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Centre for Program Evaluation & Melbourne Disability Institute

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Evaluation of Raise Our Voices – Disability Self-Advocacy for CALD Communities

Prepared for Ethnic Communities’ Council of Victoria by the Centre for Program Evaluation -

29 August 2022

ACKNOW Thanks Anthea. At this stage I’ll provide you my feedback by email because honestly I’m fully booked with meetings and commitments for the next 10 days.

In regard to this project it has been an interesting journey on one hand with providing self advocacy skills development and human rights awareness during a pandemic and lockdown for two years, in a time where participants were looking forward to stay connected online but not everyone was actually able to achieve it.

Main barriers to online connection were lack of equipment and knowledge on how to use this technology.

On the other hand, we struggle a lot to start support groups in regional areas and some metro areas because we didn’t have connections with the local communities and service providers in those areas.

Participants who attended the groups were very pleased of their involvement and learning but everyone lamented that more time is needed to develop the confidence to speak up and develop skills to know and apply their rights in an everyday setting.

There’s no doubt that my suggestion for the future is that a project of this magnitude does require more funding, resources and time to be carefully implemented for the long term benefit of the participants. Funding needs to have a timeframe of 3 to 5 years instead of the current 18 months. Funding timeframe should be linked to the goals of the project rather than bureaucracy.

If you require any further clarification or have any questions please let me know.

Regards,

Christian Astourian

LEDGEMENT OF TRADITIONAL OWNERS

The University of Melbourne acknowledges the Aboriginal and Torres Strait Islander traditional owners of the unceded land on which we work and learn. We pay respect to the Elders, past and present, and the plac ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

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Acknowledgments

The Melbourne Disability Institute and the Centre for Program Evaluation at The University of Melbourne would like to acknowledge the assistance given to the researchers in this evaluation by the staff, the participants, and facilitators associated with the Ethnic Communities’ Council of Victoria (ECCV).

We also thank the members of the CPE team for your support and contribution during the evaluation.

The Centre for Program Evaluation

Lauren Piko

Julia Hall

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# Context

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**The University of Melbourne**

The University of Melbourne has over 160-years of history of leadership in research, innovation, teaching and learning. It is the highest-ranked research university in Australia. Our researchers are at the forefront of international scholarship in a diverse range of fields.

**Melbourne Disability Institute**

The Melbourne Disability Institute (MDI) is an interdisciplinary research institute that was established by the University of Melbourne in 2018 to build a collaborative, interdisciplinary and translational research program to improve the lives of people with disability. Ultimately, the MDI research program aims to capitalise on national reforms and active partnerships with the disability sector to deliver evidence for transformation. The MDI research program is centred around providing much-needed evidence for the disability sector and broader community to address the complex problems facing people with disability, their families and carers.

**Centre for Program Evaluation**

The Centre for Program Evaluation (CPE) undertakes evaluations and research projects for government departments, non-government organisations and community-based agencies across a wide range of policy and program areas but particularly in the areas of education, health, the arts, social wellbeing and the community. Staff members are skilled in the use of widely known, as well as current, emerging and innovative evaluation theory, techniques, and practice, all of which aim to enhance client and stakeholder collaboration and increase the utilisation of evaluation findings.

**Community Based Research Scheme**

This project was conducted and funded through the Melbourne Disability Institute Community-Based Research scheme. The scheme is designed to build the evidence in the disability sector, by linking community organisations to researchers at The University of Melbourne. Projects funded through the scheme include small-medium projects suggested by community-based organisations that build social capital and improve lives of people with disability, their families or carers. The community-based research scheme is intended to support research and evaluation of innovative ideas that build social capital; to share good practice; and to replicate or scale up ideas.

Table of Contents

[Context 2](#_Toc112870421)

[Plain Language Summary 7](#_Toc112870422)

[Report Structure 9](#_Toc112870423)

[1. Introduction 9](#_Toc112870424)

[1.1. The Evaluation of the Raise our Voices Program 10](#_Toc112870425)

[2. Literature Review 11](#_Toc112870426)

[2.1. Introduction 11](#_Toc112870427)

[2.2. Background 12](#_Toc112870428)

[2.3. Modality of Peer Support Groups 13](#_Toc112870429)

[2.4. Benefits of Peer Support Groups 14](#_Toc112870430)

[2.5. Challenges of Peer Support Groups 15](#_Toc112870431)

[2.6. Factors underpinning sustainability of Peer Support Programs 16](#_Toc112870432)

[2.7. Discussion 17](#_Toc112870433)

[2.8. Limitations of This Literature Review 19](#_Toc112870434)

[2.9. Summary 19](#_Toc112870435)

[3. Methodology 20](#_Toc112870436)

[3.1. Evaluation Design 20](#_Toc112870437)

[3.2. Evaluation Methods 20](#_Toc112870438)

[4. Results and Discussion 23](#_Toc112870439)

[4.1. Analysis of Survey Data 23](#_Toc112870440)

[4.2. Analysis of the focus group and interview data 28](#_Toc112870441)

[4.3. Summary of Key Findings 33](#_Toc112870442)

[5. Conclusion 38](#_Toc112870443)

[5.1. Limitations 38](#_Toc112870444)

[5.2. Future Directions for the program 38](#_Toc112870445)

[6. Recommendations 39](#_Toc112870446)

[7. References 40](#_Toc112870447)

[8. Appendices 42](#_Toc112870448)

[8.1. Program Logic Model 42](#_Toc112870449)

[8.2. Literature Review Methodology 43](#_Toc112870450)

[8.3. Survey Questions 49](#_Toc112870451)

[Peer support group participants – First survey 49](#_Toc112870452)

[Peer support group participants – Second survey 50](#_Toc112870453)

[Peer facilitators – First survey 52](#_Toc112870454)

[Peer facilitators – Second survey 53](#_Toc112870455)

[8.4 Interview Questions 55](#_Toc112870456)

List of Tables

[Table 1. Evaluation Participants- Survey Responses 21](#_Toc112870457)

[Table 2. Evaluation Participants – Focus Groups/Individual Interviews 22](#_Toc112870458)

[Table 3. Summary of Key Findings 33](#_Toc112870459)

[Table 4. Characteristics of reviewed articles. 47](file:///S%3A%5CCPE%5CPublic%5CPROJECTS%5CMDI_Community-Based%20Research%20Scheme%20%28CBRS%29%5C2021%20MDI%20CBRS%20Projects%5C2021_ECCV_Raise%20Our%20Voices%5C7.%20Reporting%5CECCV%20ROV%20final%20evaluation%20report%20final%2029%20August%2022.docx#_Toc112870460)

List of Figures

[Figure 1. Methodology Overview 21](#_Toc112870461)

[Figure 2. Participant feedback on online peer support sessions. 24](#_Toc112870462)

[Figure 3. Participant feedback on peer support group experience. 25](#_Toc112870463)

[Figure 4. Participant feedback on the impact of the peer support groups. 26](#_Toc112870464)

[Figure 5. Program logic model 42](#_Toc112870465)

[Figure 6. PRISMA flow diagram 46](#_Toc112870466)

