LA TROBE UNIVERSITY

LIVING WITH DISABILITY RESEARCH CENTRE

Evaluation of My Rights Matter: a program to change understanding, skills and policy about supported decision making.

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Final Evaluation Report – My Rights Matter

Introduction

My Rights Matter (MRM) aimed to promote the rights of people with intellectual disabilities to make their own decisions and support their leadership in awareness raising and changing policies about supported decision making (SDM). MRM was an initiative of the NSW Council on Intellectual Disability (CID) which ran from January 2022 to July 2024. It was funded by philanthropy and had several strands: training, advocacy and organisational, community and policy change. Through its multifaceted activities MRM increased the capacity of people with intellectual disabilities, supporters, community and service providers to understand and participate in SDM and was instrumental in changing attitudes and expectations, practice and laws about SDM. The project also demonstrated good practice for including people with intellectual disabilities in all parts of a project, including taking lead roles in workshop facilitation, advocacy and public speaking.

An interim report, published in March 2023, evaluated the processes and outcomes of MRM over the first 12 months, from its inception to December 2022 ([1]Bigby et al., 2023). That report included recommendations which had been workshopped with CID in December 2022. The recommendations helped to inform the second part of the project. Also, at the end of 2022, a six-month extension was negotiated with the funder to take account of the underspend of funds and longer than anticipated development time of the SDM Framework and training workshops.

This final evaluation report reflects on the last 18 months of the project from January 2023 to July 2024. It 1) identifies the major changes following the interim evaluation report; 2) considers each component of MRM; the workshop series, peer mentoring, advocacy, Grants, Champions and information dissemination; 3) reviews CID's inclusive ways of working in MRM; and 4) reflects on the overall success and learnings from the program for SDM generally and future initiatives by CID.

We do not identify any individuals in this report and use gender neutral language when referring to interviewees. We use the generic job titles of MRM team members to distinguish between project workers, who are people with intellectual disabilities, and those without intellectual disabilities who are either managers or project officers.

[1] Bigby, C., et al., (2023, March) Interim Evaluation of My Rights Matter. Living with Disability Research Centre, La Trobe University.

Methods

The evaluation team from the Living with Disability Research Centre at La Trobe University commenced at the same time as MRM. The team was led by Christine Bigby and included a co-researcher, Kathryn Bartlett, and 3 other researchers, Charity Sims-Jenkins, Julia Duffy and Aaron Jackson. Kathryn was supported by Charity to be a non-participant observer of the decision maker sessions, to interview MRM team members, review the organisation and content of information on the MRM website, and review video, graphic and other outputs from the grant program. Her reflections were recorded by Charity and form part of the data used in the evaluation rather than being considered separately. The action research approach meant there was regular discussion between the MRM leadership team and the evaluators to review and reflect on progress. This report draws primarily on data collected from various sources during the second phase of MRM, the 18 months from January 2023 to July 2024. The data sources were:

- Notes from 6 meetings between the evaluation team and the MRM leadership group.
- Non-participant observations from 2 professionals' workshops.
- Non-participant observations from 1 family workshop.
- Non-participant observations from 2 decision makers' workshops (10 sessions).
- Non-participant observations from 3 peer mentoring group meetings, and a meeting with the MRM peer mentoring working group.
- Interviews with members of the MRM team between January - March 2024.
- Surveys completed before and after the workshop by participants in the professionals and family workshops
- Interviews with 12 participants from the decision makers' workshop series.
- Interviews with 15 participants from the professionals' workshops.
- Interview with one participant from the family workshops.
- Interview with one participant group from the support systems workshop pilot.
- Catalogue and review of 609 MRM documents created during the project.
- Review of minutes and recordings of 7 meetings of the MRM Advisory group.
- Review of the content and organisation of the information on the My Rights Matter Hub.
- Review of applications, project outputs and reports for all the 11 grants.
- Interviews with the 5 round one grant recipients.

1. Changes in early 2023 following the interim evaluation report

Settling on a shared understanding of SDM - finalising the framework

The MRM team had been developing CID's SDM Framework (Framework) during the first 12 months through processes of reviewing the literature, co-designing with team members, feedback from the guidance group and piloting in initial workshops. The interim evaluation report noted the importance of finalising and adopting a consistent Framework to provide a central reference point for MRM training, advocacy and promoting awareness of SDM. The Framework and accompanying principles were finalised by March 2023, together with an Easy Read version. These are reproduced in Figures 1, 2, and 3.

Figure 1. CID's SDM Framework

Figure 2. CID's SDM Principles

Figure 3. CID's SDM Framework and Principles, Easy Read version

From March 2023, the three high quality graphic representations of the Framework shown in Figures 1, 2, and 3 were used across all the components of MRM, bringing consistency and clarity to training, resources and advocacy. In July a video about the Framework narrated by one of the project workers was added to these core resources. Finalising the Framework was

important, at a time when there was no formal definition of SDM embedded in either policy or legislation. Members of the team talked about the significance of finalising the Framework, suggesting it had helped them to have a shared understanding of SDM, crystalise their ideas about SDM, and turn complex ideas into something that was practical and turned into actions by people themselves or supporters. They said for example,

> ...the framework was a really good tool for us to be basing everything on the framework. ...I'm reflecting back on the initial brainstorming meetings we've done. ...we were at a very different stage than what we're doing now (Project officer, Jan. 2024)

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> ...it's still one of the challenges...in supported decision making, about what does it really mean to support someone to make their own decision, or what does making your own decision really mean...it's just been so hard, I think, to strike a balance between these big, lofty ideas about making your own decisions, and then also trying to make it practical....the bit that I think that is the most valuable, is the decision maker statements. They're very clear and concrete. It's my life, I can decide whatever (Project officer, Jan. 2024)

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> So, the framework was very much like an accomplishment...so we can't just put this in bullet points, but we can take this in voices, and it sort of reflects on any person I believe who has an intellectual disability … So, like it's still my decision. I still have the right to do it. I still have this, and I still have like that. And it's just other voices to say it (Project worker, Jan 2024)

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> ...it kind of sets, just like simple steps of how supported decision making can be achieved, and lessons that people can learn from, and particularly allowing just the small decisions be made by whoever it may be...So that's been really good. … I think the more you work on it, the more you sort of learn a lot from others as well. Because, obviously, supported decision making is different for everyone, and when you go back to the framework every time, you always get some good, different responses to it, which is

> great...I feel like the framework is not, again, telling people what to do, but it's saying like - they're sort of like guidelines. (Project worker, Jan. 2024)

The Framework is designed to be relevant both to people with intellectual disabilities in learning about their rights, and in sensitising supporters to people's rights and conveying some practical support strategies. As one team member said, centering the Framework around the perspectives of people with intellectual disabilities helped supporters to connect with ideas about SDM.

> I remember there was a woman there...you could tell she was a bit shocked – I think in a good way – but a bit shocked by this. I don't remember if it was, I can decide, or, I can take risks, one of those ones...it was like, "Oh my child can decide; my child can take risks." It really was a big revelation, I guess, or a bit of friction there, in hopefully a good way. (Project officer, Jan. 2024)

The Framework uses first person, plain language and conveys much of the intent of the 2014 Australian Law Reform Commission Report which framed SDM as - Equal right to make decisions; Support; Will, preference and rights; and Safeguards. The Framework does not address safeguards as explicitly as earlier versions which included the principle 'Everyone must be kept safe from abuse and control.' However, in the final version, under the heading 'Everyone has the right to take risks,' a similar set of actions for supporters was included to those under the earlier heading 'Everyone must be kept safe from abuse and control'.

The last principle of the Framework recognises that not all people with intellectual disabilities have the capacity to use words or concepts to express their preferences and states 'the supporter needs to' ... 'act as a decision representative to uphold rights in some cases when people may require to be fully supported'. This principle is most relevant to people with severe or profound intellectual disabilities, but the meanings of 'representative' and being 'fully supported' are not explained in the accompanying documents, and the focus is primarily on the first person decision maker statements – which reflect people able to speak directly about their choices and decisions. We note however that this principle is embedded in the MRM advocacy work about adopting the language of 'representative' for people who may need a substitute decision maker.

The Framework puts people with intellectual disabilities at the centre of SDM, and its strong focus on the perspectives of people with intellectual disabilities makes it an important

addition to other SDM Frameworks developed from research or for more specific audiences. As this report shows, the Framework proved to be an important component in the success of the training workshops about SDM.

Additional expertise in the team and staff changes

As described in the interim report the MRM team comprised oversight by a senior manager, a project manager, three part time project workers who were people with intellectual disabilities and three project officers working either full or part time. The interim report had identified the need for the skills of an educational designer to support the development of the workshop materials. The team remained stable from January 2023 to May 2024, with the addition of a new part time project officer, casual consultancy from an educational designer and a casual position to design the support system workshop. The team began to lose its stability in the last months of MRM, when the senior manager, a project worker and a project officer left the organisation.

Significantly, during the last 12 months of MRM, CID also experienced a period of uncertainty about future funding and leadership which is likely to have impacted on MRM. There was a change in CEO in October 2023, with the departure of a CEO with significant experience in SDM. There followed a period of instability for CID, as it began to restructure to manage the end of projects, the newly appointed CEO departed after a short period and an interim CEO was appointed.

2. Components of MRM

Training workshops

By the end of 2022, pilot workshops had been run with a small number of professionals and decision makers (people with intellectual disabilities). The high targets for workshop participant numbers drove much of the activity in 2023/24: 160 for decision makers, 130 for professionals, 60 for families and 15 for support systems.

The redesigned content for the various workshop audiences was centred around the finalised Framework and Principles and benefited from the input of a consultant's training expertise. The team grappled with the issues identified in the interim report around standard versus tailored content which was thrown up by the diversity of participants' prior knowledge of SDM. The team opted for a standardised model of generic content and delivery that could be tailored to some extent on the day depending on the audience.

The mode of delivery remained unchanged as either online or face to face as did the principle that all workshops would all be co-presented by a team member with intellectual disability. Table 1 shows the total number of workshops and participants who attended, conducted over the life of the project.

Table 1. Total number of workshops and participants during the life of MRM.

Workshops and participant numbers					
Participant Group	**Period**	**Workshops**	**Attended all sessions**	**Attended at least one session**	**Target attendees**
Decision makers	2023-24	20	133	163	160
	2022	1	1	3	
Families	2023-24	13	40	48	60
Professionals	2023-24	18	184	184	130
	2022	1	4	8	
Support systems	2023-24	1	3	3	15
Totals		**54**	**365**	**409**	**365**

Training workshops - Professionals

As Table 1 shows, from 2023 a total of 18 workshops were offered and attended by 184 professionals. Survey data from workshop participants showed that most worked in disability services (82%, 90/110), and were predominantly managers (52%) or support workers (22%). Other participants included professionals from other sectors, advocates or students.

The following sections are based on various sources of data, including.

- Review of workshop slides and notes
- Attendance by evaluation team members at two online workshops as non-participant observers (May 15, 2023, with 5 participants and June 5, 2023, with 18 participants).
- Interviews with fifteen participants who attended workshops.
- Analysis of participant survey responses - 111 from the pre-workshop survey and 51 from the post-workshop survey. The survey included open ended questions about

their motivation for attending and perceptions of the workshop, the confidence in supporting decision making scale and the Decision Support Questionnaire – Supporter version (DSQ-sup) (Douglas & Bigby, 2016). Each of the 30 items in the DSQ is a statement about the type of decision support the participant provided to a person or persons they had supported. Participants used a four-point scale to indicate to what extent their support aligned with the statement (never or rarely, sometimes, often, usually or always).

Refined content and delivery

The revised professionals' workshops took into account three of the four key recommendations made in the interim report,

- Reduce content and focus on the practical application of SDM principles for supporting individuals and changes to practice within organisations.
- Refine key messages for consistency
- Consider combining two sessions into one longer session.

The workshop aimed to lay the groundwork for understanding SDM principles and provide some tools for professionals to use in their support practices. The revised version had a tighter focus on the practical application of SDM principles and shifted from a lecture-based format, making more use of learner-centred methods including small group exercises geared toward problem solving and understanding decision making processes. The content included exercises to help develop self-awareness and minimise bias, the SDM Framework, a tool for identifying barriers, and the key decision-maker statements. The delivery format was reduced to one six-hour session rather than two three-hour sessions delivered over two non-consecutive days.

The interim report had recommended the team consider greater targeting of the audience, by offering two types of workshops, one for direct supporters and the other for organisational managers, leaders, or clinicians. This proved difficult to implement as it would have implications for marketing, recruitment and selection of participants, and potentially lower participants numbers in each workshop. However, as MRM evolved during the second year, some workshops with a more targeted audience became more viable when organisations approached the team to offer workshops to their direct support workforce.

The content and learning outcomes summarised in Table 2 are compiled from the workshop slides.

