102	Central Coast	5
103	Central West	5
104	Coffs Harbour and Grafton	14
105	Far West and Orana	4
106	Hunter Valley ex. Newcastle	2
107	Illawarra	5
108	Mid North Coast	3
109	Murray	4
110	New England and North West	15
111	Newcastle and Lake Macquarie	15
112	Richmond – Tweed	11
113	Riverina	2
114	Southern Highlands and Shoalhaven	8
115	Sydney – Baulkham Hills and Hawkesbury	5
116	Sydney – Blacktown	6
117	Sydney – City and Inner South	7
118	Sydney – Eastern Suburbs	3
119	Sydney – Inner South West	6
120	Sydney – Inner West	0
121	Sydney – North Sydney and Hornsby	3
122	Sydney – Northern Beaches	3
123	Sydney – Outer South West	3
124	Sydney – Outer West and Blue Mountains	4
125	Sydney – Parramatta	7
126	Sydney – Ryde	0
127	Sydney – South West	5
Blank		2
Total		158

Run Projects

MCM funded 296 *Run Projects* over five rounds. Projects could be carried out by an individual or by a group. Over the five rounds, there were 304 unique successful applicants (Table 60). One person, who was unable to complete a project due to personal circumstances, received funding in two rounds, bringing the total number of successful applicants to 305 people.

Table 60: *Run Projects* applications by round

Round	Successful applications	Unsuccessful applications
Round 1	22	*
Round 2	32	*
Round 3	91	*
Round 4	90	79
Round 5	70	61
Total	305	140

Note: Data on unsuccessful applicants in first three rounds unavailable.

Source: Administrative data

Given the importance of the application as a learning process and the support provided by MCM to applicants, this section also considers data on unsuccessful applicants. MCM provided the evaluation with data on unsuccessful applicants in Rounds 4 and 5; the third survey also collected data on unsuccessful applicants. Note that three applicants from Round 4 reapplied in Round 5 and were again unsuccessful.

Relationship to disability

According to MCM administrative data, all *Run Project* funding recipients were people with disability. However, according to survey data, approximately two-thirds of funding recipients were people with disability, and one-fifth were family members of a person with disability (Table 61). Six people indicated that they were a person with disability and a family member of a person with disability. Three people also cared for a person with disability who was not a family member. One service provider had no other relationship to disability, and four people left the question blank.

Table 61: *Run Projects* funding recipients by complex relationship to disability

Complex relationship to disability	Count	%
Person with disability	47	65.3
Family member of a person with disability	14	19.4
Person with disability and family member	6	8.3
Service provider	1	
Blank	4	6.9
Total	72	100.0

Source: Survey 3 data

Among unsuccessful applicants (Table 62), two-fifths were people with disability (54 people or 40%), one-fifth were family members of a person with disability (31 people or 23%). MCM also received a relatively large number of applications from support workers (20 people or 15%).

Table 62: Run Projects unsuccessful applicants by relationship to disability

Relationship to disability	Count	%
Person with disability	54	39.4
Family member of a person with disability	31	22.6
Carer for a person with disability	7	5.1
Support worker	20	14.6
Other	8	5.8
Blank	16	11.7
Total	137	100.0

Source: Administrative data

According to survey data (Table 63), among unsuccessful applicants were six people with disability (55%), two of whom were also service providers; four family members of a person with disability (36%); and one person with disability who was also a family member of a person with disability. Unsuccessful applicants with other relationships to disability did not complete the survey.

Table 63: Run Projects unsuccessful applicants by complex relationship to disability

Complex relationship to disability	Count	%
Person with disability	6	54.5
Family member of a person with disability	4	36.4
Person with disability and family member	1	9.1
Total	11	100.0

Source: Survey 3 data

The disability type of 254 of the 304 funding recipients was recorded by MCM (summarised in Table 64). Of these 254 people, more than half had cognitive or intellectual disability (139 people, or 55%), almost one-third had physical disability (82 people, or 32%), approximately one-quarter had psychological or mental health disability (69 people, or 27%) and one-quarter sensory disability (67 people, or 26%), and one-fifth some other disability, including 23 people with ASD, six people with Asperger syndrome, five people with Down syndrome, three people with cerebral palsy, two people with epilepsy, two people with MS and seven people with ABI.