List of Abbreviations

|  |  |
| --- | --- |
| Abbreviation | Full text |
| CALD | Culturally and Linguistically Diverse |
| CoP | Communities of Practice |
| COVID-19 | Coronavirus Disease 2019 |
| CPE | Centre for Program Evaluation |
| DSS | The Commonwealth Department of Social Services  |
| ECCV | Ethnic Communities Council of Victoria |
| ID | Intellectual Disability |
| ILC | Information, Linkages and Capacity Building  |
| MDI | Melbourne Disability Institute |
| NDIS | National Disability Insurance Scheme |
| ROV | Raise Our Voices |

# Plain Language Summary

**The Evaluation**

The Ethnic Communities Council of Victoria (ECCV) was a successful recipient of the MDI Community Based Research Program Grants and were partnered with the Centre for Program Evaluation (CPE) to evaluate the project ‘Raise Our Voices - Disability Self-advocacy for Culturally and Linguistically Diverse (CALD) communities”. The aim of the project is to help people with disability develop the skills to advocate for their rights, access information about disability services, and improve their ability to make their own choices. We evaluated one of the activities included in this project: the peer support groups. We evaluated how well the project was running, whether people with disability thought it was helpful, and if there are aspects of the project that ECCV can improve. This evaluation was funded by a Community Based Research Scheme through the

Melbourne Disability Institute. The aim of the Community Based Research Scheme is to help community organisations conduct research or evaluation of programs that are making a difference in the lives of people with disability and their families/carers.

**What we did**

To evaluate the project, we talked to the people with disability who participated in the peer support groups, and also asked them to complete questionnaires about the project. They told us about:

* What they thought about the project
* Whether they thought the project had helped them
* What could be improved so more people can participate

**What we found**

The COVID pandemic affected the running of the peer groups

The participants told us that it was difficult to meet online and using the online technology to meet was not always easy. Some participants told us that they could not meet as much as they would have liked, and others preferred to wait until they could meet in person.

Participants improved their skills to advocate for their rights

Participants felt understood by the group facilitators. It was an opportunity for them to meet others who had similar life experiences. They told us that, after participating in the groups, they felt more confident in their ability to speak up for their rights.

**Recommendations**

There are a few things that ECCV can do so the Raise our Voices project continues to reach and support more people:

* Get more funding so the groups can meet for a longer period of time.
* Increase the number of organisations who can come and talk to participants about their services and how to access them.
* Organise sessions to support participants who want to find a job or study.

# Report Structure

This report presents the findings and recommendations of the evaluation of the “Raise our Voices (ROV)” project conducted by the Centre for Program Evaluation (CPE). The document is structured as follows:

**Section 1 Introduction** provides a background to the program, the purpose of the evaluation and the key evaluation questions.

**Section 2 Literature Review** provides a Literature Review entitled “A Scoping Review of Peer Support Studies for People with Disabilities from Culturally and Linguistically Diverse Backgrounds: Exploring Modality, Impact and Factors of Sustainability”.

**Section 3 Methodology** presents the rationale and design of the evaluation, the sampling, data collection, and analytical methods.

**Section 4 Results and Discussion provides a discussion of** key findings in relation to the evaluation questions.

**Section 5 Conclusion** is an overview of key findings.

**Section 6 Recommendations** provides an overview of recommendations based on the analysis and discussion of key findings.

1. Introduction

The Commonwealth Department of Social Services (DSS) funded the Ethnic Communities Council of Victoria (ECCV) to deliver the National Disability Insurance Scheme (NDIS) Information, Linkages and Capacity Building (ILC) project “Raise Our Voices – Disability Self-advocacy for Culturally and Linguistically Diverse (CALD) communities”.

The project aimed to improve understanding of the disability service system for CALD Victorians with disability. It focused on building consumer voice, awareness of support pathways and ensure that disability services and the NDIS continue to respond to, and include the needs of CALD consumers with disability, their families, carers, and communities.

The Project Objectives were as follows:

Reduce systemic barriers for people with disability of CALD backgrounds by:

1. Delivering information forums, self-advocacy awareness training workshops;

2. Establishing CALD peer-led support groups;

The Melbourne Disability Institute (MDI) , through its community based research scheme, contracted the Centre for Program Evaluation (CPE) at The University of Melbourne to conduct an evaluation of the Raise our Voices (ROV) program in May 2021. The evaluation examined the impact of the program on a number of stakeholders who are involved in the ROV project. ECCV will use the outcomes of this project to identify potential areas for improvement and refine subsequent iterations of the program.

* 1. The Evaluation of the Raise our Voices Program
		1. Purpose of the Evaluation

The evaluation for this project was funded by both the ECCV and the MDI. The evaluation focused on the implementation, effectiveness, and impact of one of the components of the Raise Our Voices project: the peer-led groups led by people with disability from CALD backgrounds. This evaluation will examine both the process (how peer-led groups are implemented and established) and the impact (initial outcomes) of the peer-led groups on peer facilitators and people with disability participating in the groups. The evaluation also examined the sustainability of the current model and provides recommendations for further improvement and development of the program. Findings from this evaluation will allow ECCV to identify potential areas for improvement and refine subsequent iterations of the program.

The peer-led groups were in the metropolitan areas of Melbourne as well as in regional areas of Victoria. There was variability in the number of times each group met, and the number of sessions held varied between the groups.

* + 1. Key Evaluation Questions

The following evaluation questions guided initial data collection and analysis:

* How has the program (peer-led groups) been implemented? (implementation)
* What factors support effective implementation of the program and establishment/maintenance of the groups?
* How are peer-led groups functioning? (e.g. group composition, meeting frequency, mode of delivery, discussion topics and activities)
* How are Communities of Practice (CoP) functioning? To what extent are they effective in supporting peer facilitators? Are they effective in supporting peer facilitators?
* What is the impact of the peer-led groups? (impact)
* Is the program achieving its intended outcomes? (i.e. improve participants’ confidence and perceptions of self, self-advocacy, awareness, knowledge and ability to navigate disability support systems)
* What are the experiences of people with disability participating in the peer-led groups?
* Are there any unintended outcomes?
* How can the program be sustainable? (sustainability)
* What actions can be taken to sustain the impact of the program beyond its short-term life?
* What areas of improvement can be used to refine and potentially scale up the program?
	+ 1. Program Theory

The evaluation is underpinned by a program logic model or outcome model (Appendix 8.1), which outlines what the program will do and how it will do it. It is a visual representation of the underlying program theory, depicting the sequence of steps by which the intended outcomes will be achieved (Owen, 2006). A program logic model is developed by collecting data from stakeholders about their vision for the project, their inputs, activities and perceived outcomes, and the factors that enable or act as barriers to the program. A thorough understanding of program aims, objectives, inputs, processes, outputs, and outcomes are essential to enable the evaluation team to effectively measure and describe the progress of an initiative, as well as make recommendations to support its ongoing development.

To prepare the program logic model, CPE conducted a program logic workshop with staff from the ROV program in May 2021.

1. Literature Review
	1. Introduction

This literature review focuses on identifying and analysing literature that covers processes (how peer-led groups are implemented and established) and impacts (initial outcomes) of peer support groups on peer facilitators and participants. The Literature Review was written by Shin Tanabe, Capstone Student from the Masters of Evaluation program at The University of Melbourne.

* 1. Background

Providing a full range of welfare services tailored to individual circumstances and reducing their costs is a priority for many countries. In the case of Australia, the government has been engaged in very ambitious efforts since 2013, when it registered the National Disability Insurance Scheme (NDIS). The NDIS aims to support the independence and social and economic participation of people with disabilities by providing them with high-quality support services and enabling them to make their own choices and have agency in pursuing their own goals and receiving support (The Australian Government, 2013). The NDIS is an effort to reduce overall welfare costs by allowing each welfare recipient to grasp their situation, select necessary services and secure their autonomy.