Table 2. Summary of content, learning outcomes and reflections on professionals' workshops

Content	Learning outcomes	Reflections
Introduction slides		
Introduction to SDM • Personal action plan - Keep / start worksheet to fill out over the session • History of care for people with intellectual disabilities • Meaning of SDM • Framework and Principles of SDM (overview) • Video by Jo Watson, first 3:47 mins • Meaning of will and preferences • Video by Jo Watson, up to 6:30 mins • Video on support and communication	Introduce SDM principles and practices to your workplace.	In the revised workshop the promotion of an action plan is much stronger. It is raised in the beginning for people to look at, then returned to in module 4 to start filling in. The inclusion of more actionable steps would strengthen this learning outcome. For example, more time could have been allocated to developing and discussing action plans. The videos on communication show that everyone has preferences they can communicate. From this, a person can make decisions with support.
Principles of SDM – 1. Everyone has the right to make decisions • Video and discussion • Case study, Maria wants to keep her own debit card • 20 mins group work on minimising influence	Understand how SDM principles and practices mean everyone has the right to make decisions, and their decisions should be supported and respected.	Not much time is spent on why the person has the right to make decisions, as it is likely all participants already agree, and a short discussion would explore that. The group work helps to solidify the meaning of the right to decide – that it is the person's own decision to make without undue influence.
Principles of SDM – 2. Everyone has the right to take risks • Video and discussion • Duty of care to dignity of risk spectrum • 25 mins group work on working with the decision maker to explore consequences	Identify possible risks and consequences when supporting decision making.	This module was more focused than pilot workshops, with a tighter focus on the continuum of care and risk enablement. Some participants noted a need for a more in-depth exploration of risk and approaches to problem solving beyond routine, simple scenarios where the risks are easily foreseeable. This feedback speaks to the diverse needs and competencies of participants.

Principles of SDM – 3. Everyone has the right to support • Easy Read SDM Framework • 35 min group work on working with the decision maker to identify adjustments they need and want	Understand that decision making capability means that people have access to the supporters and adjustments they want and need.	The content highlighted the necessity of accessible support systems, tailored to individual needs. However, the content could benefit from more practical examples that would help professionals deal with larger, more complex aspects of a situation and its environment. The ability to look at problems from a system perspective is one such competency that would help in the implementation of SDM principles and practices.
	Identify barriers and solutions to barriers in implementing decisions. (this section was modified in the latter versions and identifying barriers was absorbed into the earlier group work session on identifying adjustments, and in this section participants used a reflection tool to consider a range of factors and their influence on the decision: the decision makers' attributes and experiences, relationships, circumstances, consequences and risks).	A few participants in interviews and the survey found the 'identifying barriers tool' useful in helping them identify solutions to barriers in decision making support. Again, participants thought the examples were sometimes overly simple and could have been deepened by considering more substantial and persistent barriers in a variety of settings.
Principles of SDM – 4. Everyone should respect what a person decides • Return to the personal action plan • 10 mins group work on working together to communicate, understand and act on the decision maker's goals and preferences	Apply this knowledge to best support people with disability to make more of their own decisions.	While some participants felt more confident in their role as supporters following attendance, others recommended the development of advanced training modules tailored to people with a deeper understanding of SDM.
Summary and finishing slides		

Participant feedback

The overall feedback was positive from participants interviewed or surveyed. Most found the workshop practical and relevant to their work. One said that the workshop encouraged people to "think beyond the so-called philosophy of person centeredness to actually do something really practical". They valued the interactive nature of the workshop and ability to learn together with colleagues. One remarked that, "…it's so much better than just another webpage". Another highlighted that "it was a good learning opportunity for all of us together to make sure that we had a shared base level of understanding". An overwhelming majority (91%) of the 51 participants who completed the post-workshop survey reported they found the workshop very helpful (65%) or somewhat helpful (26%).

Participant feedback suggested the value of the practice-based activities. One participant noted the significance of analysing case scenarios, saying: "I do like it when people give out case scenarios, where we are asked to unpack and examine that. I think that's really important". Echoing this sentiment, another appreciated the interactive element of the workshop and the reflective discussions, remarking, "there was that element of talking through something and then activities you would do, then you would discuss and sort of say, which one do you think you would do." The value of the training to participants was reflected in the number of participants encouraging their peers to attend future workshops. One said, "We all raved about it and have been trying to spruik it and get other people to attend".

Impact of workshop attendance

The interviews and survey suggested the workshop had an impact on participants' knowledge and practice. One participant said, "I do find since doing it I'm much more mindful in my thought process about working with people". Many talked about feeling more confident in their roles as supporters after attending the workshop. One said, "The CID workshop was more operational about how you actually do that in a day-to-day sense" and another, "I now support some of those teams that do the frontline work, and I feel confident in…how to guide them in supported decision-making".

The data confirmed an increase in confidence in supporting decision making for the 45 participants who completed this question in the survey both before and after attending the workshop. As Figure 4 shows, their average confidence scores increased from 65.67 to 83.09 with the lowest score increasing from 25 to 58. The difference in the mean scores was significant with a p value of <.001 (See Table A1)

Figure 4. Confidence in supporting decision making scores pre and post the workshop for professionals

Participants valued the 'tools' they took away from the workshops, which included graphics of the Framework and Principles, the continuum of care, Easy Read documents, the conversation cards and the identifying barriers tool. Many said they planned to integrate these into their professional practices. One said for example, "Definitely got some tools...Yes, it has been useful" and another, "The handouts and documents were really helpful'. One participant said they had used the identifying barriers tool in supervising staff saying,

> I've sat down with them [staff] and used this tool, we're like, 'let's think about it, let's critically analyse what is going on for this person', and then once we have an idea, we take it to the person and see. It's easier to be broken down into those categories, I think.

The DSQ was completed before and after the workshops by 44 participants, although not all participants completed all items. Significant change ($p < .05$) was demonstrated in the expected direction, i.e.towards adopting a more rights based approach to support, on 6 items and a trend towards change ($p \leq .08$) on a further 4 items. These items are included in Table 3, and data on the complete list of items is in Table A2.

Table 3. Professional Workshops Decision Support Questionaire

Item		Pre-workshop		Post-workshop		
	N.	**Mean**	**S.D.**	**Mean**	**S.D.**	**p value**
5. Check the person wants your support to make the decision?	43	3.60	.728	3.77	.427	.070#
6. Emphasise options that are not risky?	43	2.44	.959	2.05	.844	.010*
9. Rely on what the person wants or prefers?	42	3.05	.825	3.33	.687	.050*
14. Check the person understands what is involved with the decision?	43	3.60	.623	3.77	.427	.070#
15. Think about the decision with respect to the person's life goals?	42	3.48	.671	3.67	.477	.073#
17. Make a decision that feels right to you?	42	1.50	.672	1.21	.415	.002*
22. Work through each of the steps involved in the decision with the person?	43	3.21	.804	3.58	.626	.002*
23. Think about how you might be influencing the decision?	43	2.95	.950	3.30	.939	.038*
26. Shift attention away from the decision to something else that needs to be achieved?	43	1.49	.551	1.33	.606	.070#
30. Help the person act on/proceed with the decision made?	43	3.37	.725	3.63	.489	.040*

*significant change $p < .05$ #trend towards change $p \leq .08$

Reflections

Participants made suggestions in interviews and survey responses for ways the workshop could be improved, and these were complemented by reflections of evaluation team members observing two workshops. Two issues were consistently raised: the need to consider the complexity of SDM in more depth and the potential benefit of a stronger and more active approach to facilitation of the workshops and small group discussions.

Tackling complexity. There was a strong consensus that the workshops were introductory and practical. One participant said, it "would be a great introductory workshop for people who aren't familiar with the concept and another that "it's for somebody who hasn't thought about it. It certainly provides the fundamental critical information". Notably, only 18% (19) of participants had done any form of SDM training before attending the MRM workshop, suggesting pitching the sessions as introductory may have suited the majority.

Despite this, many participants pointed to the tendency for using safer, more straightforward examples that did not fully represent the complexities encountered in practice. One participant said for example, that there are often, "quite safe examples where it's quite clear cut [but] as soon as we get into the real world, it's the muddy examples that are really hard".

Another noted that “the decisions seemed quite easy” suggesting they could be “a little bit more challenging or having a gradient of them” to enhance the learnings. Related to this some participants commented on the limited relevance of some of the illustrative material. One interviewee said for example,

> One of the videos was of a young woman, who I think was recalling when she went into an institutional setting as a child and her… having little choice and control in that context, which is all fair enough, but it might be also the case that many seven-year-olds lack choice and control in their lives and perhaps a more striking example would be of an older person who lacks choice and control as an adult would expect to have. Certainly, her discussion of life in an institutional setting would be helpful for people who weren't familiar with that, but I just wondered if it was the best example in this particular context to alert people to the fact that people with disability as adults are often grouped together and not supported to make choices that the vast majority of adults would take for granted.

Notably, revision of the workshops in 2023 removed much of the background content on the history of disability rights and institutions but this video, depicting an institutional setting, was retained to illustrate more generally illustrate how it felt to have no choice in one’s life (https://www.youtube.com/watch?v=pheZb85hJTI).

Participant comments reflect a desire among some participants for workshop content that went beyond introductory awareness raising of SDM to include “more complex decision-making scenarios” and the different forms of decision-making support people need in different contexts. A quarter of the survey respondents (10) reported that they would like the content to include more depth or complexity in the discussion about SDM. Some wondered if an “experienced practitioner version” of the workshop was necessary “to more specifically grapple with some of the trickier elements” of SDM. Similarly, reflecting on the workshop’s omission of “the more nuanced aspects of supported decision making”, a participant suggested a need for additional modules to address its application in more challenging situations, “that’s a whole different kind of training module around supported decision making when it gets hard”. It was suggested a more advanced module might also include discussing situations when a public guardian or financial trustee steps in or the influence of age on a person’s decision-making autonomy.

Many thought the module on the continuum of care and risk needed a deeper exploration and more "grappling with the nature of risk" and "some gritty material". Some talked about the need for more sustained engagement with the concept of enabling risk and how it related to different professional settings. As one participant said, "They didn't give any sort of concrete examples when it came to that continuum of care" which led to lingering confusion for some participants. As one said,

> You have a duty of care, therefore you're more aligned to complying with the organisation's policies and procedures, which means that if you do that, then you're not really aligned with the person…I mean, the more I look at it now, the more confused I get with it.

Similarly, another participant wanted further training that addressed the nuanced nature of risk assessment and the interplay of personal attributes, available resources, and support systems in decision making processes.

More active facilitation of discussion. More than three-quarters (76%) of the participants who completed the survey reported that it had been very helpful to have the content co-presented by people with intellectual disabilities. Many commented on the value of a co-presenter with lived experience, suggesting it brought a level of authenticity and insight to understanding the challenges people with disabilities face. As one participant reflected, "having a gentleman there with an impairment, and having insight into their point of view was really important."

There was a strong sense from the leadership team and our own observations that the confidence and skill of the lived experienced presenters had grown significantly since the start of MRM. Our observations, the survey and interview data indicated however, that a more active approach to facilitation might have been beneficial at times. This might have enabled learning points to be picked up and developed from audience comments, and differences in understanding among participants to be discussed more robustly in the small groups. For example, rich examples of a family's 'protective' measures associated with cultural beliefs offered by a participant were not used to generate discussion around culture and other barriers to rights. Facilitators play an important role in sessions and need to be adaptable and take opportunities presented by participants' comments to explore issues confronting professionals in implementing SDM.

One interviewee recommended that facilitators should more proactively address the varying knowledge of participants and their perspectives about SDM in breakout sessions to foster more challenging discussions. They said,

> people are coming to the workshop with different knowledge bases… and some of the perspectives that were being put on the table by the people in my group were not super aligned to SDM …I wonder whether in the breakout rooms one of those facilitators could do a little bit of that challenging.

Some interviewees wanted more time in the breakout rooms for discussion, noting, "There were times when I sort of felt like we were very much on the go which is okay, but it might have been nicer to have a little bit more time on certain elements".

Suggestions for future SDM workshops for professionals

- Introduce more complex decision-making scenarios that span a gradient of examples, including situations where decision-making intersects with elements like risk, autonomy, and personal life experiences.
- Address more explicitly the challenges professionals face and offer guidance on how to deal with issues that matter most to those in attendance.
- Explore more deeply the concept of a continuum of care and risk, linking it more strongly to decision support in different professional settings.
- Strengthen the facilitation of discussion in breakout rooms and group feedback to better leverage the insights and concerns of those attending.
- Tailor workshops to audiences with different levels of experience that cater to specific learning goals.

Training workshops - Families

No family workshops had been held when the interim report was completed as the content was still being developed. A pilot workshop was offered in May 2023 and after some refinement the program was offered more widely. Between January 2022 and June 2024, 13 workshops had been offered and 48 family members had attended at least part of a session with 40 attending a full session. Although these workshops were advertised as being open to family members and close supporters, almost all the participants were family members with the majority being parents. Notably, it was more difficult to recruit to these workshops than the professional ones and there appeared to be a somewhat higher rate of people signing up but then failing to attend. There was some indication that the 4 hour length of the workshop

posed a problem for some family members. In response, the team offered workshops split over two sessions and ran them mostly online.

Data about the success and impact of the family workshops were limited as only one participant volunteered for an interview and only 8 completed the survey before and after the workshop. The following sections are based on various sources of data, including.