Table 64: Run Projects funding recipients by disability type

Type of disability	Tally	%
Cognitive or intellectual	139	54.7
Physical	82	32.3
Psychological or mental health	69	27.2
Sensory (sight–hearing–speech)	67	26.4
Other	54	21.3
Total	254	100.0
Blank	50	

Note: Tallies do not sum to total as people may satisfy multiple criteria.

Source: MCM administrative data

Among survey respondents with disability (Table 65), approximately one-quarter had physical and one-quarter cognitive or intellectual disability; one-fifth had psychological or mental health

disability. Of the four people who indicated some other disability type, two had ABI, one had ADHD, and one had complex disability.

Table 65: *Run Projects* funding recipients by disability type

Disability type	Tally	%
Physical	19	38.0
Cognitive or intellectual	18	36.0
Psychological or mental health	13	26.0
Autism spectrum disorder (ASD)	11	22.0
Sensory (sight–hearing–speech)	11	22.0
Other	4	8.0
Total	50	100.0
Blank	1	

Note: Tallies do not sum to total as people may satisfy several criteria.

Source: Survey 3 data

Among unsuccessful applicants with disability, almost two-thirds were people with cognitive or intellectual disability (79 people or 64%), almost three-tenths were people with physical, or psychological or mental health disability (Table 66).

Table 66: *Run Projects* unsuccessful applicants by disability type

Type of disability	Tally	%
Cognitive or intellectual	79	63.7
Physical	35	28.2
Psychological or mental health	36	29.0
Sensory (sight–hearing–speech)	29	23.4
Other	24	19.4
Total	124	100.0
Blank	13	

Note: Tallies do not sum to total as people may satisfy multiple criteria.

Source: MCM administrative data

Among unsuccessful applicants with disability who completed the survey were five instances of physical disability, three of sensory disability, two of cognitive or intellectual disability, one of psychological or mental health disability, and one of autism spectrum disorder.

Diversity

Run Projects funding recipients varied by age from primary school students to those in their seventies (Table 67); the average age was 34.5 years. Approximately one-third of funding recipients belonged to the 15–34-years age group (106 people, or 35%); there were proportionally fewer applicants aged 35–44 years. Almost one-fifth of funding recipients had no recorded date of birth (52 people, or 17%).

Table 67: *Run Projects* funding recipients by age group

Age group	Count	%
14 years and under	31	10.2
15–24 years	53	17.4
25–34 years	53	17.4
35–44 years	36	11.8
45–54 years	42	13.8
55–64 years	32	10.5
65 years and over	5	1.6
Blank	52	17.1
Total	304	100.0

Source: MCM administrative data

The number of unsuccessful applicants aged 15–24 years reflected strong demand from people in this age bracket (see Table 68).

Table 68: *Run Projects* unsuccessful applicants by age group

Age group	Count	%
14 years and under	26	19.0
15–24 years	34	24.8
25–34 years	14	10.2
35–44 years	11	8.0
45–54 years	19	13.9
55–64 years	12	8.8
65 years and over	2	1.5
Blank	19	13.9
Total	137	100.0

Source: MCM administrative data

Of the 304 successful applicants, 28 people identified as Aboriginal and two people as Aboriginal and Torres Strait Islander (10%; Table 69). More than half of all successful applicants did not indicate their Aboriginal and Torres Strait Islander status (52%). Only one Aboriginal and/or Torres Strait Islander person completed the survey.

Table 69: *Run Projects* enrolments by Aboriginal and Torres Strait Islander status

	Count	%
Aboriginal	28	9.2
Aboriginal and Torres Strait Islander	2	0.7
Neither Aboriginal nor Torres Strait Islander	116	38.2
Not specified	158	52.0
Total	304	100.0

Notes: Percentages do not sum to total due to rounding.

Source: MCM administrative data

Of the 137 unsuccessful applications, seven people identified as Aboriginal (5%). The records of three-fifths of unsuccessful applicants were blank (82 people or 60%; Table 70).

Table 70: *Run Projects* unsuccessful applicants by Aboriginal and Torres Strait Islander status

	Count	%
Aboriginal	7	5.1
Neither Aboriginal nor Torres Strait Islander	69	50.4
Not specified	82	59.9
Total	137	100.0

Notes: Percentages do not sum to total due to rounding.