Although the NDIS was rolled out in 2018, a considerable number of people with disabilities have struggled to submit applications and take advantage of the scheme. This is especially the case for those from culturally and linguistically diverse (CALD) backgrounds.[[1]](#footnote-2) As of June 2019, although it was predicted that 20% of people with a NDIS plan were from CALD communities, only 8.4% came from CALD communities (Fang et al., 2021; Mortimer & McMahon, 2018; National Disability Insurance Agency, 2022; St Guillaume et al., 2021; Zhou, 2016).

Among the NDIS program’s deficits is the categorisation of potential users as a homogenous group and its lack of attention to the diversity of users and their various needs (Henderson & Kendall, 2011; Senaratna et al., 2018). There is little consideration of the challenges faced by individuals with disabilities from CALD backgrounds who do not speak English, who practice different cultural norms and who are not equipped to access Australian health care. Thus, critics have asserted the importance of implementing customised support to help them access mainstream services (Henderson & Kendall, 2011; Heneker et al., 2017).

From these perspectives, peer support programs have gained attention, as they can play a complementary role in providing formal disability support (Fang et al., 2022). Researchers have argued that peer support helps people with disabilities from CALD backgrounds to get to know others who face similar challenges, to share knowledge and experience to manage and promote personal well-being and to facilitate their understanding of the NDIS program and other disability support services in Australia (Senaratna et al., 2018).

Unfortunately, few studies have, to date, assessed the implementation and impact of peer support programs for people with disabilities from CALD backgrounds (Ayoub, et al., 2018; Fang et al., 2022; Faulkner & Kalathil, 2012). Thus, this literature review aims to fill this knowledge gap by conducting a scoping review of peer support programs that target these populations. It attempts to capture the implementation approaches used by peer support programs for people with disabilities from CALD communities in Australia, the United States and the United Kingdom, their benefits and challenges, some good practices to sustain these peer support programs and key evaluation criteria for assessing programs. The literature review shows that peer support has a wide range of positive impacts on people with disabilities from CALD communities but needs to bridge cultural differences and allocate enough financial and human resources to ensure these populations’ engagement in peer support programs.

*Peer and Peer Support*

Before moving on to the main topic, the working definitions are provided. A ‘peer’ is considered here to be someone who experienced mental distress not only due to a certain disability or symptom but also someone who experienced similar identity challenges (Billsborough et al., 2017; Faulkner & Kalathil, 2012). Because people with disabilities from CALD backgrounds face their disabilities and cultural differences concurrently, it is important to consider their peers as those who are able to empathise with these dual challenges. In this context, peer support can be defined as a process by which individuals offer and receive emotional, affirmative, practical and informational support based on mutual respect and shared experiences (Mead et al., 2001; Treagea & Brown, 2013).

For the full literature review methodology, please see Section 8.2.

* 1. Modality of Peer Support Groups

Articles reported that organisations and groups offer a wide range of peer support programs tailored to the needs of their target audiences. Reports indicated that the majority of organisations or groups organised regular group meetings, while several organisations offered other peer support programs (e.g., one-on-one sessions, drop-in sessions and online group chats) where participants had the option of joining and leaving at any time (Billsborough et al., 2017; Block et al., 2018; Fang et al., 2022; Faulkner & Kalathil, 2012; Liamputtong et al., 2015). Some of them created peer support groups that catered to a specific gender or ethnic group (Billsborough et al., 2017; Block et al., 2018; Eftimovska-Tashkovska et al., 2016; Fang et al., 2022). Some peer support groups were structured and offered sessions on health care, storytelling, cooking and physical activities (Block et al., 2018). Some organisations hired paid peer workers who coordinated events and reached out to participants, while others relied on volunteers who shared their personal experiences (Ayoub et al., 2018; Faulkner & Kalathil, 2012).

* 1. Benefits of Peer Support Groups

The reviewed articles stated that peer support programs have the following benefits: they allow the formation of friendships, improve self-esteem, and increase access to local social welfare information.

Almost all the reviewed articles claimed that friendship formation is the key benefit of peer support groups. For example, one study that evaluated the impact of a peer support program for refugees with mental illness in the United States stated that over 94.9% of participants (*n* = 78) were able to form friendships (Block et al., 2018). In other studies, peer support groups allowed participants to meet people in different disability phases (Ayoub et al., 2018) or to meet peers who speak their languages or pay respect to one’s cultural background (Billsborough et al., 2017). One article indicated that peer support groups play a critical role for young people with disabilities, as their social network is often limited to their family members, and they face challenges forming friendships with people of the same or similar age (Fang et al., 2022).

The articles also demonstrated that peer support has a positive effect in improving one’s self-esteem. They reported that participants who joined peer support groups could conceptualise their emotional stress, obtain new insights and feel empowered, which improved their sense of confidence, empowerment, and motivation (Billsborough et al., 2017; Eftimovska-Tashkovska et al., 2016; Faulkner & Kalathil, 2012; Liamputtong et al., 2015). One study that analysed the impact of peer support programs in Australia also reported that the program helped participants be more confident in speaking about their disabilities (89.3%; *n* = 112) and in making their own choices (92.3%; *n* = 98) (Ayoub et al., 2018).

Lastly, studies revealed that access to someone else’s lived experience and local social welfare information was another benefit of joining a peer support group. As participants could gain practical knowledge directly from peers who experienced similar life challenges associated with disabilities (or mental health) and cross-cultural issues, they considered the peer support program to be a critical information source (Billsborough et al., 2017; Faulkner & Kalathil, 2012; Meltzer et al., 2018). Studies of Australian peer support, in particular, revealed that by joining the group, participants gradually understood the NDIS and the forms of disability support offered in Australia, considered its impact on their own situations and engaged in help-seeking behaviours, such as contacting the National Disability Insurance Agency and other information source (Ayoub et al., 2018; Fang et al., 2022; Liamputtong et al., 2015).

* 1. Challenges of Peer Support Groups

In terms of the challenges associated with peer support programs for people with disabilities from CALD backgrounds, articles indicated the following key four challenges: 1) setting appropriate boundaries with other participants, 2) ensuring participants engage in activities without the presence of their family members, 3) capacity development of peer facilitators and 4) contextualising concepts and information related to peer support to address the needs of different cultural backgrounds.

The articles indicated that participants often had different comfort levels in sharing their personal experiences and ideas. Thus, they sometimes felt uncomfortable when asked to share their personal experiences with those whom they had just met (Meltzer et al., 2018). A study found that the number of participants in a multicultural peer support group shrank over time, as fewer and fewer people felt comfortable sharing their personal experiences and disclosing contact information, and as a result, could not establish rapport (Fang et al., 2022). It was also reported that participants would not engage in discussions when some people presented their fixed ideas of what works or does not work for them and were not open to different views (Faulkner & Kalathil, 2012).

Some studies noted challenges associated with the participation of family members in peer support groups. While people with disabilities were often unable to participate in peer support meetings without their family members (Ayoub et al., 2018), they often felt uncomfortable expressing their experiences and opinions in front of those who had lived a different life than them (Meltzer et al., 2018). One study also presented a case in which a family member sometimes took over the conversation, even though a young peer facilitator with autism wanted to facilitate the discussion (Fang et al., 2022).