- Review of workshop slides and notes.
- Attendance by evaluation team members at one online workshop as non-participant observers (March 2024).
- Interviews with one workshop participant and MRM leadership team.
- Analysis of survey responses – 17 before the workshop and 8 both before and after the workshop.

The final version of the family workshop reduced the emphasis on achievements by people with intellectual disabilities (exemplified in the video of Dane preparing to run across the Nullabor) and focussed on developing supportive relationships within families. Interviews with the MRM team indicated the aim was to create a sensitive and positive atmosphere, avoiding any sense of guilt among family members. The workshop was built around the decision maker statements, and more open-ended questions and reflective exercises were used than in the professionals' workshop to ensure the starting point was where families were. For example, one of the MRM team explained,

> [professionals] have a professional commitment already, to do this. … But with family members, ...it's much more about how they feel. ...So, we were like, "Okay, there has to be that personal growth or that felt commitment", and so, the way that we have tried to do that through the workshop is making it much more about meeting them where they're at and exploring – they get themselves there, rather than we tell them, "Here's where you should go", because that helps. … So, you have to pick which part of the Framework is going to provide the structure for the workshop. So, in the professionals' workshop, it's the four principles that structure the workshop. But in the families one, we thought, "No, let's try and make it more practical and more down to earth". So, we picked the decision maker statements: I can decide, it's my life; there's eight of them. (Project officer, Jan. 2024)

The workshop aimed to provide participants with an understanding of SDM and guide them in developing their own vision for best supporting the people in their lives. It began with an ice breaker and an introductory activity to highlight the impact of having a decision made for you. This set the stage for a pair exercise in breakout rooms to discuss personal motivations for attending, which led to a group activity exploring peoples' areas of particular interest in decision-making support. A short video was presented, which illustrated an everyday scenario involving SDM, featuring the relationship between Andrew and his sister. Following this, participants were introduced to the SDM Framework, a description of SDM as a process supporting a person's decision-making capabilities and participants were introduced to the Decision-making statements.

Participant feedback

Feedback was positive from the family member interviewed and those who responded to the survey. All eight participants who completed the post workshop survey reported that it had been very or somewhat helpful. Six reported that co-presentation by a person with lived experience was helpful, commenting that it had, "'provided a necessary perspective" and another that they, "loved hearing the presenter's experience firsthand as well as when they shared reflections of his own mother".

Impact of workshop attendance

The participants were all experienced family members, and their feedback noted its relevance and personal impact on them. They indicated that they appreciated the opportunity to explore ideas and gain insights from others and had gained a deeper understanding of SDM as a process that unfolds over time. They said for example that the most important things they took away were,

> That anyone is able to make decisions if properly supported; that helping to support people to make good decisions takes lots of time, and that it is important to find someone to help with decision making who does not have a vested interest in the outcome.
>
> ***
>
> That it's okay to allow people to take risks when supporting them to make decisions, and that drawing an activity is a great way to talk about people's goals.

Several of the survey respondents reported that they had begun to apply some of what they had learned. One said for example, they were "more conscious when having conversations with their son", and another that they were "looking for people outside the family who do not have a vested interest to help their daughter make decisions". In response to the question about what they would do differently, participants said they intended to listen more, apply value-based decision making, refer to the Framework and steps in practice, be more mindful about allowing risk, be less concerned about the 'right' decision, pass learning on to support workers, and seek additional support.

The low number of participants who responded to the survey made it difficult to draw firm conclusions about changing confidence levels in supporting decision making following the workshop. The confidence of 6 of the 8 respondents increased after the workshop by at least 10 points, with one person's score increasing by 46 points. Two people stayed around the same confidence level, slightly lower. As Figure 5 shows, the mean score for confidence in supporting decision making rose from 58 before to 75 after the workshop. The lowest score rose from 24 before the workshop to 59 after.

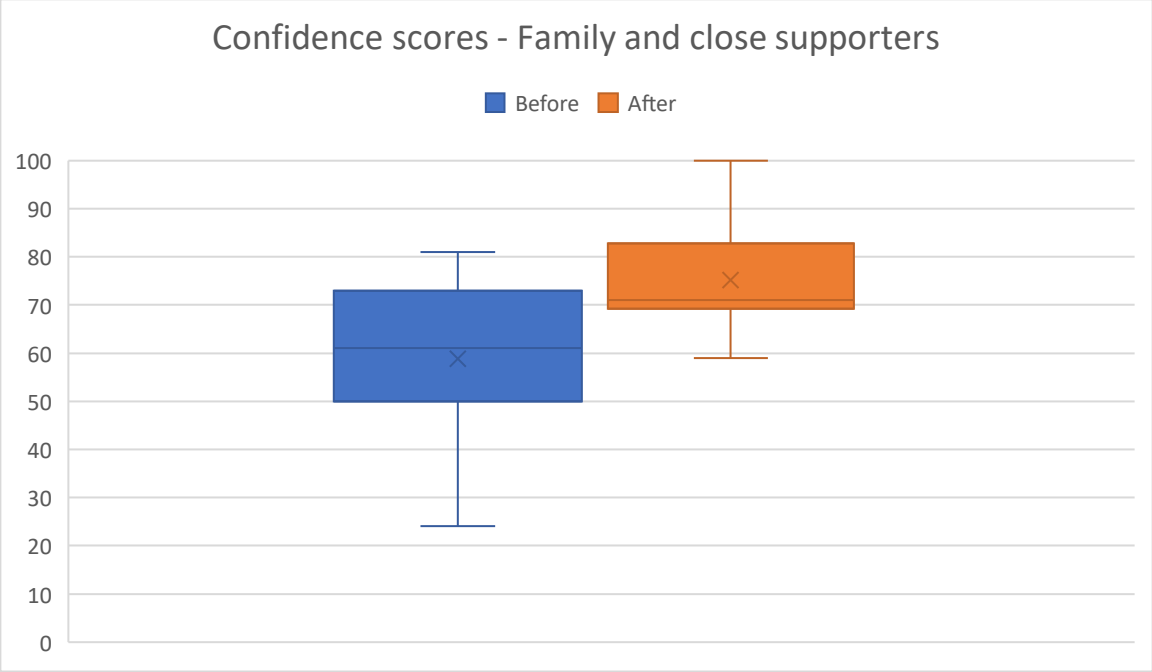

Figure 5. Mean confidence scores before and after the workshop for family participants

Reflections

Participants made suggestions about the need for more resources to assist them in supporting decision making and felt that the workshop would be improved by having more

people in the group, especially people who were at a similar stage of parenting to themselves. Our observation of one session identified issues similar to those raised in the professionals' workshops. First was the need for a stronger and more active approach to facilitation particularly in the small group sessions. The minimal facilitation in the small groups left participants with little guidance on being reflective or unpacking the issues embedded in case examples. This proved difficult as participants came to the workshops with quite different levels of conceptual understanding of SDM and experiences. Stronger facilitation in group activities would help people develop reflective orientations, enabling them to arrive at a clearer assessment of what worked well in the activity and what could be improved.

The second issue we identified was the need to explore further the complex interface of rights-based approaches to decision making and families' different social and cultural contexts. For example, when issues regarding culture and family surfaced, responses tended to focus on raising awareness rather than using these as a springboard to explore how for example, culture, gender and ethnicity, interact to influence an individual's capacity for decision making and the contextual factors that shape these processes. Stronger facilitation would help to ensure a more inclusive and responsive approach to the diverse needs of workshop attendees.

Suggestions for future actions

- Introduce more diverse examples that reflect various life contexts.
- Integrate a broader understanding of the cultural and social factors that influence decision making. Addressing these elements explicitly would help participants understand how these factors shape and impact their support practices.
- Stronger facilitation of activities in breakout rooms to support the varied conceptual orientations and reflective capacities among participants.
- Address low attendance among families by offering more flexible scheduling options and possibly more segmented workshop formats.

Training workshops – Decision Makers

Refined content and delivery

At the time of the interim report only one pilot workshop of six sessions for decision makers had been offered. A detailed analysis had identified issues with the design and content, recruitment and delivery mode of the series. The interim report made the following recommendations.

- Use detailed reflections to review content focussing on skills and actions rather than knowledge.
- Review alignment of stories and video material with content.
- Seek advice about educational design.
- Consider shorter time period for delivering the whole series.
- Revisit and target recruitment strategies.

All of these recommendations were taken into account in redeveloping the workshop. Further pilots, one face to face and two online were offered in early 2023, followed by the full rollout in July 2023. The number of sessions was reduced from 6 to 5, and later also a 3 part version was offered. They continued to be in both online and face to face formats. In total 20 workshops were offered between January 2023 and June 2024, with 163 people attending at least one session and 133 people the five sessions that comprised the full workshop.

There was a consensus from the MRM team that the face to face sessions worked better than the online ones because direct and personal help could be given to participants who needed support with engagement. One of the project workers decided to present only face to face workshops because they felt their contribution there was so much more valuable. One of the other project workers said,

> We find that the ones we do in person are definitely better, because obviously, you can tell whether people are engaged or not, that kind of thing. And they don't have the option to just switch off the camera and just disappear. …I think in-person, you can interact with them, you can kind of see by their movements and their facial expressions. Plus, we kind of have a bit of a chat to them, we kind of figure out where they are in terms of SDM, like how much control they have in their lives as well. Yeah, and working out what to discuss further based on their thoughts. … But it's also getting them to interact with each other as well. Because we pose certain questions, and some of them were really enjoying it, having a good time.

An educational designer guided the redevelopment of the workshop, ensuring it was centred around the Framework and more engaging and practical. One of the MRM team talked about this intensive process,

> So, I worked with [the designer] a bit around splitting it into the what, the why, the how. We wanted it very much focused on the how...to be very

> practical-focused. So, she was good at looking at what we already had in terms of content, and saying, that doesn't need to be there. This could be useful. You need an activity here. And then, I wrote some of the – different people wrote different [parts]– some stuff was already existing. And then we took it back to the team, and the team looked at it from an accessibility, and they were going to be delivering it... And then they refined it as they went through the pilot and the facilitation of the actual delivery of the content... It was a lot for those few months, but I think it was a really worthy exercise to go so much into detail (Manager, Jan. 2024).

Learning outcomes were linked directly to each session and less ambitious about what could be achieved. For example, some of the previous learning outcomes had relied on actions of supporters as well as the participant. In the revised workshop the outcome, 'The learner will know and communicate their will and preference to at least two supporters and have their will and preference acted upon by self and or others' was replaced by 'Understand how having support can help with making decisions' and 'Identify who can support them with their decision goals'. Both would be achievable through learning and understanding within the sessions.

All sessions began with an overview, and an 'are you OK' question linked to wellbeing resources, introductions of trainers, group guidelines on working well together, and (from session 2 onward) a reminder of the previous session and the Easy Read version of the Framework which was referred to as the Making My Own Decisions tool. Most sessions finished with a reminder to think about what had been learned from the Making My Own Decisions tool and a recap of the content. The final session reviewed all previous sessions and encouraged participants to relate them to their own life in terms of the decisions they made and their supporters. A descriptive outline of each session, its learning outcomes and reflections are included in Table 4.

All participants were given a workbook, sent in the mail and/or as a PDF to online participants and in hard copy for face to face participants. The workbook is divided into sections based on the sessions and the activities in each session. The 'Making My Own Decisions tool' appears several times in the workbook in different forms, sometimes highlighting different parts more than others (e.g., the decision maker statements, or the supports). There is space in the workbook for writing or drawing answers.

The team resolved to ensure the content was consistent across each workshop series making only small tweaks following a reflective process after each one. One change was the inclusion, after July, of a video about the Framework narrated by one of the project workers..

The participant recruitment process changed during 2023 from open advertisement on the MRM website to a more targeted process of working through service providers to offer workshops to groups of people they supported. Attendance at all the sessions in a workshop series continued to pose some problems, but the proportion of participants attending all sessions increased to around 80%.

The following sections are based on various sources of data, including.

- Review of workshop slides and notes.
- Attendance at 10 sessions (2 full workshops) as non-participant observers.
- Individual or small group interviews with 10 workshop participants between June 2023 to March 2024.

Reflections and impact

Table 5 summaries the participant feedback about each session. Overall feedback from participants was positive; they were happy they had attended and were willing to recommend the workshops to others. All the participants we interviewed remembered something from the workshop that stood out to them. Most mentioned was the importance of good support, decision maker statements ‘it’s my life’ and ‘I can try,’ and the discussions on knowing your interests and abilities, and on risk. That most participants could recite at least one of the decision maker statements word-for-word or talk about a concept after the workshop demonstrates the impact and that some of the ideas were sticking for them.

It was clear that in speaking about good support or their interests and abilities, participants were connecting the workshop to their own lives. However, no one remembered what the Making My Own Decisions tool was or could recall using it as a tool to support their decision making. Importantly, as indicated above, participants did remember some of the decision maker statements included in the tool. It may be that despite using the term ‘tool,’ the Framework was not given to participants as a one-page document with instructions to use it in their daily lives. Rather, the Framework was embedded throughout the sessions in such a way that participants seemed to remember the parts that were important to them. Another reason that the ‘tool’ may not have stuck with participants may have been the inconsistent use of terms; the workshop sessions referred to the ‘Making My Own Decisions tool’ and on the CID web pages, the same graphic was called the ‘Easy Read Framework’.