Source: MCM administrative data

Of the 304 funding recipients, 13 people spoke a language other than English at home (4%; Table 71). Data on country of birth suggest that many records were incomplete. Of the 304 funding recipients, 175 people were born in Australia (58%), 11 people were born in a main English speaking country (4%), and 21 people were born in non-English speaking countries (7%). The data suggest that people born outside of Australia were under-represented among *Run Project* funding recipients, but as no group exceeded its benchmark, it is not possible to make a conclusive statement. As mentioned, people from non-English speaking backgrounds may have been more likely to submit an incomplete registration record. It should be noted that 29 people had at least one parent born outside of a main English speaking country.

Table 71: *Run Projects* funding recipients by CALD status

Attribute	Tally	%
Language spoken at home		
English/ Not stated	291	95.7
Other	13	4.3
Country of birth		
Australia	175	57.6
Other main English speaking country	11	3.6
Non-English speaking country	21	6.9
Blank	97	24.7
Total	304	

Note: Tallies do not sum to total as people may satisfy several criteria.

Source: MCM administrative data

Survey data again contradicted administrative data with regard to the number of CALD funding recipients (Table 72). Nonetheless it appears that people from CALD backgrounds were under-represented among *Run Project* funding recipients.

Table 72: *Run Projects* funding recipients by CALD status

Language other than English spoken at home	Count	%
Yes	7	14.3
No	42	85.7
Total	49	100.0

Note: If the survey sample is assumed to be random, the standard error is 4.6 per cent.

Source: Survey 3 data

Living arrangements, location and remoteness

Almost one-third of *Run Project* funding recipients lived on their own (15 people or 32%; Table 73). A similar number of people lived with their parents (14 people or 30%).

Table 73: *Run Projects* funding recipients with disability by living arrangement

Description	Tally	%
I live on my own	15	31.9
I live with my parents	14	29.8
I live with brothers and sisters	5	10.6
I live with my partner	9	19.1
I live with my children	10	21.3
I live with someone else	4	8.5
Total	47	100.0
Blank	4	

Note: Tallies do not sum to total as people could satisfy more than one criterion.

Source: Survey 3 data

Three-fifths of *Run Project* funding recipients lived in major cities (183 people or 60%; Table 74). People in inner regional locations were well represented (86 people or 28%). Surprisingly there were relatively fewer *Run Project* funding recipients from outer regional and remote locations than *Become a Leader* participants.

Table 74: *Run Projects* enrolments by ABS remoteness category

Description	Count	%
Major city	183	60.2
Inner regional	86	28.3
Outer regional	15	4.9
Remote	0	0.0
Not specified	20	6.6
Total	304	100.0

Source: MCM administrative data; ABS postcode–remoteness correspondence

SPRC calculated the distances which *Run Project* participants would have had to travel if they had instead taken part in *Become a Leader*. Although *Run Projects* attracted relatively fewer people from outer regional and remote locations, those people in regional areas would on average have had to travel further to attend courses than *their Become a Leader* counterparts.

Table 75: Average distance that *Run Project* participants would have had to travel to attend *Become a Leader* courses by ABS remoteness category

Description	km
Major city	
Inner regional	(68)
Outer regional	(210)

Source: MCM administrative data; ABS postcode–remoteness correspondence

Note: The minimum/maximum distance travelled is not provided due to the geographic scale some post codes include.

Table 76: Run Projects applicants by ABS statistical area

SLA4	Location	Count
101	Capital Region	23
102	Central Coast	11
103	Central West	7
104	Coffs Harbour and Grafton	10
105	Far West and Orana	4
106	Hunter Valley ex. Newcastle	1
107	Illawarra	11
108	Mid North Coast	7
109	Murray	13
110	New England and North West	5
111	Newcastle and Lake Macquarie	9
112	Richmond – Tweed	34
113	Riverina	3
114	Southern Highlands and Shoalhaven	2
115	Sydney – Baulkham Hills and Hawkesbury	13
116	Sydney – Blacktown	13
117	Sydney – City and Inner South	16
118	Sydney – Eastern Suburbs	7
119	Sydney – Inner South West	13
120	Sydney – Inner West	6
121	Sydney – North Sydney and Hornsby	6
122	Sydney – Northern Beaches	13
123	Sydney – Outer South West	4
124	Sydney – Outer West and Blue Mountains	9
125	Sydney – Parramatta	21
126	Sydney – Ryde	9
127	Sydney – South West	11
128	Sydney – Sutherland	3
Blank		20
Total		304