The reviewed articles also highlighted issues associated with the capacity development of peer facilitators. Often, peer facilitators received little or even no compensation for their efforts and did not have appropriate management support and supervision (Faulkner & Kalathil, 2012). There was often a time lag between training and facilitation and a lack of time to reflect on the experience (Meltzer et al., 2018). The lack of training sessions related to diversity and equality issues also made it difficult for peer facilitators to offer inclusive peer support activities (Billsborough et al., 2017; Fang et al., 2022; Faulkner & Kalathil, 2012; Meltzer et al., 2018).

Lastly, contextualising concepts and information related to peer support to address the needs of different cultural backgrounds has been raised as a critical challenge. The studies stated that it takes time to get participants to understand the idea of ‘peer support’, which is uncommon among their home cultures (Ayoub et al., 2018), and translate or contextualise information for participants so that they can smoothly apply for and receive social welfare grants (Fang et al., 2022; Meltzer et al., 2018). Due to time and manpower constraints, local non-profit organisations have struggled to find fundamental solutions to ensure these programs are more accessible to people with disabilities from CALD backgrounds (Meltzer et al., 2018).

* 1. Factors underpinning sustainability of Peer Support Programs

With regard to sustaining peer support programs, studies identified the following as important: offering participants opportunities to influence and act upon agendas and decisions, retaining a variety of peer support programs, providing organisational support for peer facilitators, and providing translation services.

Being led by users is a critical element of peer support groups, with several studies highlighting the importance of involving participants in planning and implementing regular meetings and other activities (Fang et al., 2022; Faulkner & Kalathil, 2012; Meltzer et al., 2018). As participants in peer support groups often feel frustrated by traditional medical support, which often erodes their sense of autonomy, studies highlighted the importance of fostering an organisational ethos that allows these groups to remain independent of traditional mental health services to increase participants’ sense of motivation and ownership (Billsborough et al., 2017; Faulkner & Kalathil, 2012).

Retaining a variety of peer support programs, such as small group activities and one-on-one sessions, newsletters and online chats, is also considered a good practice to foster interactions among participants and enhance the impact of peer support programs (Block et al., 2018; Fang et al., 2022; Faulkner & Kalathil, 2012). One article reported that the combination of peer support meetings and informal one-on-one telephone conversations among peers contributed to alleviating participants’ loneliness and further improving their well-being (Liamputtong et al., 2015).

Providing organisational support for peer facilitators is also considered a critical element in sustaining peer support programs. This includes acknowledging and mentoring those peer facilitators (Faulkner & Kalathil, 2012), co-developing strategies to engage people with disabilities and to foster the understanding of the NDIS (Ayoub et al., 2018), providing capacity development opportunities for current and future peer facilitators and facilitating inter-agency collaboration to mobilise resources for disability peer support (Fang et al., 2022; Faulkner & Kalathil, 2012).

Lastly, the importance of providing translation services was also highlighted by several studies. Making an effort to translate the concept of ‘peer support’ is critical to promoting a shared understanding of peer support (Ayoub et al., 2018). Translation services also allow participants access to local health information to manage their health better and make better health care decisions, especially for those whose mother tongue is not English (Eftimovska-Tashkovska et al., 2016; Fang et al., 2022).

* 1. Discussion

This literature review aimed to identify key benefits and challenges of peer support programs for people with disabilities from CALD backgrounds, and to articulate key elements underpinning sustainability of peer support programs. Through a scoping review, eight articles discussing peer support programs for people with disabilities or mental issues from CALD backgrounds were identified. This review examined studies conducted in the United States, the United Kingdom and Australia, as well as studies that employed qualitative, quantitative or mixed methods techniques.

This review found that peer support activities differed significantly between programs. While many programs offered face-to-face regular meetings, considerable differences were found in the frequency of meetings, their content, the demographics of participants, session structure, and the availability of networking opportunities outside of meetings. Some of them catered to a specific gender, ethnicity and language. Interestingly, there seemed to be no standard structure or activity applied across the majority of peer support groups.

In terms of the key benefits of peer support programs, this review identified the following areas: friendship formation, self-esteem improvements and increased access to local social welfare information. As some prior literature has shown, many participants tend to be isolated from society due to the challenges associated to disability and cultural differences. Thus, networking with peers (especially with people who share similarities in culture and life experiences) functions as the very first step towards their social integration (Delman et al., 2014; Yeung et al., 2015). Through equal, ongoing dialogue with peers, participants gradually come to talk about themselves and their own experiences, which leads to advocacy of their individual challenges and/or those related to people with disabilities (Treagea & Brown, 2013; Wehbe et al., 2019). Furthermore, ongoing dialogue allows participants to come to trust others and gain quality information related to local and social welfare resources (Faulkner & Kalathil, 2012; Meltzer et al., 2018). This is particularly important in the context of social welfare support, such as the NDIS, which encourages people with disabilities to advocate for their needs and to live autonomously (Mortimer & McMahon, 2018).

Concerning key challenges associated with peer support programs, the studies included in this review pointed to the following issues: setting appropriate boundaries with other participants, ensuring participants engage in activities without the presence of their family members, capacity development of peer facilitators, and contextualising information related to peer support to address the needs of different cultural backgrounds. As Heneker et al. (2017) noted, there are cultural and systematic barriers (e.g., belief systems in participants’ home culture, stigmas attached to disability and language barriers) that make people with disabilities reluctant to actively engage with others outside the family. Sometimes, the presence of family members at peer support meetings also interferes with participants’ engagement, as family members might present their cultures differently from the way those with disabilities would (Ayoub et al., 2018; Fang et al., 2022). Thus, time and effort are often required to get people to understand the concept of peer support and to help them feel comfortable taking part in peer support activities (Meltzer et al., 2018). Therefore, the cultural responsiveness of supporters has become an issue in considerations of the best ways to support people with disabilities (Billsborough et al., 2017; Fang et al., 2021; Fauk et al., 2021), and peer support is no exception. Peer facilitators must also be trained to help participants feel comfortable participating in peer group activities, keeping in mind the different cultures, customs, and language barriers at play (Faulkner & Kalathil, 2012). However, the financial and human resources required to support such activities are often limited, making it difficult for organisations to sustain qualified peer support programs (Henderson & Kendall, 2011; Meltzer et al., 2018; Wehbe et al., 2019).

Researchers have suggested that the following strategies might be effective in ensuring the sustainability of peer support programs: offering a variety of peer support programs, encouraging participants to influence and act upon agendas and decisions, providing organisational support for peer facilitators, and providing translation services.Currently, a variety of peer support programs are being developed for different groups of participants; even the activities carried out by a single organisation are diverse. Respecting participant diversity and allowing them to choose what activities they want to engage in can have lasting effects on those involved. For example, respecting diversity can foster capacity building among participants and allow them to build rapport with their peers outside of group meetings (Fang et al., 2022; Liamputtong et al., 2015). Some studies also highlighted that these group activities encourage participants to gradually become involved in the community (Ayoub et al., 2018). Thus, it can be said that peer support groups serve as ‘self-support organisations’ and promote the social integration of participants. However, to encourage participants’ autonomy, support organisations may need to provide the necessary support to participants, including training, mentorship, and translation arrangements. Some leading organisations are making an effort in this area by leveraging existing activities, training peer facilitators and engaging in joint research and evaluation with participants (Ayoub et al., 2018; Fang et al., 2021). These efforts may strengthen the autonomy of individual participants and lead to stronger organisations.