Table 5. Summary of Decision Maker workshop sessions

Session description	Learning outcomes	Reflections
1. Everyone has the right to make decisions • Getting to know each other (icebreaker) – what do you want to make decisions about • What makes a decision feel big, small, easy or hard • Getting support to make decisions • The Making My Own Decisions tool • Homework – look out for decisions you make this week.	• Recognise what makes a decision feel big or small • Understand how having support can help with making decisions • Understand how the parts of the Framework support decision making.	The icebreaker is now relevant to decision making – participants asked what decisions they have made recently and what decisions they want to make in the future. Introduction of the Making My Own Decisions tool (the Easy Read Framework) in the second half of the session helpful in building the foundation for future sessions. Centering the workshop around the Framework made it easier for decision makers to remember key things from it. Aligning with session learning outcomes, many participants in interviews referred to importance of good support for making decisions and some contrasted good with bad support.
2. Everyone has the right to take risks • Reminder of the Making My Own Decisions tool • Review of homework • Our right to make decisions - discussed using the decision maker statements • The right to take risks – video on dignity of risk • Talking about good and bad things that might happen • Reducing risks – group discussion on ways to reduce risks • Returning to video about dignity of risk, getting support to do things safely	• Understand our right to make decisions • Understand our right to take risks • Be able to weigh up pros and cons of a specific decision • Understand how to reduce decision making risks	More focused than pilot on importance to decision making of the right to take risks. The discussion on risks remembered by some participants in interviews. The example using a car for risks may not have relevance to all participants. A different example may more clearly show how the concepts being taught can apply to their everyday lives. Note the example was revised in the 2024 workshops. Good link between the discussion on risks and the relevant decision maker statements, reinforcing the Framework as central to the training. Participants recalled the phrase ‘it’s my life’ and other elements of this session when asked what stood out for them.

• Recap of decision maker tool – decision maker statements and the things that can support decision makers (people and things) • Link decision maker statements to risk, statements that relate most to risk - I can try - I can make mistakes - It is my life - I can decide.		It was difficult to tell through the interviews how well participants who recalled the risk elements of the workshop understood how to reduce decision making risks in practice.
3. Everyone has the right to support • Video about SDM • Linking the video to the Making My Own Decisions tool • Describe good and bad support using Len's story as example of bad support • Cards to identify bad support • Examples of who can be supporters, examples of good support actions • Barriers to making decisions • Maria's story – example of a supporter stopping a person making decisions, the link to decision maker statements not upheld and brainstorm to identify barriers and what Maria could do • Recap on the Making My Own Decisions tool – focus on the supports	• No specific learning outcomes for this session. • Relevant outcome from session 1: Understand how having support can help with making decisions.	Excellent linking in this section between the stories used and the Framework and decision maker statements. The story demonstrates how a person may be restricted by a supporter – relatable example with Maria's mother withholding Maria's money because of a bad thing that happened in the past. Link to the framework shows the decision maker statements being breached. The message is reinforced with brainstorming on what the barriers are and what Maria could do about it. No participants referred to Maria's story in the interviews, suggesting it didn't stick so well for them. A few remembered Len's story. It is possible Len's story is more memorable because he is identified as a real person, or it may just be less complicated. As mentioned in the session 1 reflection, several participants mentioned the importance of good support in their feedback for the workshop.
4. Everyone should respect what a person decides • Explaining will and preferences • Activity – 'Who are you?' roles, my skills and things I know a lot about, my hobbies and interests, my gifts and strengths.	• Recognise our will and preference • Get to know ourselves better through the 'who are you?' activity • Understand that people should respect your decisions	The 'getting to know ourselves better' activity stood out for some participants in interviews. When asked about the workshops, these participants began by listing the things they liked to do or were good at, and then confirmed that these were things in their workbooks. A sense of positivity came across from these participants as either happy to be doing those things already and

• Link to the Making My Own Decisions tool, discuss how our will and preferences drive decisions, relevant decision maker statements - I can change my mind, it is my life, I can decide • Discuss how supporters can influence decisions – 'You have the human right to make a decision and for that decision to be respected.'		being supported with that, or hopeful of doing them in the future and also being supported with that. Our co-researcher, as an observer said she found this activity valuable for understanding herself better, which would help her understand what choices to consider when making decisions.
5. Decision goals for my life • Review of the Making My Own Decisions tool – ask participants to identify the different elements • Recap of the previous session topics • Activities – What decisions are people currently making? What do people want to make decisions about in the future? What adjustments do people need to make decisions? Who can support me with decisions (support stars)? What makes good support? • Make a plan to talk to your supporters • Recap on session.	• Unpack what decision goals people may want to set themselves • Identify who can support them with their decision goals.	Some participants spoke about a goal/decision they had identified in the workshops, and several spoke about who gives them 'good support' to make decisions and/or do the things they want to do. Relating personal goals and identifying supports in the final session seemed helpful for people to translate the learning into the real decisions and supports in their lives.

Challenges

Most of the challenges for the decision maker workshops, identified in the interim report, were resolved through the redesign process that ensured content was consistent with the Framework, that it was practical and relevant to people's lives and the intended learning outcomes were feasible. The reduction in the number of sessions from 6 to 5 or 3 appeared to reduce the number of participants who did not attend all the sessions, and recruiting participants through approaching disability support organisations helped to increase participant numbers. However, some issues identified earlier remained, despite attempts at problem solving.

Supporting diversity. Participants were a diverse group of people, coming to the workshop with differing levels of comprehension, expressive language and understanding of SDM. However, the co-presenters had no forewarning of participants' characteristics and could not prepare in advance to cater for differences. For example, one project worker said sometimes they wished people were surveyed about this in advance so the workshop could be better tailored to them. They reflected that this was because some people knew a lot more about decision making then expected or one of the examples such as having a pet might not be relevant to them. They said that "sometimes you'll do a session, and you might think, oh, wait a minute, that didn't really work out because it's …not relevant to them."

These comments were echoed in our notes from observing one session which recorded, "this feels like a difficult group, everyone at different places, different communication styles, what a challenge...some people not getting the message".

Supporting participation. Support for participants in the workshops provided by support workers external to MRM was another recurring issue, difficult to resolve and largely outside the control of the MRM team. Support for workshop participants was not necessarily related to people's support needs. Some participants might be attending with their own support worker, and when this worked well, they were supported to engage with the session and had been assisted to bring their workbooks and go through them. However, one to one support didn't always work well: some supporters knew little about SDM making it difficult for them to support a decision maker with the content, while others answered questions for people instead of encouraging or giving them time to give their own answer. For example, in an online session, our observers noticed workers interrupting, or speaking for participants who

had difficulty speaking and took time to respond. These were people one of the observers felt would have had something to say if given more time.

In contrast, some people were simply dropped off at a session by a support worker, leaving them unsupported, and others came as part of a group with one supporter. Good support was particularly important in the online sessions where there were often technical and audiovisual challenges as well as the difficulties of one-on-one engagement.

The MRM team had various ideas for improving participant support in the workshops, but these were reliant on some degree of advance planning and collaboration with supporters and their employers. For example, training for the supporters prior to a session, preparation of a one page guide for supporters, or including a section on supporters in the group rules for each session. One of the team reflected on the ad hoc nature of support provided to participants in sessions and difficulties of putting these sorts of ideas into practice, saying,

> And I think there are some challenges that you don't know the support people. One is the contact person from that service provider is usually the manager or someone there. So, you do this with them. You talk and you give all the information. But they don't communicate with staff; the support workers that are actually in the workshops. So, these people have no idea, because it's not communicated to them. And I don't have their contact number, so I don't know their names. You just show up and each week there's a different support worker – we don't know about it. And there were other language barriers, people from different backgrounds. So, making everything in Easy Read definitely helped in that sense. (Manager, Jan. 2024)

Suggestion for future actions

- For participants who are likely to need support to participate in the workshop, require service providers to ensure they are accompanied by a staff person or other supporter to assist them in the session.
- Include expectations of supporters, such as to assist people to answer for themselves, in the session rules that are discussed at the start of each workshop.
- Attempt to group together participants with similar support needs and experience of self-advocacy or SDM through gathering some information about participants as part of the recruitment process.
- Offer only in person workshops for decision makers.

Support system workshop

The idea of offering a workshop designed for decision makers and members of their support system was canvassed during the first year of MRM. The idea crystallised when a casual staff member joined the team with the brief to develop this type of workshop. The person employed was an experienced professional, with prior experience of SDM as well as being a parent of a person with intellectual disability. About their skills, they said "I have a deep understanding of everybody's perspective, and I've got a counselling caseworker background and I'm very good at just going with the flow and supporting people through the process."

The support system workshop built on the base SDM training, which all participants were expected to have completed, helping them to solidify their learning around a real situation and decision. Participants were expected come to the workshop with a decision in mind. It was anticipated there may be preparatory meetings with participants to assist them to decide on the decision they wanted to bring and do some initial thinking about it. A support system was conceived as a minimum of one family member or close supporter, a service provider or paid professional, and the decision maker.

The team member explained that the plan was to break the workshop content into two sessions, and for the workshop to follow the supporter statements in the Framework, going through the process of using them. In summary they said,

> ...first, what is the decision, then 'it's my life' and 'I can decide'. Then ask why the decision important to them, who do you need to help you… Then 'listen to me' related to their will and preferences, talk about what is important to them in their life… 'give me the information I need' related to gathering options and 'give me the support I need.' When it gets to risk this is a place to check how their understanding aligns with what they have learned, look at the risks and how they can be minimised. Then we go to working through the barriers and any risks which is led by the statements 'I can try', 'I can make mistakes' and 'I can change my mind'."
>
> Then fill in good things and bad things that might happen in workbook. Go through pros and cons of the decision checking, now that everything has been gone through, they are still wanting to make this decision? and if that changes, then give them that opportunity to change their mind and maybe they want to do something else. Develop a plan for overcoming barriers – they leave with that. Reflection questions at the end of the session - What they need to think about after the training - have all the steps

> been finished? Have you followed the process properly? Has a decision been made? What is change for everyone in the system because of the decision? Also, there is a checklist for the supporter, a one page practical tool. (Project officer, Jan 2024)

Only one support system workshop was run in May 2024. This was due to the challenging logistics of recruiting members of support systems and ensuring they had all done the base training. The decision maker had been one of the grant recipients, using it to make a video for supporters about their communication. They were a person with high support needs who used very little language to communicate. Members of their network were their mother and a close long term supporter.

Participant feedback

An interview conducted with the two supporters gave an indication of the value and impact of the workshop to the decision maker and their support system. They, together with the decision maker, had enjoyed the workshop, the timing of which had been fortuitous as the decision maker was about to transition from school to work. The workshop had provided a structured opportunity for them to unpack various considerations around the transition, something they felt they might not have done otherwise. It provided a supportive environment for them to discuss their immediate and practical concerns and explore how best they can support the decision maker. They felt the workshop had been particularly useful as a reflective exercise. The decision maker's mother appreciated the reminder to include them in decision-making processes, highlighting how easy it was to overlook this in the thick of everyday life. The workshop had reinforced the importance of recognising the decision maker's autonomy and what they really wanted, rather than their mother making all the decisions. It had helped the supporters to recognise how important it was for the decision maker to have more independence and involvement in choices affecting their life. The workshop had helped the decision maker's mother reflect on the balance between autonomy, choice, and risk, encouraging the decision maker to try new things while supporting their preferences. Without the workshop, they said, decisions might have been made more unilaterally, but now the two support system members plan to use a journal to track the decision maker's interests, preferences, and activities. They are communicating more with the decision maker through their iPad.

In highlighting the value of the workshop, the support system members suggested that SDM should be introduced to parents at a much earlier stage than transition from school, rather when children are young, as this would capitalise on their receptivity and better

prepare them for the future before other strategies for achieving goals and values that do not centre on the decision maker can take a foothold.

Reflection

Although based on one workshop and one interview, the very positive nature of the feedback from the participants indicates the value of this type of support system approach to development and use of SDM skills by supporters. We note the investment of resources in the design of this type of workshop which added to the disappointment of the team that only one was offered before the MRM project ceased. We note too, the challenging logistical issues involved in recruiting participants and ensuring preparatory work is undertaken, not least of which is ensuring they have all attended a SDM workshop.

Peer mentoring

A peer mentoring program had been offered by one of the CID programs that had run prior to MRM. It had originally been an informal session run every two weeks in which peers discussed issues around decision making. It had been envisaged that the peer mentoring group would be a good way to support decision makers who became MRM Champions and for project workers to take a leadership role. It was formally included as part of MRM around March 2023 when a project worker began to run the program online for an hour every month. The sessions adopted a conversational style, aiming to facilitate conversation about decision making topics such as, day to day decisions, travel, transport and health. The number of attendees varied from 2 to 5 with little consistency of numbers between sessions.