Source: MCM administrative data; ABS postcode–SLA4 correspondence

Get More Skills

The data on *Get More Skills* participants are less complete than for other MCM components. For this reason only estimates of attendance figures can be given. Nonetheless, demand for *Get More Skills* was significantly higher than expected. An initial target of 2,500 attendees was, in late 2014, revised up to 4,000 people. MCM used registration data to track progress against these targets, which usually understated actual workshop attendance. *Get More Skills* workshops were attended

by an estimated 7,709 people. Some people attended more than one workshop, bringing total attendance to an estimated 8,942 people, an average of 25.9 attendees per workshop (Table 77).

Table 77: *Get More Skills* attendance

Data	Unique individuals	Tally
Registrations		6,222
Headcounts		8,682
Attendees (estimated)	~7,709	~8,942

Source: MCM administrative data, SPRC analysis

The attendance figures presented in Table 77 were calculated as follows: *Get More Skills* facilitators recorded 7,431 attendees at 283 workshops (“headcounts”); attendance at the remaining 14 workshops was calculated using the average ratio of workshop registrations to headcounts. The estimate of unique attendees was then derived using statistics on multiple event attendance from a clean sample of those registration records. This clean sample of the registration records of 4,450 unique individuals, which corresponds to approximately three-quarters of the estimated total number of attendees, provides the best source of data on *Get More Skills* attendees and is used for further analysis.

Relationship to disability

Get More Skills registration records suggest that workshop attendees were more likely to be family members of people with disability than people with disability themselves. Of the 4,450 registered individuals, 1,148 were people with disability (26%), 1,236 were family members of people with disability (28%), 58 were carers (1%) and 466 were people with another relationship to disability, usually professional (11%), including 200 support or disability workers and 135 professionals (Table 78). More than one-third of records, however, specified no relationship to disability. One possible explanation for the large proportion of blank records lies in the administrative database not allowing for complex relationships to disability; eight per cent of survey respondents, for instance, identified as both someone with disability and a family member of someone with disability.

Table 78: *Get More Skills* registered individuals by relationship to disability

Relationship to disability	Unique individuals	%
Person with disability	1,148	25.8
Family member of a person with disability	1,236	27.8
Carer for a person with disability	58	1.3
Other	466	10.5
Blank	1,542	34.7
Total	4,450	100.0

Source: MCM administrative data (clean sample)

Two-thirds of the individuals who registered for *Get More Skills* left no information on disability type. Among the remaining 1,482 people, almost three-fifths had cognitive or intellectual disability (856 people, or 58%), more than one-quarter had physical disability (425 people, or 29%), and just under one-fifth had psychological or mental health disability (282 people, or 19%). There were 228 people with sensory disability (15%), and among the 88 people who specified some other disability

(6%) were 60 people with ASD (4%). Note that the records of some attendees who were not people with disability indicated a disability type, suggesting that they had a complex relationship to disability, or had completed the registration on behalf of someone else.

Table 79: *Get More Skills* registered individuals by disability type

Type of disability	Tally	%
Cognitive or intellectual	856	57.8
Physical	425	28.7
Psychological or mental health	282	19.0
Sensory (sight–hearing–speech)	228	15.4
Autism spectrum disorder	60	4.0
Other	28	1.9
Total	1,482	100.0
Blank	2,968	

Note: Tallies do not sum to total as people may satisfy multiple criteria.

Source: MCM administrative data (clean sample)

Get More Skills registration records suggest that workshop attendees with disability were indeed overwhelmingly under 65 years of age in 2016, and therefore eligible for the NDIS when it came into operation. There were 545 people with disability whose year of birth was on record, of whom 517 were under 65 years of age (95%). The distribution of ages in the 15–64-years bracket was relatively uniform; there were 22 people under 15 years of age. The records also suggest that many parents of children with disability took other children along to the *Get More Skills* workshop as well: the age distribution of family members peaked in the 45–54-years age bracket but also in the under-14-years age bracket.

Diversity

Get More Skills registration records include 124 people who identified as Aboriginal, Torres Strait Islander or both. This represents 3 per cent of the 4,450 individuals in the clean sample. The proportion of people who identify as Aboriginal and Torres Strait Islander increases to 4 per cent, however, when the sample is limited to those who specified a relationship to disability; only 12 of the 1,542 people who left the relationship to disability field blank also declared whether they were Aboriginal and Torres Strait Islander or not (data not shown).