* 1. Limitations of This Literature Review

Peer support programs for people with disabilities with CALD backgrounds are still new initiatives, and the literature on these programs is quite limited. This literature review thus referred to evaluation reports and reports published by various supporting organisations, in addition to peer-reviewed academic reports. While they reflect the real voices and experiences of the participants, many of these reports employed limited survey and interview data. In addition, due to the lack of disability specific articles, this review also included papers on peer support programs for people from CALD backgrounds who have mental illnesses (including refugees). Although depression and anxiety disorders are predicted to be leading causes of disability (Eftimovska-Tashkovska et al., 2016), and there are certain commonalities between people with disabilities and people with mental illness, there are certain limitations to the analysis in distilling and generalising the benefits and challenges of respective peer support groups and the key elements that can sustain those groups. Finally, not all of the literature articulated the benefits, challenges, and good practices for sustaining peer support. Therefore, the review had to focus on a limited number of studies, especially in relation to challenges associated with peer support programs.

* 1. Summary

This scoping review provides critical information concerning the modality, impact, and factors underpinning sustainability of peer support programs for people with disabilities from CALD backgrounds. There were differences in the configuration of the groups, activities, languages used, and whether additional activities were conducted outside of meetings. Peer support offers a number of benefits, including the opportunity to build friendships, improve self-esteem and increase access to health information and services. In contrast, it can be difficult for participants to disclose information in front of others (especially in front of family members), and it can be difficult to communicate the benefits of peer support to people from different cultures. Therefore, to develop better peer support programs, it is necessary to offer programs in a variety of forms, create an environment where participants can be involved proactively, and ensure the programs are adequately resourced. Since a limited number of studies and evaluations have assessed the effectiveness of peer support groups for people with disabilities from CALD backgrounds, further research is required to identify the key impacts and factors underpinning sustainability to ensure that these initiatives become mainstream and support the integration of CALD communities into the NDIS and other public welfare systems.

1. Methodology
	1. Evaluation Design

The evaluation employed a sequential mixed-methods design, whereby quantitative data (i.e. survey data)was collected first, followed by qualitative data collection (i.e. interviews/focus groups). The evaluation team first analysed each type of data separately, then combined the findings to address the evaluation questions.

* 1. Evaluation Methods

This evaluation employed two data collection methods: surveys sent to all peer group participants, and interviews/focus groups with a sample of program participants and stakeholders. Surveys asked participants about their experiences in the peer-led groups, their views on their effectiveness and impact, and their suggestions for further improvements and sustainability of the program. Peer facilitators were also asked about their strategies to run the groups, their views on implementation, and the effectiveness of the communities of support for peer facilitators.

Participants received a first survey (pre) to capture their perceptions after they joined the group, as well as a post-survey that asked them to reflect on their overall experiences and views on impact and outcomes. These surveys took around 5-10 minutes to complete. At the end of the post-participation survey, participants indicated whether they were interested in taking part in a follow-up interview or focus group to further examine their experiences, perceptions of impact, and suggested areas for program improvement. The evaluation team conducted interviews/focus groups with those who expressed interest. Finally, the evaluation team conducted interviews with ECCV staff members and partner agencies stakeholders to gather their views on program implementation and effectiveness. It was conveyed to the groups of stakeholders that the researchers were the only people having access to these interviews. The evaluation team obtained ethics approval from the University of Melbourne prior to conducting interviews and focus groups.

The figure below summarises the evaluation methodology.

Figure . Methodology Overview

3.2.1 Data Collection and Analysis

***Surveys***

A total of six pre-surveys and eight post-surveys were completed by peer-led group participants, and a total of two pre-surveys and three post-surveys were completed by the peer support facilitators (Table 2). The survey data was collected via a package named Qualtrics and analysed separately and then mixed with the qualitative data.

Table . Evaluation Participants- Survey Responses

|  |  |  |
| --- | --- | --- |
| Stakeholder Group | Type | Number of Responses |
| Peer Support participants (pre) | survey | n=6 |
| Peer Support participants (post) | survey | n=8 |
| Peer Support Facilitators (pre) | survey | n=2 |
| Peer Support Facilitators (post) | survey | n=3 |

***Focus groups and interviews***

A total of two focus groups and two interviews were conducted with facilitators and two email comments were received (Table 1). The senior evaluator conducted the interviews and facilitated the focus groups, with a research assistant providing support during these data collection activities and taking notes. All interviews and focus groups were audio-recorded (with participant consent) and transcribed prior to analysis.

Table . Evaluation Participants – Focus Groups/Individual Interviews

|  |  |  |
| --- | --- | --- |
| Stakeholder Group | Type | Number of Participants |
| Peer Facilitators | Focus Group | n=5 |
| Group Facilitator | Email comments | n=1 |
| Group Facilitator | Interview | n=1 |
| Peer-led group Participants | Focus group | n=4 |
| Partner Organisation | Email comments/interview | n=2 |

The analysis of qualitative data followed a general inductive approach, where data collected through interviews and focus groups were condensed and thematically analysed using the evaluation questions as focus areas (Thomas, 2006).

* + 1. COVID-19 Pandemic

It should be noted that this project was undertaken during the COVID-19 pandemic. Therefore, interviews/focus groups had to be conducted online (via Zoom software). This presented a number of issues for the participants as well as the facilitators of the groups. A number of participants have low literacy skills, in addition to English not being their first language. Coupled with this, a large number of participants had no access to technology, so Zoom meetings were not possible for them. For some participants, their disability precluded them from participation in the peer-led groups and in the evaluation. There were also a number of health issues across the participants., which may have attributed to low participation in the groups. The majority of participants had a preference for face-to-face meetings, which was impossible during 2021.

1. Results and Discussion
	1. Analysis of Survey Data

The following survey results are from online surveys completed by peer group facilitators as well as participants.

* + 1. Results from the Peer Support Group Participants Survey (Pre)

There were eleven survey respondents, however, only six respondents completed the survey**.**

Thus, the results are based on responses from the six survey respondents.

All six respondents were participating in the online peer support groups. Most survey respondents were very satisfied or somewhat satisfied with the information they have received about the peer support groups (n=5), and one was neither satisfied nor dissatisfied.

Four survey respondents felt very supported to participate in the peer support groups and two felt somewhat supported. Sensitive and confrontational topics, difficult to understand concepts and online delivery of the sessions were the main challenges to participating in the peer support groups. One of the respondents reported having to take a break from the session when the topics were confronting for them. Less sensitive topics, simple language, a slower pace and face-to-face sessions were suggested to make it easier to participate in the group sessions.

Based on their experiences up until the point of completing the survey, all respondents considered that the peer support groups were meeting their expectations.

Learning about self-advocacy, NDIS plans and disability in different cultures, being supportive and sharing information and useful topics were activities that the survey respondents found most helpful.

* + 1. Results from the Peer Support Group Participants Survey (post)

There were eight survey respondents, including six completed and two partly completed surveys. The results are based on responses where available from all eight survey respondents.

All eight respondents participated in the online peer support groups. Overall, survey respondents reported difficulties accessing the online room, and did not feel they had access to technical support (Figure 2). Most respondents found the group session times inconvenient. More than a third of the respondents felt they had support from interpreters if they needed it, others did not agree.