None of the participants in the peer mentoring sessions were interviewed but several sessions were observed by evaluation team members. The facilitators appeared to have difficulties engaging with a group that did not have a stable membership and where participants had different communication and support needs. Accompanying support for participants was inconsistent and the usual Zoom engagement difficulties including audiovisual technical faults and noise with room/seating arrangements were experienced. The work that facilitators had done on their skills, appeared to have paid off in the peer mentoring group. They moved to less reliance on slides and to asking more open questions relevant to the topic and that encouraged discussion and for participants to give input if they had something helpful to share or to ask questions of the facilitators and group.

Financial constraints meant the peer mentoring program ceased in March 2024. The limited data makes it difficult to draw any conclusions about the impact of the peer mentoring group for participants or its contribution to the overall aims of MRM.

Advocacy

The advocacy component of MRM aligned closely with the broader systematic advocacy work of CID. The clear advocacy aims developed during the first 12 months of MRM were carried over to 2023/24. In summary these were,

- Elevate leadership of systemic advocacy by people with intellectual disability.
- Commitment from NSW Government to progress Guardianship law reform.
- Introduce the concept of 'Decision Making Capability'.
- Introduce a model of SDM based on the 2014 ALRC Report recommendations enhanced by the perspectives of people with lived experience.
- Introduce framing of substitute decision making as 'Representative Decision Making', as a last resort of practice after a SDM approach has been attempted with integrity.
- Assert a shared responsibility for SDM across sectors and communities and a duty to use reasonable adjustments to accommodate people with disability.
- Action by the NSW Department of Education to develop decision making skills in young people with disability and embed SDM into post-school transition processes.

The interim report noted the breadth of MRM's advocacy activities, and particularly the success of promoting leadership by people with intellectual disabilities. It recommended that MRM,

- Prioritise and sharpen the focus of advocacy activities to conserve resources such as by keeping a reflective journal and considering the costs and benefits of activities
- Give more attention to the application of SDM principles to people with more severe cognitive impairments in advocacy messages.
- Develop planned activities around change in the service sector.

Outward facing advocacy activities were, preparation of submissions to government and enquiries, participation in consultations, presentation at conferences or seminars, and writing position statements or articles. Underpinning these activities were meetings with representatives from government, advocacy or service organisations and keeping abreast of developments and debate within the advocacy sector.

The data for the following sections is drawn from the MRM team's reflective journal, interviews with the team and the evaluation team's own knowledge of developments in SDM. Table 6 summarises MRM advocacy activities from 2023 to June 2024 broken into foci: national, state or service systems.

Table 6 Summary overview of advocacy activities 2023/2024

Summary overview of advocacy activities 2023/2024
Overarching broad change
• Submission to Disability Royal Commission (April 2023) • Consultations for the NDIS Review • Conference and seminar presentations; Legalwise Speak Out, ASID, VALID, DSC, National Centre for Disability Advocacy, Monash University Panel on Human Rights and Disability Research, Practice and Policy • Article 'Equal Right to Decide' in Easy English published in Advances in Neuro-Developmental Disorders - Special Issue on Rights of Persons with Disabilities: Current Status and Future Directions. • SBS interview on DRC recommendations • Meetings with representatives from ACT Public Guardian, Public Advocate-Human Rights Commission re Private Guardianship Project
State specific policy
• Participation in 5 formal meetings of NSW government, Guardianship Law Reform working group, filmed a message for the group and gave written feedback on all papers • Participation in Department of Education Disability stakeholder reference group input into strategy development. • Participation in advisory group for Mental Health Coordinating Council about SDM training in psychosocial context and risk messaging • Participation in Consultative forum on Guardianship of the NSW Civil and Administrative Tribunal. • Preparation of position statement calling for NSW government to act on Guardianship Law Reform – endorsed by 60 plus organisations and community leaders • Planned campaign for NSW Decision Making Act • Collaborative work with NSW Trustee and Guardian on Alternatives to Guardianship Toolkit and establishing capability for an SDM pilot • Meetings with government leaders and officials – NSW Attorney General, Department of Communities and Justice, Public Trustee and Guardian • Convening ongoing monthly interagency group of Leaders Advancing SDM • Meetings with PWDA and UNSW about guardianship project. • Article featuring one of the project workers on social media and webpage of Kindred (family support organisation)
Service systems
• Convened CEO leadership group • Consultations with CALD community groups on SDM – including Mandarin speaking and Arabic groups • Meetings with Carers NSW, Dementia • Presentations at Central and Eastern Sydney Primary Health Network, Regional Disability Advocacy Service in Wagga Wagga, seminar for health professionals, Western Sydney Vocational Support Network, NSW Disability Advocacy Conference • Invited to speak at Alliance20 subcommittee on client experience • Contact and promotion of SDM as part grant and training activities

Reflections

It is difficult to identify the impact of any particular advocacy activities, especially as MRM were not alone in advocating for reform and multiple external factors were influencing a groundswell of interest in SDM. Not the least of these were the change of government in NSW and release of reports or policy initiatives with national significance. Importantly, the MRM team contributed submissions or were involved in consultations for the Disability Royal Commission (September 2023), the NDIS Review (December 2023) and the NDIA policy on SDM which all raised the profile of SDM. Notably, evidence from both MRM project workers and the former CID CEO featured in the final report of the Disability Royal Commission. Also, its recommendations aligned to some extent with positions promoted by MRM, around for example recognition of decision-making capability (although the term ability was recommended), and use of a representative model for people who needed to be fully supported.

At the state level MRM advocacy undoubtedly contributed to the incoming government's commitment to establish a working group to consider Guardianship reform. At the time of writing, the outcome from this group is not yet clear, but MRM's contribution is likely to have influenced what appears to be a commitment by the government to law reform at some point in the future. CID, through its systemic advocacy work, will continue to lead calls for Guardianship reform in NSW and at the time of writing is planning to launch a major campaign.

The MRM team's reflective journal captured its challenges of maintaining a strong focus on advocacy in the face of competing priorities, the changing external environment and finite resources. The profile of the MRM work around SDM effectively increased as a growing number of people participated in workshops or were involved in the Grants program. In turn this meant new opportunities to influence developments in SDM arose in the form of invitations to present at seminars, talk at conferences or collaborate around SDM initiatives. This was illustrated in the interview with one of the MRM team, who said,

> …we've had heaps of requests and engagement with people outside of New South Wales, as well as within. And because there's all these smaller projects related to guardianship or related to supported decision-making, there's been opportunities to influence some of those, or to link to our resources. For example, the ACT Public Guardian…they were doing a project on private guardians and developing a module for private guardians.

> And so, then they were reaching out to us, because they wanted to hear what we were doing, shared the Framework, developed a relationship with the policy officer. They really liked how we were framing it from a decision-making, capability point of view…the conversation with the people at Dementia Australia was really good, because then they were looking at the framework from a perspective of what it means for the people they support. … So, it just opened up good talking points. Yeah, so it was sort of like promoting the project but also, you're influencing these ideas around leading with the idea of decision-making capability and that that does mean support and adjustments on the side. (Manager, Jan. 2024)

As Table 6 indicates, MRM participated in a number of advisory groups in 2023/24, and the team began to contribute to policy development in the NSW Department of Education and with the Trustee and Guardian. Resource constraints meant the MRM team were unable to take up some of the opportunities that would have extended their influence at a national level; among these was the invitation to convene the national SDM Community of Practice, and to train advocates through the National Centre for Disability Advocacy.

Grants program

The MRM micro grants program had not commenced when the interim report was written. However, the evaluation team's review of the plans had flagged concern about the resources that might be required to support the grants if they were implemented as foreshadowed.

The priority given to finalising the SDM Framework at the start of 2023 meant the start of the grants program was postponed until April 2023. To assist in the translation to Easy English 'micro' was dropped from the name of the program. The Grants were intended to be between $1,000 - $10,000 and available to individuals or organisations to undertake 6 month projects promoting SDM.

The Grants aimed to extend the reach of MRM by changing attitudes towards SDM or increasing the decision-making capacity of individuals. They aimed to,

- Build expertise to lead change and build capacity in the whole support system.
- Put MRM learnings into practice.
- Enable people with intellectual disabilities to develop SDM skills, exercise choice, voice and control, trial new ways of doing things, share MRM learnings, increase awareness of people's rights to make decisions, change attitudes or model leadership.

- Enable organisations to bring about change at community level by demonstrating knowledge and leadership that embeds SDM practice in communities; increase awareness by putting stories and experiences of people with disability in spotlight; supporting people with disability to share stories, speak up and show leadership.

The Grants were advertised through the MRM website, with broad eligibility criteria (individuals or organisations) that included participation and leadership by people with intellectual disabilities. Decisions were made by a panel of the MRM team including people with lived experience and external people with content expertise. They were based on quality, location and leadership, and guided by the ideal of achieving a mix of individual and organisational applicants from metropolitan and regional locations. All successful applicants would be expected to attend an SDM workshop.

The section below draws on data from,

- MRM documents including grant applications
- Review of the interim and final reports of each grant
- Review of the outputs from grants such as videos and resources
- Interviews with the 5 round 1 grant recipients.

By the end of June 2024 all projects from both rounds had been completed and final reports submitted. The timing of the second round of grants meant it was not feasible for the evaluation team to interview recipients about the outcomes of their projects.

Description of grants

Eleven grants were made (five in round one and six in round two) with a total value of approximately $85,000. Four grants were made to individuals and seven to organisations, eight were metropolitan based and three from regional locations. All successful applicants were given an information pack summarising aims of the grant program, the SDM Frameworks, expectations about acknowledgements of MRM and CID and consent for any material produced to be used in the public domain.

Table 7 summaries the aims, activities outputs and outcomes from each grant project. Most projects aimed to develop and share information about aspects of SDM or rights more generally. Target audiences were specific groups of professionals or people with intellectual disabilities (such as lawyers or women who were pregnant), the community and people with intellectual disabilities in general, or an individual's supporters. The projects used multiple modes of communication: podcasts (1), videos (5), film (1), information booklets (2), in

person workshops (2) and social media (1). Some of the materials produced were high-quality, easily accessible and could be used by professionals and people with intellectual disabilities for advocacy, information and training purposes.

The project reports suggest that they were all were either led or co-designed by people with intellectual disabilities. The photos included in reports and the written accounts suggest considerable engagement in many aspects by people with intellectual disabilities, which were not only enjoyed but also boosted their confidence in decision making. The quality of several projects had clearly benefitted from the involvement of professional film makers or graphic designers.

Table 7. Grant aims, activities, outputs and outcomes

Project name recipient, location amount	**Aim**	**Activities**	**Outputs**	**Outcomes**	**Reflections**
Round 1					
Our Voice, Our Choice Individual Regional $5,000	To share information to peers on important topics and to help people make the right decisions	Creation of podcasts comprising interviews with guest speakers about issues associated with right and decision making	7 podcasts of 80 to 37 minutes. Topics, Risk taking Discrimination Rights at work, Bullying, Healthy living in two parts, Relationships Available onhttps://www.cdah.org.au/2021/09/08/cdahs-youtube/	Recipient learned about making podcasts Dissemination of information about rights	Not directly relevant to SDM Not all material accessible or good quality Could be confused with marketing Recipient did not do SDM training until the videos were completed.
Lawyers and SDM Organisation Metro $8,990	Develop information about SDM for lawyers	Overseen by co-design group, Survey and group consultations with lawyers to identify barriers to SDM and potential solutions	Knowledge about limited understanding of SDM by lawyers and perceived barriers to its use. Fact sheet for lawyers available from https://idrs.org.au/site18/wp-content/uploads/2024/06/IDRS-ARC-Legal-Practitioners-Guide.pdf	Increased awareness of SDM by lawyers New resource for lawyers Generated interest among lawyers	High quality information tailored to specific group, check lists and tips for supporting people with intellectual disabilities in decision making around legal issues. Promoted and accessible on organisation's website.