Among those who identified as Aboriginal and Torres Strait Islander (Table 80) were 60 people with disability (5 of people with disability), 36 family members of a person with disability (3), and 17 support workers and professionals (5%, not shown).

Table 80: *Get More Skills* registered individuals by Aboriginal and Torres Strait Islander status

Relationship to disability	Unique individuals	%
Person with disability		
Not Aboriginal and Torres Strait Islander	564	49.1
Aboriginal and/or Torres Strait Islander	60	5.2
Not specified	524	45.6
TOTAL	1,148	100.0
Family member of a person with disability		
Not Aboriginal and Torres Strait Islander	711	57.5
Aboriginal and/or Torres Strait Islander	36	2.9
Not specified	489	39.6
TOTAL	1,236	100.0

Source: MCM administrative data

These statistics suggest that people who identify as Aboriginal and/or Torres Strait Islander were not under-represented among *Get More Skills* attendees with disability.

Among the 4,450 registered individuals, 218 people spoke a language other than English at home (5%). Data on country of birth suggest however that approximately half of all records were incomplete. Of the 4,450 participants, 2,230 people gave no information about country of birth. The data suggest that people born outside of Australia were under-represented among *Get More Skills* participants, but given the large proportion of non-responses it is not possible to make a conclusive statement. As mentioned, people from non-English speaking backgrounds may have been more likely to submit an incomplete registration record.

Table 81: *Get More Skills* participants by CALD status

Attribute	Tally	%
Language spoken at home		
English/Blank	4,232	95.1
Other	218	4.9
Country of birth		
Australia	1,890	42.5
Other main English speaking country	113	2.5
Non-English speaking country	217	4.9
Blank	2,230	50.1
Total	4,450	

Source: MCM administrative data (clean sample)

Location and remoteness

Table 82: *Get More Skills* participants by ABS remoteness category

Category	Count	%
Major city	2,437	54.8
Inner regional	1,188	26.7
Outer regional	336	7.6
Remote	37	0.8
Blank	452	10.2
Total	4,450	100.0

Source: MCM administrative data, ABS postcode concordance

By 2016, MCM scheduled *Get More Skills* workshops in seven metropolitan and seven regional locations every month. This allowed people from regional and remote areas to access the workshops. A relatively high proportion of participants resided in inner regional (1,188 people, or 27%) or outer regional and remote locations (373 people, or 8%).

My Learning Matters

My Learning Matters registered 872 accounts during its first year online (Table 83). Most of these accounts remained inactive: almost three-quarters of the people who created an account did not complete a single module (632 people or 72%). The following analysis therefore distinguishes between registered individuals and participants who completed at least one module.

Table 83: *My Learning Matters* participants by number of completed modules

Number of completed modules	Count	%
0	632	72.3
1	128	14.7
2	49	5.6
3–5	38	4.4
6–14	21	2.4
16	4	0.5
Total	872	100.0

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

Source: Administrative data

Of the 240 participants who went beyond creating an account, almost three-quarters completed one or two modules (177 people or 74%). The remaining one-quarter of participants completed three or more modules. Four participants completed all 16 modules.

Relationship to disability

My Learning Matters administrative records did not contain data on relationship to disability. According to survey data, approximately three-fifths of participants were people with disability (16 people or 59%), and approximately one-half of participants were family members of a person with disability (12 people or 44%; Table 84). Note however that every one of the small sample of survey respondents who had used *My Learning Matters* had also taken part in another MCM component.

Table 84: My Learning Matters participants by complex relationship to disability

Complex relationship to disability	Count	%
Person with disability	12	44.4
Person with disability and family member	3	11.1
Person with disability and service provider	1	3.7
Family member of a person with disability	6	22.2
Family member and service provider	3	11.1
Service provider	1	3.7
Blank	1	3.7
Total	27	100.0

Source: Survey 3 data

Table 85: My Learning Matters registered individuals by disability type

Disability type	Tally	%
Cognitive or intellectual	332	60.1
Physical	162	29.3
Sensory (sight–hearing–speech)	131	23.7
Psychological or mental health	94	17.0
Other	104	18.8
Total	552	100.0
Blank	320	

Note: Tallies do not sum to total as people may satisfy several criteria.