Figure . Participant feedback on online peer support sessions.

Most respondents attended two peer support group sessions (n=5), other respondents attended three sessions (n=1) or one session (n=1). All respondents except one indicated that they would have liked to attend more sessions (n=7). Face-to-face sessions, and provision of information at the end of the sessions were some suggestions that would have helped the respondents attend more of the peer support group sessions.

Most respondents reported that they felt it was a safe environment for everyone, everyone’s contributions were heard, their contributions were valued, they had enough support to participate, they felt connected to their group, the peer facilitator encouraged everyone to participate, the activities they participated in were engaging, the topics they discussed were relevant to them, and they received useful information about support services (Figure 3).

Figure . Participant feedback on peer support group experience.

All respondents considered the information about support services extremely/very/moderately useful (n=5), except one respondent who considered the information not at all useful. Two thirds of the respondents considered that the group met their cultural and language needs all or most of the time (n=4), and one third considered that the group met their cultural and language needs sometimes (n=2).

Learning about different disabilities, disabilities in different cultures, access to support services and NDIS plans were the most helpful activities or topics.

All respondents felt that they are more confident in their ability to speak up for themselves and that they feel more connected to others who have gone through similar experiences (n=6) (Figure 4). Most respondents reported that their knowledge of support services have improved and that they are more confident they can advocate for their rights (n=5). Half of the respondents felt that they are more confident in their ability to navigate support services (n=3), the other half did not agree (n=3).

Figure . Participant feedback on the impact of the peer support groups.

Different disabilities and NDIS goals and ways to achieve these goals were some topics the respondents would have liked to discuss in the groups. Four respondents indicated that they would participate in similar groups in the future, one would not, and one was unsure. Face-to-face sessions and a slower pace were some suggestions to improve the sessions.

* + 1. Results from the Peer Support Group Facilitators Survey (Pre)

There were five survey respondents, however only two respondents completed the survey. Thus, the results are based on the responses from two respondents.

Both respondents became a peer facilitator because they wanted to share their experiences to help others. Both respondents were somewhat satisfied with the communication with ECCV as they felt the communication with ECCV at the start of the program was not as good as at the end of the program. Both respondents were somewhat satisfied with the initial training that they received to become a peer facilitator as mentoring sessions were provided. One respondent was somewhat satisfied with the support from experienced peer facilitators as mentoring sessions were provided, whereas one was somewhat dissatisfied as the respondent did not feel supported at the start of the program but saw improvement over time. Both respondents were neither satisfied nor dissatisfied with community of practice for peer facilitators as one respondent felt that they were not getting new information however was able to use the opportunity to share their experiences with other facilitators and another respondent was unsure what the community of practice was about.

Both respondents felt prepared to facilitate their group. When asked what they thought went well based on their experiences running the group so far, one respondent thought every participant has enjoyed the sessions because the sessions were tailored to help them achieve their goals. Another respondent thought information sharing and supporting participants to learn to self-advocate went well in the sessions.

Having more time to implement the program and more stable internet connections were some suggestions to improve the program. Another comment was that the program should be continued to be funded due to a need for the support within the CALD communities.

* + 1. Results from the Peer Support Group Facilitators Survey (Post)

There were four survey respondents, however, only three respondents completed the survey. Thus, the results are based on the responses from three respondents.

Two respondents participated in the online peer support groups and one respondent participated in the face-to-face groups. In regard to face-to-face meetings, the respondent strongly agreed that they found it easy to get to the location of the group meeting and that the group session times were convenient. In regard to online group meetings, one respondent strongly agreed that they found it easy to access the online room and one somewhat agreed. Two respondents strongly agreed that they had support if there were technical issues and that group sessions were convenient.

Teamwork in a supportive environment, participants’ willingness to learn, being able to provide participants information that they need were some of the things that went well in the program. Scheduling sessions, COVID-19 restrictions and internet connection issues were some challenges the respondents experienced during the program. The challenges were overcome by negotiation, teamwork and collegial support.

The respondents found that self-advocacy and modern technology training and having a guest speaker from Centrelink were the most helpful activities or topics for the participants.

Some strategies the facilitators used to make the group a culturally safe environment include having culturally inclusive and respectful resources, having support workers and facilitators of CALD backgrounds with shared experiences, conducting face-to-face sessions at participants’ schools, assuring the participants that they were in a safe environment and encouraging participants to ask questions.

Three respondents strongly agree that they have improved their knowledge of support services, and that they are more confident in their ability to navigate support services as an outcome of the peer support groups. They are also more confident in their ability to lead activities and are more confident in their communication skills. Added to this, they would like to continue participating in similar programs. Two respondents strongly agreed that they are more confident in their ability to speak up for themselves and one neither agreed nor disagreed. Two respondents strongly agreed that they felt more connected to others who have gone through similar experiences and one neither agreed nor disagreed. Two respondents strongly agreed that they are more confident in their facilitation skills, and they feel motivated to further develop their self-advocacy skills, and one somewhat agreed. Respondents also shared that working with people in the same sector strengthens their ability and, as well, improving their ability to speak up makes them feel they would like to continue to work for self-advocacy support groups.

The respondents would have liked to discuss the NDIS and advocacy in the groups and to let participants suggest what they would like to discuss. All three respondents indicated that they would participate in similar groups in the future. A suggestion for improvement is that the program should be ongoing to provide continuous support to the communities, which cannot be achieved through short-term programs.

* 1. Analysis of the focus group and interview data
		1. How has the program (peer-led groups) been implemented?

As mentioned above, the notion of implementation has been achieved in the shadow of COVID-19 pandemic. This has meant that groups could not meet face-to-face and, for some groups, the prospect of conducting a session by Zoom was too difficult. Some participants had sight issues, making online conversations difficult for them. A lot of people did not have access to the technology to join online meetings and/or found the experience too impersonal and stressful. For some facilitators, a Zoom session was preferred because of health and distance factors.

In terms of the running of the peer-led program, each group tackled it in slightly different ways, depending upon the local community, as well as the needs of the group. The following feedback is from the facilitators of the various groups, two from regional Victoria and two from the Melbourne Metropolitan area.

**Group 1. (Country Victoria)**

This peer-led group runs out of an Aged and Disability Service for people from multicultural backgrounds. It was decided early on to rotate the leadership of the group, and this has helped to engage the members of the group, as well as improving their self-esteem and confidence. The ECCV program ran a Community of Practice (CoP) session on a regular basis, but this group did not join, citing difficulties with the rotation of leaders and uncertainty about who should come along. This situation has been clarified now, and the group will join the CoP sessions. This particular group did not want to meet virtually, so took a break until face-to-face meetings were possible.

The group runs a range of activities depending on the needs of the participants. They are intending to have someone from the NDIS, as they had previously had them booked to talk to the members. The main focus of the session will be on how to get the best plan and how to understand the complaints processes and mechanisms. They also intend to have the community engagement officer from the local shire speak to them, as some of the members of the group have concerns around town planning and accessing services.

**Group 2. (Country Victoria)**

Although this group agreed to be part of the ROV project, it proved to be a relatively shaky start. Mainly because they had no knowledge of where disabled people were in the multi-cultural community. No-one had come through the agency’s doors asking about disability issues, and the agency have been in the town for over 15 years. When they attempted to engage with people with disability in the town, some of the agencies resented their attempts. Barriers were put in their way so it was difficult to access people with disability.