Project name recipient, location amount	**Aim**	**Activities**	**Outputs**	**Outcomes**	**Reflections**
Communication in My World Individual Regional $3,999	Improve supporters' skills	Workshopped project content with individual and supporters, scripting, music composition, filming.	8-minute film – *These are the sounds I make* Shown at 5 film festivals and recipient's school, won award at Indian International Short Film Festival 2024. Available from https://spaces.hightail.com/receive/YMuwOzPZvX/YW5kcmV3QGlueW91cmZhY2UuY29tLmF1	Dissemination of examples of good practice of using SDM with a person with intellectual disability and little or no speech Illustrated use of CID conversation cards Added digital cards to AAC device Guide for supporters of individual recipient.	High quality and sensitive film about an individual with high support needs. Relevant to a wider audience May be a useful training resource. Focus on the Framework. Well promoted and receiving positive attention, increasing awareness of SDM.
Your pregnancy your choices Organisation Metro, $9,940	Produce SDM resources about having a baby	Three phases of co-design workshops with women with intellectual disability were pregnant or had had a baby, explored experiences, content for resources, and review of resources	Set of five resources. Two-way communication, Care options, Taking medications during pregnancy, Pain relief options, A guide for support people Available on organisation website and for download https://northcottinnovation.com.au/	High quality accessible resources available about a topic where these had been lacking and identified as a high need.	Good co-design using blend midwifery expertise and lived experiences of parents with intellectual disability. Quality accessible resources Variable accessibility Involvement of First Nations mothers

Project name recipient, location amount	**Aim**	**Activities**	**Outputs**	**Outcomes**	**Reflections**
Moving from me to us Organisation Metro $10,000	Adapt SDM Framework for decisions made with or on behalf of groups	Consult with stakeholders, work with 5-person co design group, draw on knowledge from *Inclusive Governance* project, develop and pilot resources for a workshop around group decision making	Illustrates people speaking up as advocates on behalf of other people and as part of group decision making. 2-day workshop offered.	Self-report participants enjoyed the process and Organisation pleased with outcome. No evaluation of the workshop and resources not available on organisations website.	Could be more directly linked to SDM, focus is on speaking up and leadership. Highlights difference between individual and collective decisions, help to support people taking on roles such as board members.
Grants round 2					
Printable Possibilities Organisation Metro $7,144	Showcase use of SDM at work in video about daily decisions and group business decisions made by employees in Printable.	Inclusive project, built on existing practices. Learned to use Go Pros to make videos. Workshopped SDM process, planned videos, selected for roles, completed script, brainstormed and developed photo storyboard in Easy Read.	SDM resources on organisation's website. Videos 2-3 minutes about how employees make decisions with support from staff and each other, and the application of SDM to starting a home business. Easy Read guide for making decisions about designs. Available at https://www.printable.org.au/sdm	Self-report, made their own SDM framework for the business, enjoyed working together to make videos using Go Pros	Innovative illustration of SDM in business setting. Demonstrates enhancing SDM with tools (guide tool for design decisions, flow chart, brainstorming cloud) Illustrates how people have different interests and contribute differently. Shows what can be achieved with SDM (own business, at home) and how (asking the person what they want, what parts they want to do)

Project name recipient, location amount	Aim	Activities	Outputs	Outcomes	Reflections
We're all in this together Individual Regional $5,000	Resources to train support workers in SDM.	Recipient involved in design, scripting, filming of short videos using storytelling, interviews, role play and SDM in action.	Three videos (3-4 mins) illustrating through the experience of the individual recipient, a Circle of support, a PATH Plan and use of CID Decision Making Cards. Complemented by one-page downloadable summary. Available from individual's website https://www.leighcreighton.com/	Accessible resource about components that support decision making. Self-report - comments project increased his confidence in making decisions. Has received positive feedback from people who have watched the videos	High quality short videos, explaining Circles of Support and Path Plans, and illustrating use of Decision Cards with reference to an individual. Recipient describes himself as a motivational speaker, is articulate and charming - tends towards the 'exceptional person' genre.
Limitless Possibilities – A REEL journey to empowerment Organisation Metro $10,000	Create a social media campaign to raise awareness of rights of people with intellectual disabilities to make their own decisions.	10 project workers with intellectual disabilities worked with the organisation and a videographer to plan, participate in two film shoots and produce social media posts (REELS)	REELS posted on Facebook and Instagram March - May 2024. One Facebook post had over 1million views and Instagram 30,000. https://www.facebook.com/meplusmore1	Self-report, 'has contributed to empowering individuals with intellectual disabilities and their supporters in making informed decisions'. Received positive feedback about content. Participants enjoyed the project.	Short clear well-designed messages about rights of people with intellectual disabilities to make decisions and get the support they require or for adaptations to be made. Content is free to view on social media sites and will be available for a long time. No clear link from the organisation's website.

Project name recipient, location amount	**Aim**	**Activities**	**Outputs**	**Outcomes**	**Reflections**
Supporting Diversity Participate Australia, Organisation Metro $10,000	To create video SDM resources about relationships, sexuality and gender identity	Co-designed video content with 16 people with intellectual disabilities using face to face workshops. Filmed with combination of scripts and unstructured conversations. Used experienced film production company.	Three videos, 8-9 minutes, on rights and decision making on topics of SDM and consent, different types of relationships and relationship goals, and gender, identity and providing good support. Available at www.participateaustralia.com.au/shares	Self-report, the videos have had great responses. Example of one person who helped develop scripts, acted and assisted with production who found the process exciting, uplifting and confidence building. Has asked to be included in future projects.	Accessible videos, narrated by people with intellectual disabilities. Prominent on the organisation's website and aligned with their focus. Clear explanation of how they can be used, i.e. they should be paused when viewers want to discuss things. Representation of a good cross-section of cultural identities. Plan to develop a resource guide to complement videos.
Do it with support Individual *Metro* $ 5,000 (estimated)	Illustrate how a person with no speech makes decisions	Short videos, planned and produced by individual's circle of support and a film maker.	5 videos showing use of Facilitated Communication with a person who does not use speech to communicate, and one illustrating person's circle of support.	Self-report benefit individual in showing supporters the process for working with him. 'It is anticipated the videos at the first instance be provided to the services that supports [name of the applicant]. It is also planned to upload the videos on his website'	The videos show Facilitated Communication with no authentication of the authorship of the messages. No scientific evidence that supports the use of Facilitated Communication and it has been likened to stealing a person's voice. Videos should not be promoted by CID.

Project name recipient, location amount	**Aim**	**Activities**	**Outputs**	**Outcomes**	**Reflections**
Making decisions at home Organisation Metro $10,000	Produce training resources to support decision making at home	Co-designed workshop content and co-presented. Topics were issues raised by people involved in previous projects, about decision making at home where there are often competing priorities.	Design of 4 modules of a workshop about making decisions at home when sharing with others. Issues around privacy, safety, noise, smoking, getting on with house mates. Workshop resources including, Dictionary cards, rights cards, photo card prompts, handouts and power points. Two workshops offered.	Self-report, participants gained skills and confidence, and workshop attendees found it useful and enjoyable. No workshop content available on organisation's website.	Good links to earlier project about group decision making. Deals with complex issues often not included in introductory SDM training, particularly about considering rights of others in decision making.

Reflections

Data about usage and impact of the materials produced is limited at the time of writing, although notably one of the REELS posted on social media as part of the campaign to promote people's rights to make decision had had more than a million views.

We note that one of the individual projects (*Do it with support*) made a series of videos, which portrayed the use of Facilitated Communication, and claimed to show the person communicating decisions about their life. Facilitated Communication is a controversial facilitator guided technique, which is not supported by scientific evidence. Indeed, systematic reviews about evidence for its use, and position statements by a number of international bodies in the field of intellectual and developmental disabilities warn against the use of this technique and suggest that it should not be used to support decision making and misrepresents the person's views (see for example, https://www.facilitatedcommunication.org/). The videos produced by this project have been reviewed by two experts in communication who unequivocally indicate they show the use of Facilitated Communication, meaning that there is no certainty that the messages produced using the AAC device are those of the person themselves. Accordingly, we strongly advise against promoting any of the videos produced by this project. The evaluation team drew attention of the MRM team and CID's leadership to these videos. They immediately recognised the broader issues raised by them about promoting Facilitated Communication and indicated CID would use this as a learning opportunity for the organisation.

Our review of the aims and outputs suggests that the projects in round two with one exception were more focussed on SDM than some of those in round one. The round two projects had benefitted from the finalised Framework and all the recipients had participated in CID's SDM training before they embarked on the project. The greater focus in round 2 projects may also be due to the revisions made to the grant application template which was more direct and specific than the earlier one, about the use of SDM in the applicant's organisation and use of the Framework in the project.

Without longitudinal data about use and impact of the resources produced from the Grants it is not possible to estimate the return on investment or contrast this with alternative approaches such as directly commissioning projects. However, the design of the resources produced for specific audiences such as lawyers or women with intellectual disabilities who are pregnant, suggests that by advertising grants, MRM was able to extend its reach into areas where there was limited awareness of SDM. There were also indicators that the Grants acted

as a catalyst for some organisations to think more deeply about the place of SDM in their work.

Champions

By the end of 2022 the Champions component remained in the planning stage, although several individual Champions with lived experience had been recruited at the CID conference in September 2022. The interim report referred to early planning documents setting out the aims of Champions as extending the reach of the training workshops and supporting organisational or community change. Champions were to lead change within their respective organisations or community over a six month period by for example, communicating to spread key messages and raise awareness of SDM, advocating or creating opportunities for systems, cultural, policy and practice change or committing themselves to ongoing knowledge and practice improvement. Target numbers were 10 Champions in organisations; 10 with lived experience of disability in the community; 10 with lived experience as a supporter, and 5 engaged in MRM micro grant activities (i.e. 35 in total) (see Bigby et al., 2023).

The interim report drew attention to the resource intensity of Champions component for the MRM team given anticipated training resources (train the trainer and change management) to be developed and the tailored support that would be required by each Champion.

At the beginning of 2023, the timing of the Champions component was renegotiated with the funder. During 2023, the nature and scope of the program was reconsidered several times as the challenges of recruiting and supporting Champions became more apparent. By October 2023, the target was revised down to two organisations which would Champion SDM through an internal change process. It was decided at this time not to proceed with any individual Champions and those previously recruited were invited to join the Peer Mentoring group.

Leaders of Champion organisations were expected to sign a memorandum of understanding and determine potential areas for change using an Organisation Change reflective tool developed by the MRM team. The team actively tried to engage with three organisations during 2023 to become Champions. It proved to be a long process that eventuated with one organisation signing a memorandum of understanding in October 2023, and the two others declining full involvement as Champions, but arranging for staff and the people they supported to attend training workshops.

The one Champion organisation

The memorandum of understanding committed the organisation to working closely with MRM to identify and progress an area of internal organisational change that reflected the Framework and Principles. In turn MRM would offer support, guidance and training to the organisation on the Framework. The agreement set out that the organisation would:

- Identify one priority change.
- Support employees to follow the Framework and Principles of SDM.
- Build on existing inclusive practices to drive change in the organisation.
- Become better equipped to support people with intellectual disabilities to make choices and exercise control in their lives by making organisational change that reflects the Framework and Principles
- Host an event in mid-2024 to share project work.
- Participate in evaluation with Latrobe.
- Have staff working with CID on the program, specifically: will attend SDM workshop for service providers or the training for decision-making for staff with intellectual disabilities and will attend monthly meetings with CID's MRM team.

Those who completed the self-assessment process on behalf of the organisation rated it highly on scales of 1-5 for each item. For example, culture 4/5, strategy 3/5, leadership and governance ranged from 3/5 to 5/5, polices, processes and procedures, 3/5 for SDM policy, 2/5 for accessible complaints policy, 5/5 for risk policy, workforce 3/5 and resource allocation ranged from 3-5. There was, however, little evidence given for these ratings, raising some questions about the value of this exercise.

The priority focus area was decided as, to 'Enhance participant's voice in processes and decisions of the organisations by bringing these skills to the Participant Advisory Group and Supported Independent Living reference meetings to initiate change'. The process would be led by the Managing Director and supported by the Quality and Intake Manager. Strategies included the establishment of a Participant Advisory Group whose members would undertake SDM decision maker workshops and share their skills with meetings of peers in services. Success would look like, participants feeling empowered to speak up and seek change and be monitored and measured through videos taken during meetings and encounters, notes of progress and interactions taken by the Quality and Intake Manager, and participant satisfaction and feedback. It was anticipated that the project would enhance organisational skills in empowering their participants, in turn increasing their voice in how the organisation

runs and a greater proportion of people with a disability working for the organisation as well as greater engagement between our participants. A video would be developed of meetings and interactions to paint a picture of the impact of the SDM training and companionship amongst participants.

Despite the considerable documentation of the Champion initiative, summarised in the paragraph above, the organisation appeared to have insufficient resources to carry it forward. Despite a lengthy negotiation period, in March 2024 MRM decided not to proceed further with this organisation. At that time none of the staff or members of their Participants Advisory group had participated in SDM workshops which raised doubts about the organisation's capacity to undertake the Champions work they had committed to and also meant they had limited knowledge to carry SDM forward in the organisation. Maintaining regular contact with the organisation proved difficult for MRM staff and although the Participant Advisory group had been formed, it appeared to have taken on the features of a social group.

Reflections

As the interim evaluation report had foreshadowed, the Champions component of MRM was very ambitious; and it neither proceeded as intended nor succeeded in a modified form. It was difficult to gain a commitment from organisations to be Champions and the one that did commit had neither the resources nor knowledge of SDM to carry through the agreed change process. Many factors in the micro and macro domains are likely to have influenced the Champion's lack of success. Disability services were operating in a tumultuous context during 2023/24, as the findings of the Disability Royal Commission and the NDIS review were released, the NDIS Commissions ramped up compliance actions, pricing remained fixed and there were workforce shortages and high turnover levels. This external context put heavy demands on the leadership of organisations, meant many organisations had financial deficits, and little capacity for innovative initiatives or partnering with organisations such as CID. The MRM team members were skilled in SDM practice, advocacy, co- production and increasingly in delivering training but had little experience of working with or within large disability service provider organisations where there are often significant gaps between the intentions of senior leaders and putting these into practice. Reflecting on working with one of the organisations a MRM team member said,

> we're still working through it as we do it, yeah, because we learn as well at the same time about the realities of the service provider and how they do

> things, what their challenges are and how fast things can happen... And also, now we realise that it's impossible to contact them because they are so busy...There is rostering and the service that they have to provide service and especially with holidays and everyone getting sick, it's like. (Manager, Jan. 2024)

Building stronger relationships with senior staff in the Champion organisation to ensure their understanding and engagement in the tasks, may have been a better way of clarifying commitment and purpose, than requiring completion of detailed documentation to set out expectations with time poor organisational staff. There was, for example considerable duplication in the memorandum of understanding which could have been due to a real mismatch or simply poor written expression. Either way potential problems were not identified or fully interrogated at the time the documents were signed.