Source: Administrative data

Disability type did not affect the likelihood of a person completing at least one module (Table 86). Among the 164 participants whose administrative records included data on disability type, approximately three-fifths had cognitive or intellectual disability (96 people or 59%), three-tenths had physical disability (48 people or 29%), one-quarter had sensory disability (40 people or 24%), one-fifth had psychological or mental health disability (32 people or 20%), and one-fifth indicated some other type of disability (33 people or 20%).

Table 86: My Learning Matters participants by disability type

Disability type	Tally	%
Cognitive or intellectual	96	58.5
Physical	48	29.3
Sensory (sight–hearing–speech)	40	24.4
Psychological or mental health	32	19.5
Other	33	20.1
Total	164	100.0
Blank	76	

Note: Tallies do not sum to total as people may satisfy several criteria.

Source: Administrative data

Diversity

The likelihood of a person completing at least one module declined with age. Registered individuals were distributed approximately uniformly across the 15–54-years bracket, whereas almost one-quarter of participants were aged 15–24 years (55 people or 23%; see Table 87 and

Table 88). A similar proportion of participants, however, did not register their year of birth (53 people or 22%).

Registration records did not contain data on gender. Among the 27 survey respondents were nine females and seven males with disability, and seven female and two male participants without disability. The remaining two people without disability preferred not to state their gender.

Table 87: *My Learning Matters* registered individuals by age group

Age group	Count	%
14 years and under	17	1.9
15–24 years	135	15.5
25–34 years	138	15.8
35–44 years	130	14.9
45–54 years	159	18.2
55–64 years	119	13.6
65 years and over	33	3.8
Blank	140	16.1
Total	872	100.0

Note: Age in years in 2016, calculated as 2016 less year of birth.

Source: Administrative data

Table 88: *My Learning Matters* participants by age group

Age group	Count	%
14 years and under	3	1.3
15–24 years	55	22.9
25–34 years	41	17.1
35–44 years	30	12.5
45–54 years	31	12.9
55–64 years	25	10.4
65 years and over	2	0.1
Blank	53	22.1
Total	240	100.0

Note: Age in years in 2016, calculated as 2016 less year of birth.

Source: Administrative data

People who identify as Aboriginal and Torres Strait Islander were not under-represented among registered individuals or participants (see Table 89 and Table 90). Among the 872 registered individuals were 41 people who identified as Aboriginal and Torres Strait Islander (5%); among the 204 participants were 15 people who identified as Aboriginal and Torres Strait Islander (6%). Almost one-quarter of records contained no data on Aboriginal and Torres Strait Islander status (208 people or 24%).

Table 89: My Learning Matters registered individuals by Aboriginal and Torres Strait Islander status

Aboriginal and/or Torres Strait Islander status	Count	%
Aboriginal	29	3.3
Torres Strait Islander	4	0.5
Aboriginal and Torres Strait Islander	8	0.9
Neither Aboriginal nor Torres Strait Islander	623	71.4
Blank	208	23.9
Total	872	100.0

Source: Administrative data

Table 90: My Learning Matters participants by Aboriginal and Torres Strait Islander status

Aboriginal and/or Torres Strait Islander status	Count	%
Aboriginal	10	4.2
Torres Strait Islander	2	0.8
Aboriginal and Torres Strait Islander	3	1.3
Neither Aboriginal nor Torres Strait Islander	175	72.9
Blank	50	20.8
Total	240	100.0

Source: Administrative data

CALD people appeared to be under-represented among *My Learning Matters* participants. Of the 872 people, one-tenth spoke a language other than English at home (86 people or 10%), and five per cent were born either in another main English speaking country or in a non-English speaking country. However, one-tenth of people did not provide information on their country of birth.

Table 91: My Learning Matters participants by CALD status

Attribute	Count	%
Language spoken at home		
English/ Not stated	786	90.1
Other	86	9.9
Country of birth		
Australia	700	80.3
Other main English speaking country	44	5.0
Non-English speaking country	45	5.2
Blank	83	9.5
Total	872	

Note: Other main English speaking countries include New Zealand, United Kingdom, United States, Canada and South Africa.

Source: Administrative data

Table 92: My Learning Matters participants by CALD status

Language other than English spoken at home	Count	%
Yes	3	18.8
No	13	81.3
Total	16	100.0

Source: Administrative data