As was said *“The Water Hole was poisoned before we got started” (Facilitator)*

In hindsight, it was commented that a better way to start would be to contact community or faith leaders. They eventually teamed up with a local provider and are running a group comprised of people with intellectual disability. They have run a number of sessions with the participants, mainly focused on technology: Zoom sessions, messenger, FaceTime etc. It was pointed out that there are no community-based advocacy groups in this area.

**Group 3. Melbourne Metropolitan Area**

This was a meeting of four facilitators from different parts of metropolitan Melbourne. A lot of their groups had been combined as due to COVID-19 there were less and less participants. It was agreed that online is not suitable for a lot of CALD people with disability. There are difficulties with language barriers, as some disabilities make it prohibitive. Also interpreters are needed in most cases. Another challenge is that a lot of people have no social media, or phones or use technology of any sort. As reported by one of the facilitators, the use of technology had an impact on their ability to establish interpersonal relationships with the participants:

…*if they only see me on the screen is not the same, they don’t know me as a person. (Facilitator)*

Many facilitators felt it would have been better if all the groups could have started last year, but there was little that could be done about that. One facilitator mentioned that it is a struggle to start support groups in regional areas and some metro areas because they lack connections with the local communities and service providers in those areas.

Anecdotally, the facilitators felt that the participants who attended the groups were very pleased with their involvement and learning but everyone lamented that more time is needed to develop participant confidence to speak up and develop skills, and to know and apply their rights in an everyday setting.

One facilitator commented that they have realised that a facilitator needs to be proactive and creative when faced with decreasing group numbers. They are aware that online delivery only works for some, and face-to-face sessions are much more interpersonal and fun!

**Group 4. Partner Agency**

Comments from this person acknowledged the difficulties over the last two years; trying to provide self-advocacy skills development and human rights awareness during a pandemic and subsequent lockdown. This was a time when participants were looking forward to staying connected, but not everyone was able to achieve it.

* + 1. What is the impact of the peer-led groups?

It could be argued that the impact of the peer-led groups is still to come, as there has been many barriers put in their way over the last two years, and progress has been slow.

**Group 1. Country Victoria**

This group has done a number of sessions on advocacy. They have a plan going forward and have included a number of local services in the mix: For example, Headway, Vision Australia, as well as the local council coming to talk about accessing spaces. These service sessions were voted on by means of a survey done collectively by the group. The NDIS is an important service which the group needs to know more about.

One important session at the beginning of the peer-led meetings was that the participants talked about their culture as a group, and what it means to have a disability. In other words, how it was for them. This was discussed in the first few sessions, which allows that conversation to happen. So it built up a bond between people and for them to acknowledge that it was the first time for them to talk about culture. As the facilitator commented that, sometimes we understand things as professionals working in this space – but you only realise the complexity when you listen to people discussing the issues faced by people with disability as well as being culturally diverse. We sometimes look at the disability and not see the cultural differences. It is important to understand the different expectations. Understanding the complexities and encouraging people to talk about that was seen as really important.

**Group 2. Country Victoria**

This group has had a slow start to the ROV program, because they are not embedded with the local group. Their intention is to develop a range of videos for the Sudanese, Punjabi and Pacific Islands communities. They are also going to develop another video in English with their partner agency. It was generally felt by the facilitator that the impact for their group was the engagement of the group by introducing them to technology. They seemed to have enjoyed and appreciated the experience. It was not someone talking at them but teaching them useful skills.

The impact for the facilitator has been to understand the complexities of CALD community members with disabilities and meeting new people in the sector.

**Group 3. Melbourne Metropolitan Area**

The facilitators from this group commented on the importance of being aware of cultural safety and understanding that some cultures are reluctant to engage with others. To help with engagement, a few of the facilitators had done a COVID-19 survey which asked how it has affected people with disabilities. They then developed the groups around the topics suggested. It was agreed by all that face-to-face was a much more positive move, and this increased the interaction of the group.

One of the facilitators talked about the difficulties in the use of interpreters – great for the people involved, but they were never sure what was being said. They also talked about the difficulties associated with communicating, particularly with the word “Disabled”, as there is no word or definition in many multicultural languages. This means that you have to be extra careful not to offend anyone.

* + 1. How can the program be sustainable?

A number of suggestions from Facilitators were made to make the program more sustainable. One suggestion was to canvass a range of organisations to come to talk to the peer groups - topics targeted to ensure that they are useful and relevant to the participants. Also to teach them how to use technology: to guide them and hold their hands, so they don’t have to rely on their children as often they don’t want their family members to know they can’t do something.

Another suggestion was to go into schools and talk to the children about what disability means and to instil the view that things happen to people, and the important thing is to help each other and accept each other. As a facilitator said, “After all, it’s not what you look like, you are all part of humanity.”

Other comments refer to the need to acquire more funding, resources and time to be carefully implemented for the long-term benefit of the participants. Funding needs to have a timeframe of 3 to 5 years instead of the current 18 months. Funding timeframe should be ideally linked to the goals of the project.

* + 1. Feedback from participants

In terms of qualitative data there was little from the participants, although there are some surveys. The researcher attended (by Zoom) one session where there were two participants and one carer present, as well as the interpreter and the Disability Advocate Project Officer. A group member reported that they joined the peer support group to familiarise with the local culture and to find out about support services:

*I joined the group to become familiar with Australian Culture, and to understand its laws and customs, and to be aware of the services available to its citizens. (Participant focus group)*

It was commented by both participants that what they learned is passed onto their community members:

*A wonderful chance to enjoy the group and get information, particularly when people came in to present information. An opportunity to participate and connect with others. (Participant focus group)*

They both appreciated the help they got from the Disability Advocate Project Officer. Both participants talked about a session which was particularly useful. The session was entitled Respecting people with disability. The workshop was also useful, based around self-advocacy concepts; NDIS as well as culture and disability. Future sessions will focus on housing and the NDIS. One of the participants has now become the self-manager of their NDIS plan. Self-confidence has also improved. Prior to COVID-19 pandemic, there was up to nine members in the group, now there are two or three members.

* 1. Summary of Key Findings

The following table is a summary of key findings from the evaluation.