Connections between the aims of the Grants and Champions components of MRM were identified from the outset but not fully explored as the grants were rolled out. Another way of seeding change may, for example, have been to negotiate with some of the grant recipient organisations to develop internal initiatives around SDM or pursue community campaigns by providing them with additional funding. There may have been a lost opportunity by not supporting the volunteer decision maker Champions, recruited in September 2022, to apply for grants to do their own projects.

Information dissemination (the Hub)

The Hub was the primary means for information dissemination about SDM and the various components of MRM. The May 2022 Marketing and Engagement plan described it as an "online Supported Decision-Making Hub featuring accessible information, resources, and tools to support people with disability and their support networks to bring supported decision-making to their lives". The Hub aimed to include information about SDM for various purposes and in various formats, including videos, SDM resources and tools, links to external initiatives, advertisement, registration or application for MRM program activities and sharing how people can be involved in systemic advocacy activities. At the end of 2022 the interim report had recorded links to four resource documents and six story videos. The evaluation team had found the Hub's location as a page on the CID site made it difficult to navigate as links could take users away from the main Hub page, and that material on the page was not always directly related to SDM. The interim report recommended, MRM team review the

design and navigation for easier return to the Hub Home page and review material to make more explicit connections to SDM.

Information and resources were progressively added to the Hub from January 2023 until the end of MRM in June 2024. As anticipated it was used to disseminate the Framework and accompanying videos, to advertise training workshops and the two rounds of grants, and to share information about grant recipients and their projects.

The web technology used by CID limited any major changes to the page format, but a strong and clear introductory section was included that highlighted the Framework and key aspects of the project. All the other resources were organised in a way that highlighted the most recent additions.

There had been a substantial increase in page views in the last 18 months of the project. Page views rose from a total of 1,896 at the end of December 2022 to a total of 9,610 by June 2024, increasing from an average of 316 to 406 a month.

As Table 8 shows, the video with the most views is Making my own decision's – 984 views. This video was created in the latter half of 2023 and featured on the top section of the Hub site. The second most viewed video 'Talking about why decision making is important' – had 800 views and was created early in 2023, and the third most viewed video was My Life My Choices. In contrast to these three videos, most of the other video material had relatively low numbers of views. This raises questions about the cost / benefit of this type of media, and whether a small number of well designed and produced videos might have been the preferable option.

Table 8. Videos – total views 12 June 2024

Video	Views
NAIDOC Mia Anderson	65
Angus' story	68
Dane born to run	117
Kellie social butterfly	121
Listen to your heart, mind and soul	130
Message to NSW Guardianship law reform working group	156
Andrew making brave decisions	162
Relationships and decision making	187
Right to speak up	457
My Life My Choices	801
Talking about why decision making is important	803
Making my own decisions	1,209

As she had done previously the co-researcher on the evaluation team led the review of the organisation and content of the Hub. Many of the navigation issues remained, given the Hub remained a page of the CID site rather than a stand-alone site. This meant that some links took the user away from the MRM dedicated page making it difficult to return or keep track of where on the CID site resources that a user found were located. It meant that the show cased videos and resources at the top of the MRM page, (such as the Framework and the video about decision making) were not embedded on that page and were thus very small making viewing difficult without leaving the page.

Ordering material on the web page from newest to oldest rather than its relevance also raised issues around accessibility. For example, the three stories at the top of the Hub were the most recent ones, and then if the user clicked 'see all...' they were taken to a page of all SDM related stories sorted by newest date. Some of these are only tangentially relevant to SDM, such as the launch of the National Centre for Excellence in Intellectual Disability Health. The only video that is held in static place at the top of the Hub is the Making my own decisions video, which not surprisingly, is the one that received most views. The other earlier quality videos about SDM, such as 'Right to speak up', and 'Talking about why decision-making is important' are no longer easy to find without a lot of searching.

The date ordering of material reflects the project specific nature of the Hub, that is, it is about the MRM project. This suggests that the original intention of the Hub changed to some degree during the project, from a place where people with intellectual disabilities, families and supporters can learn about SDM and became more like a news page on the latest outputs of the MRM project.

When the project ends, an option may be to rebadge the MRM page as an SDM page, a place for sharing existing SDM resources and posting new ones. This would involve removing the current prominent links to information about workshops or grant applications. Finally, the videos and resources showcased at the top of the page (such as the Framework and the video about decision making) could be made larger and embedded in the page so that they can be viewed in good size without having to leave the page. CID has released a new SDM page and is considering some of these factors, while still facing some of the limitations of it being hosted on the CID site (https://cid.org.au/issues/supported-decision-making/).

3. MRM inclusive ways of working

The interim report highlighted CID's inclusive way of working with people with intellectual disabilities as unique among Disabled Peoples Organisations. It had been referred to by one MRM team member as, 'want[ing] to include everyone and have everyone contribute which takes time' and by the CEO as a 'naturally occurring thing'. The interim report noted however, that CID's way of working was not well defined and recommended that if it were feasible, MRM should document more explicitly inclusive working practices.

This recommendation may have prompted the work undertaken by CID to establish a co-production working group to consult internally with its various teams about their inclusive ways of working. With the support of a co-production consultant, CID has developed a set of principles for co-production practice and a 'Working Together Guide'. The development process and the Guide were presented at the ASID conference in Melbourne in December 2023. This work uses the term 'co-production'. This acknowledges that CID's preferred inclusive way of working includes co-planning, co-design, co-delivery, co-evaluation and leadership from people with lived experience. It recognises however that this is not always the case, and at times only some components of co-production may be included.

The eight principles of co-production set out in the guide are:

- We share power and responsibility with team members with lived experience from the beginning until the end
- We offer the right support that team members with lived experience need to fully participate
- We support everyone to develop leadership skills and take on leadership opportunities in their roles
- We build relationships and trust, so we get a better co-production process and outcome
- We offer many ways for people to take part and express themselves
- We put in the time and use different resources to support everyone to participate. Co-production needs more time than everyday teamwork.
- We offer everyone equal opportunity, time and the right support to voice their experience and opinions.
- We listen without putting our own ideas on others or try to change things to fit with what we want.

Reflection on MRM ways of working

The elements of co-production set out in the Working Together Guide were evident in most of MRM's ways of working. The interviews with team members illustrate the benefits of this. Project workers had both enjoyed working on MRM and felt they had learned a great deal. They reflected on not only their sense of accomplishment in terms of skills and leadership roles but also the significance of trust, relationships and working in teams. They said, for example,

> What things have gone really well? I suppose when I first started the project, I was mainly learning a lot of things, and how to facilitate and everything like that. But now I'm sort of at the point where I'm sort of a leadership role now, which has been really great, being able to run the workshops. Also, our team just works really well. If someone can't make a workshop, someone else will step in and do it for them. That's been really fantastic. (Project worker 1, Jan. 2024)

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> Even if you just feel [things are really hard] and exhausted at the end of the day, you've done something really good. And when a politician as high as the federal one hears you, then you've accomplished something absolutely major. [Project worker 2, Jan 2024]

A team member talked about one project worker's confidence developing during the project, saying that,

> ...we know that they write, they are a writer, so they have lots of interest in that, so we try to create opportunities for them to write articles as well. And now we discovered they just completely flourished speaking at events... they have been with CID for six years...at the beginning they would not even want to come to the office because of the social aspect of it, and now seeing them speak at conferences with so much confidence is just amazing. (Manager, Jan. 2024)

It is also important to note that the reflections of other team members suggested that they too had learned a range of new skills from the MRM inclusive way of working. For example, one manager said,

> ...I did find myself having to do lots of things that I didn't think I will, and I always love to learn new things and develop new content, writing the framework, and going with [project worker] for example, to conferences and doing workshops together, and presenting about co-design and all this – and even that work around co-design for CID that was new to me and I learned a lot of it by doing it. (Manager, Jan. 2024)

We also identified the dynamic nature of CID's inclusive way of working which was not well captured in the Working Together Guide. This was illustrated by adjustments to the way of working as relationships of trust were built, tasks changed, and people's growth of confidence and skills impacted on their support needs. For example, in these two interview excerpts, project workers reflect on how the early very structured way of working evolved and changed over time.

> …we would meet on Monday and Thursday online. And figure out what we were doing. So, we would have our mornings prep, and then we would go through it. And then if we had one [workshop] that day, we would step through it, and hopefully we wouldn't be distracted and go off topic. And delay everyone's coffee break, which would in turn delay everyone's lunch break. (Project worker 2, Jan. 2024)

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> ...now that I'm in a position of sort of running things and doing things, it's definitely changed. I suppose we don't really need to prepare as much because we've done it so much. We've obviously gained a lot of confidence doing it, the more and more you do workshops. Yeah, I think that's the main thing that's changed, is that we're not going too deep into practicing and all that kind of stuff, because most of the stuff we know already. We still prepare, but everyone's been really good. You sort of get used to it, like anything, I guess (Project worker 1, Jan. 2024)

Another team member highlighted that getting to know people; their strengths and preferences, was also a feature of working together. They said for example,

> And the more I got to work with [the project workers], for example, I've realised the ways they prefer to work, and what's more beneficial, what time is better – is it better in a team or individual work? So, I would support

> them differently and give them different tasks to work on and build on their strengths. Yeah. And change things around. So, I think that is also part of co-design, I would say; knowing the people you're working with and making them feel comfortable, and doing things in a way that everyone would work best. (Project officer, Jan. 2024)

Project workers reflected on the advantages of working in an organisation such as CID that invested time and resources in co-production as a matter of course. The first comment draws out the difference between this way of working and the often default position of simply allocating a person a support worker, who may not know the person or be familiar with their tasks. They said,

> We definitely have a voice and choice. I really love the structure of CID, because you're working, but you're still getting the support that you need, and therefore, you don't have to get, like a support worker to come in. There's not a lot of changes you have to make in order for the person to succeed in CID. It's just more about working more on things. … Well, it's kind of like people start off, they might be struggling with using a computer, or they might be struggling with whatever it is. Then down the track, some people go, 'Oh, you don't need us.' But the structure, the way it works, is really great, and I wish all employment places were like this. (Project worker 2, Jan. 2024).

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> ...And CID is very good at making sure we all know our strengths and our weaknesses and how we work together. So, I think we accomplished a lot. (Project worker 2, Jan. 2024)

The resources needed to effectively undertake co-production in the manner so appreciated by the MRM project workers should not be underestimated. Co-production takes times and requires a blend of what might be framed as good support and co-working. For example, project officers and managers invested considerable time in providing good support such as preparatory work like translating documents into plain or Easy English, ensuring project workers fully understood a concept or the content of a briefing, logistical issues around travel plans, practicalities and problem solving. Good support provided the foundations for co-working which involved for example, project officers and mangers working alongside project workers to co-design, develop and deliver workshops or co-present in public forums.

Resource constraints meant that full co-production did not happen across all parts of the project, as demands on people's time increased and some tasks were less suited to including project workers. Project officers said for example,

> In the beginning, when I first started, the first few weeks, we were having meetings about the MRM logo, for example, or how the website should look like...we had more time to be able to discuss these things and make a decision as a group and maybe do more co-design. But that changed in – for example, if we're creating resources or if we're doing a presentation, it looked differently for each thing. … Yeah, the process looked differently. We still had everyone's ideas and everyone's input, but with certain limitations. We didn't get to have all the time to sit down together and work on it for several meetings. … And we're busy with other deliverables, and a lot of things are happening at the same time. So even though we definitely kept the input and tested things, but I don't think any project has the capacity and means to be able to do everything at that pace all together, for every deliverable. (Project officer 1, Jan. 2024)

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> … to do a full co-production process on all of the things that we've done would have required much more time... I think that we've done co-production on some of the things, and particularly the really important things, but I think there are other bits, like, the grants. It's like, we just have to do it; it just has to be done. And there's so many bits of paperwork, and we can't… And I think in an ideal world, you'd have 10 project workers and more staff and all that kind of thing, to do it more fully and more slowly. (Project officer 2, Jan. 2024).

In a context of finite resources, the challenge for MRM was one of prioritisation; judging which parts of the project were likely to benefit most from full co-production and thus strongly influenced by a lived experience perspective. There was no sense of this explicitly occurring, as the data suggests a gradual shift from full co-production of all parts to a more partial approach driven primarily by the pressure of time and resources as the project progressed.

Related to the question of prioritising resources is getting the right balance, implied by *co-production*, between the input of different parties such as – people with and without intellectual disabilities – consumers and producers – content experts and lived experience

experts. One of the managers reflected, that from their perspective, a balance hadn't been achieved at the program's outset. Too little attention had been given to expertise about SDM as the starting point for settling on the Framework which would guide the design of workshops and other parts of MRM. Reflecting on what they might have done differently, the manager said,

> I would have pushed harder for evidence-based starting point around supportive decision making. Yeah. So [that] we had the framework from the beginning ...let's go from that, right, that's evidence-based, it's there. But when you don't have anything and you just feel you need to make things up, and of course, I've read articles, I haven't done researches for the decision making, yeah, of course there are consultants here and there, but you can always just quote them, but you need to have the language, the evidence, absolutely everything so you build your own knowledge first before you go and you're telling other people, so I would – yes, that's what I would have done. Because if that was done at the beginning, and that was the focus of the first thing to be done when – after recruitment or whatever, we would have saved so much time. (Manager, Jan. 2024)

The engagement of an educational designer to consult with the team on workshop design (discussed earlier) was an example of a better balance between expert knowledge and lived experience as part of co-production in the second part of the project. As discussed earlier, the redesign of the workshops certainly benefited from the better balance and more evidence informed approach to adult learning.

The feedback from the Professionals and Families workshops also raised an issue about whether the right balance had been struck in designing co-delivery of the workshops. Reflections from some team members pointed to the growing facilitation skills of the project workers but could also be interpreted as suggesting that the *co* aspect of delivering workshops was simply to provide technical support. One said for example,

> [project worker] has grown so much and they are facilitating now the decision-making workshop by themselves, they just need someone there to put the PowerPoint on and do all that kind of stuff, which they probably can do that as well (Manager, Jan. 2024)

In contrast the feedback suggested a better balance was needed in the delivery of workshops between a presenter with lived experience knowledge and one with a different

kind of expertise. On one hand, a majority of participants valued co-delivery by a person with lived experience. On the other hand, they wanted more discussion of the complexity of SDM and use of the 'teaching moments' offered by participant comments, to explore issues of diversity in more depth – this required someone with content, practice and facilitation expertise.

We suggest the MRM team might have given more attention to the blend of expertise required for the different co-produced tasks, rather than seeing their own roles largely as providing support for people to do tasks as independently as possible. Nevertheless, there is a fine line between co-production (a joint enterprise bringing together different types of expertise which requires good support for people with intellectual disabilities to participate), and leadership by people with intellectual disabilities (where the person leads and is supported to do). For example, the role of the project workers in the workshops was co-production whilst in the peer mentoring sessions was more akin to leadership. Distinguishing between co-production and leadership by people with intellectual disabilities and identifying which is required and when, or identifying for any project what would be the best arrangement of the contributions of people with intellectual disabilities, supporters and people with expert knowledge will continue to pose challenges to organisations like CID.

In summary MRM provided an opportunity to gain insights into ways of inclusive working and for CID to begin the process of analysing its approach to co-production. We have identified some aspects of co-production that were not included in the Working Together Guide or the CID Principles of co-production that it may be useful for CID to consider in future projects. These are:

- the dynamic nature of co-production through a project as tasks, skills and confidence change
- the importance of knowing people's skills and ways of working
- the need to give attention to the blend of lived expertise and other expertise needed for co-produced tasks.
- the need to distinguish between co-production and leadership by people with intellectual disabilities.

4. Summary and learnings from MRM

As earlier sections have illustrated, MRM had an impact on awareness about SDM across the community. It improved the skills of professionals and families in supporting people with decision making and increased the knowledge of people with intellectual disabilities about

SDM and their right to support. The training workshops reached over 400 people across NSW. By June 2024 the MRM team could not meet the demand for training from disability support provider organisations. This is a testament to its quality and suggests there remains strong demand for training about SDM in NSW and other states and territories that CID should consider how they might meet.

The statistically significant shift towards greater rights based support among professionals who attended the workshops provides strong evidence of the impact of the MRM SDM training. The workshops contributed much knowledge for future SDM initiatives, highlighting what works well as well as issues needing to be resolved. They demonstrated the value of having a consistent and clear Framework for SDM at the centre of learning, a carefully designed adult learning approach and the need to apply theory to practice through robust discussion and exemplar case studies. The professionals' and families' workshops illustrated the value of co-facilitation by people with lived experience while at the same time highlighting the need for active co-facilitation by people with other types of practice, content and facilitation expertise. This type of partnership of lived experience and other knowledge is likely to be more successful in tackling the complexity beneath the surface of rights and SDM that confronts professionals in their practice and families in their everyday lives. The MRM workshops also uncovered the many layers of learning about SDM practice that will be necessary in the future for some professionals and families. There is a clear demand for advanced practice workshops that unpack further the tensions implicit in SDM between rights to autonomy and safety, and the application of SDM in statutory settings.

The decision maker workshops demonstrated the value of learning from peers and the peer mentoring sessions the leadership roles that people with intellectual disabilities can take in teaching others about their rights and SDM. The workshops showed the value of face to face learning for people with intellectual disabilities compared with online modes. The workshops clearly illustrated the varying understanding of people with intellectual disabilities about their rights and their enjoyment of learning. They also raised issues, that remain unresolved, about the uncertain and uneven skills among support workers in supporting participation in learning environments. Clarifying the role of external support workers in decision maker workshops, cementing the expectations of their employers about this and equipping support workers with the skills they need should be addressed by CID as part of future training initiatives for people with intellectual disabilities.

The concept of training for a person's support system was only tested once by MRM. It was well received by participants who saw it as valuable in reminding them about supporting the person to participate in decision making and how easily this can get pushed to one side. The time and logistics involved in organising the workshop, however, raises some questions about the cost/benefits and feasibility of continuing this type of training. The members of the support system who participated seem rather atypical of people engaged with CID, and included a highly resourceful and involved parent of a young women who did not use words to communicate who was also an MRM grant recipient. One can only imagine the challenges of organising similar workshops for people with support systems that only comprise paid workers and which are not held together by a pivotal family member. Yet it is likely to be this latter type of support system that would benefit most from such a workshop. Finding cost effective ways of supporting relationships for people with intellectual disabilities and implementing workshops with support systems that lack strong family support is a future challenge for CID.

The MRM advocacy about SDM meshed well with CID's ongoing systemic advocacy program. Undoubtedly, MRM contributed to the groundswell of interest nationally about SDM and reform of the NSW guardianship system. The wide range of advocacy activities, particularly public speaking, showcased participation and leadership by people with intellectual disabilities, and attracted interest from across Australia as MRM gained a reputation as a lead program in promoting SDM. As with the workshops, by the last six months of MRM, the team was unable to meet the increasing demand; the number of invitations to be involved in further SDM advocacy and developmental initiatives were unmanageable. The ongoing need for advocacy around SDM is evident, as inevitably the focus changes from legal and policy to the effective resourcing and implementation of these.

The quality of outputs from the MRM Grants was mixed, and the longer-term impact difficult to judge. However, some high quality new resources around specific groups or issues associated with SDM have been developed and those people participating in the grant projects indicated increased self-confidence. Importantly some organisations and individuals are more actively engaged with SDM as a result of these grants, which generated in effect a collection of SDM Champions. The Grants harvested good ideas about promoting SDM and its practice, which were unlikely to have come to fruition otherwise. Nevertheless, they involved considerable risks and administration, making the costs and benefits difficult to weigh up. On this note, the grant project that resulted in videos about Facilitated

Communication – a very questionable practice – being circulated to the disability sector bearing MRM and the CID logo poses reputational and other risks. Realisation about the contested nature of the practice in these videos was a learning moment for CID and sends a warning note that any future grants must find ways of vetting the use of CID's logo and the quality of material produced with dispersed funds.

Champions was the least successful component of MRM. As discussed, this was due in part to the wider context in which disability services were operating which left them little time for collaboration or innovation of the type envisaged. The tasks involved in the Champions work of negotiating and working across multiple layers of a large organisation may also have required skills and experience which were beyond that of the MRM team and too intangible and complex to acquire in the short time available. It was a difficult decision to halt work with the one Champion organisation which did sign up after such a lengthy period of negotiation but in our view the right call. Making this decision earlier and pivoting to using the Grants as a springboard for Champions may have been an alternative and more fruitful approach to engaging with organisations and individuals to seed change.

The resources about SDM collected and promoted through the MRM hub have been moved to a new SDM page on the CID website. This should mean the Framework, Principles and the Easy Read version together with the videos and other resource remain accessible. These resources, particularly the Framework are an important legacy of MRM and should continue to be at the centre of CID's future advocacy and training work on SDM.

MRM created employment for three people with intellectual disabilities and modelled inclusive ways of working. This was an important achievement, and the experience has been a catalyst for CID and the evaluation team to gain further insights into inclusive ways of working and the components of co-production. It has highlighted that co-production is more than providing support for employees with intellectual disabilities to work on specific tasks. Co-production is resource and time intensive and resource constrained projects such as MRM must prioritise the aspects that will benefit most from being fully co-produced, with lived experience input at every turn. Co-production and its various parts, co-design, co-facilitation, co-delivery, co-evaluation, all require lived experience to be blended with other types of expertise from the outset. However, this was something that CID did not fully recognise until well into the project. We also suggest that what co-production looks like changes over time as people's skills improve, trust and relationships develop in the team and members get to know each other's skills and ways of working. We can only recommend that CID continue to

critically reflect on their inclusive ways of working and document their practice so that others can learn from it.

MRM built up considerable training, reputational, knowledge, and leadership capital around SDM. By its end MRM had established the foundation for a national, co-produced training program for supporters, families, and people with intellectual disabilities in SDM. It had also developed a platform for raising awareness across all the different communities, organisations and institutions that will need to embrace SDM if it is to be embedded in the everyday experiences of people with intellectual disabilities. However, it was unfortunate that there was no opportunity to fully realise the investment in the MRM program through the continuation and scaling up of MRM nationally, as was originally envisaged. This means there is a danger that MRM will become another casualty of short-term project funding where the return on investment is not fully realised. Optimistically, the social capital built by MRM may be put to good use by CID in its two new ILC projects closely associated with SDM and the learnings from this project used more widely as supported decision making is embedded in service systems across Australia.

5. Appendix A

Table A 1 Table 3. Professional Workshops Decision Support Questionaire

Question		Pre-workshop		Post-workshop		
	N.	Mean	S.D.	Mean	S.D.	p value
01. Rely on what you think is best for the person?	44	1.86	.795	1.82	.843	.728
02. Consult other people who know the person in different situations?	42	3.26	.767	3.10	.692	.164
03. Rely on your intuition/gut level feelings about what is best?	43	1.65	.650	1.56	.700	.323
04. Seek professional advice?	42	2.93	.894	3.10	.759	.213
05. Check the person wants your support to make the decision?	43	3.60	.728	3.77	.427	.070#
06. Emphasise options that are not risky?	43	2.44	.959	2.05	.844	.010*
07. Let the person try out several options to inform the decision?	43	3.05	.975	3.21	.804	.291
08. Avoid making the decision with the person by doing something else?	42	1.52	.740	1.29	.636	.133
09. Rely on what the person wants or prefers?	42	3.05	.825	3.33	.687	.050
10. Make the decision with the person on the spur of the moment?	43	1.60	.623	1.63	.578	.812
11. Focus on easy options?	43	1.53	.592	1.47	.631	.538
12. Rely on your past experiences with the person?	43	2.35	.783	2.19	.699	.267
13. Weigh up the advantages and disadvantages of options with the person?	43	3.37	.874	3.56	.548	.186
14. Check the person understands what is involved with the decision?	43	3.60	.623	3.77	.427	.070#
15. Think about the decision with respect to the persons life goals	42	3.48	.671	3.67	.477	.073#
16. Choose for the person based on your knowledge of the person?	42	1.60	.734	1.57	.859	.855
17. Make a decision that feels right to you?	42	1.50	.672	1.21	.415	.002*
18. Consider the consequences of the outcome of the decision with the person?	42	3.55	.670	3.62	.582	.570
19. Point out a range of options for the person?	42	3.55	.705	3.67	.526	.256
20. Explore new experiences with the person that are relevant to the decision?	42	3.33	.754	3.40	.665	.584
21. Take the option the person will resist least?	42	1.64	.692	1.52	.671	.376

22. Work through each of the steps involved in the decision with the person?	43	3.21	.804	3.58	.626	.002*
23. Think about how you might be influencing the decision?	43	2.95	.950	3.30	.939	.038
24. Consider the significance of the decision for the person?	43	3.49	.668	3.60	.583	.229
25. Review similar situations that you know the person has experienced?	43	3.21	.709	3.05	.653	.227
26. Shift attention away from the decision to something else that needs to be achieved?	43	1.49	.551	1.33	.606	.070#
27. Wait and see what happens with time?	42	1.79	.750	1.74	.587	.675
28. Focus on a small part of the decision rather than the whole decision?	43	2.16	.574	2.33	.747	.227
29. Stop the person from making a decision you consider is dangerous?	43	2.02	.886	1.98	1.012	.767
30. Help the person act on/proceed with the decision made?	43	3.37	.725	3.63	.489	.040*

*significant change $p < .05$ #trend towards change $p \leq .08$