**Table 3.** **Summary of Key Findings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation Questions | Key Findings | Survey (Facilitators) | Survey (Participants) | Focus groups/Interviews (Facilitators) | Focus group(Participants)\* |
| How has the program, (peer-led groups) been implemented? | COVID affected the running of the groups | Some facilitators did not feel supported early in the program, but it improved.Some were challenged by online sessions. | Face to face sessions preferred/but all respondents had online sessions. | Covid had a profound effect on delivery of the groups. Little access to technology.Some groups were postponed until face to face was possible.Diminishing numbers of participantsDifficulty of providing self-advocacy skills in an online environment. |  |
| Access to disability services in regional area |  |  | Difficulties getting a foothold in local community, access denied by established agencies. Eventually established a viable group. |  |
| More time needed to establish viable groups |  |  | More time is needed to establish support groups, as connections with local service providers took longer. |  |
| Difficulties of providing self-advocacy skills development, human rights awareness etc. when unable to meet | One facilitator did not understand what the community of practice was about | Difficulties in accessing the online room/little support.Participants felt supported. Peer support groups met expectations. | Facilitators looking forward to connecting but difficulties in trying to achieve it. |  |
| What is the impact of the peer-led groups? | Agencies have clear ideas about services to bring into their groups | Knowledge of support services improved/also confidence in their ability to lead activitiesTeamwork in a supportive environment, participants’ willingness to learn, being able to provide participants information that they need were some of the things that went well in the program. | Preference for less sensitive topics, (references to disability) simple language, slower pace. Knowledge of services has improved. preferred. Participants felt that their voices were heard | Facilitators have done a survey to canvass the needs of their participants. |  |
| Opportunity to learn and share information with people |  | More confidence to speak up. Participants felt it was a safe environment to share |  | Participants appreciated the help they received from the Disability Advocate Project Officer.Participants felt the sessions were useful and worthwhile, not only for them but for the community with which they shared the information learned. |
| Improved self-confidence |  |  |  | Participants have reported an improved sense of self-confidence. |
| How can the program be sustainable? | Strong engagement with the local community |  |  | Important group discussions about culture and disabilities and what it means for the participants.Understanding cultural safety and why some participants are reluctant to engage with others.Difficulties with interpreters – not sure what is being said. |  |
| Making the program future-proof | Would like the program to provide continuous support to the communities | Participants want to learn about self-advocacy/NDIS plans& culture/disability. Important for participants to determine what to learn. | Emphasis on developing participant skills in technology – making them independentIncrease the range of organisations who can come to talk to the groups.Facilitators to talk to schools about disabilityLonger time frame for funding 3-5 years – link the funding to program goals. |  |

\*There was little qualitative data (focus group) from the peer support group participants.

1. Conclusion
	1. Limitations

There are a number of limitations in this evaluation. Firstly, the sample size was small, both in the qualitative as well as the quantitative data. A lot of participants also dropped out of the groups owing to personal difficulties in meeting online. COVID-19 also placed a number of restrictions on the evaluation. Groups were reluctant to meet online, either because of access to technology, or limitations due to language difficulties or disabilities (or both).

Unfortunately, the survey return rate was very small. However there are several valid reasons for this. For participants and facilitators the online space is not a comfortable one for them. Gaining access to the internet, lack of English skills coupled with a number of different disabilities made it difficult for people to access and complete the surveys. In hindsight, if face to face meetings were a possibility, it would have been better for the surveys to be printed out and completed in a group, with the assistance of an interpreter.

* 1. Future Directions for the program

The 18-month time frame was too short for this program, particularly in the midst of the COVID pandemic. In fact, a lot of the groups have just really got started due to the inability for them to meet face-to-face. For a large number of participants, meeting online was not an option for them, due to lack of technological knowledge as well as their own disability. Time is also needed to build up trust to meet as a group, both for the participants as well as the facilitators. It is suggested that, at a minimum, a three-year time period would be preferable for a cohort such as this, when time is needed to develop participants and the facilitator’s confidence. Alternatively, the program could assist to get the group going and give them the tools to continue meeting and supporting each other, after the program is finished.

Capacity building is required over a protracted period to build trust and confidence, as well as preparing participants for future work or study opportunities.

However this program has demonstrated that peer support helps people with disabilities from CALD backgrounds to get to know others who face similar challenges, to share knowledge and experience to manage and promote personal well-being and to facilitate their understanding of the NDIS program and other disability support services in Australia. The practical knowledge gained from peers who are experiencing similar life challenges associated with disabilities is invaluable. A number of participants reported that the exposure to the program had given them more confidence to speak up in public and participants felt it was a safe environment in which to share confidences.

The data also showed that participants do want to learn about self-advocacy, and to understand the NDIS and what it can offer them. It was mentioned by several participants that it would be important to increase the range of organisations who can come and talk to them about what their service offers, as well as how to access them. A number of participants also expressed the desire to develop their skills in technology, which would go a long way to make them independent, and therefore, not as reliant on family to help them. Another suggestion was to go into schools and talk to the children about what disability means and to instil the view that things happen to people, and the important thing is to help each other and accept each other. As a facilitator said, “After all, it’s not what you look like, you are all part of humanity.”

1. Recommendations

There are a few areas where recommendations can be considered:

* It is suggested that future iterations of this program aim for grants covering 3 years or more, as time is required to consolidate these types of programs;
* It is recommended that future iterations of this program concentrate on capacity building to build the participant confidence to either enter the workforce or embark on future study opportunities;
* It is recommended that future programs utilise a greater range of organisations who can improve the participants knowledge of services in the community;
* It is recommended that for future evaluations of the program, that the organiser consider running short face-to-face meetings instead of surveys or distributing hard copy surveys to increase participation in the evaluation.

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1. Appendices
	1. Program Logic Model



Figure . Program logic model

* 1. Literature Review Methodology

**Evaluation Questions:**

The evaluation questions referenced in this literature review are:

1. How well has the program (peer-led groups) been implemented? [Implementation]

2. What is the impact of peer-led groups? [Impact]

3. How can the program be sustainable? [Sustainability]

**Literature Search Method:**

Using search strings (‘peer-led groups’ or ‘peer support groups’ or ‘peer mentoring groups’ or ‘peer-to-peer’) AND (‘people with disability’ OR ‘disabilities’) OR (‘CALD’ OR ‘ethnic groups’ OR ‘immigrants’), the following databases were searched: CINAHL Complete, ERIC, JSTOR, Google Scholar. Abstracts were screened for relevance to the topic and avoid unnecessary repetition with other resources.

**Literature Review Approach:**

This study employed a scoping review approach, as the field of disability-specific or CALD-specific peer-led groups or peer support is still emerging. The scoping review is useful here, as it allows the examination of the range and essence of existing research activities, clarifies whether it is beneficial to conduct a full systematic review, provides an approach to outline and disseminate research findings to policy makers and practitioners and points out research gaps in the existing literature (Arksey & O'Malley, 2005).

This paper will adopt Arkey and O’Malley’s (2005) methodological framework on scoping literature reviews and take five broad steps to identify and analyse the key literature on peer-led groups for people with disabilities in CALD communities. The steps are as follows: 1) identify the research question, 2) identify relevant studies, 3) select studies, 4) chart the data and 5) collect, summarise and report the results.

*Stage 1: Identifying the Research Question*

Based on the evaluation framework and program logic document prepared for the evaluation of the Raise Our Voice project, the author identified the following key research questions: 1) What interaction modalities were used by peer-led groups for people with disabilities? 2) What are the key benefits of peer-led groups? 3) What are the key challenges (areas of improvement) of peer-led groups? 4) What are good practices to make peer-led groups sustainable?

*Stage 2: Identifying Relevant Studies*

First, relevant literature was identified through searches using the following databases: Academic Search Complete, CINAHL Complete, ERIC, MEDLINE and Scopus. These databases were selected after an initial trial of database searches. Google Scholar and two search engines (Google and Microsoft Edge) were also used to ensure that all potential academic papers and grey literature would be considered. Furthermore, the snowball technique was used to track down references from the studies’ bibliographies.

Examples of terms used in the literature search were (‘peer-led’ or ‘peer support’ or ‘peer-to-peer’ or ‘support group’), (‘disability’ or ‘disabilities’ or ‘disabled’ or ‘mental illness’) and (‘cultural diversity’ or ‘culturally and linguistically diverse’ or ‘cultural safety’). Mental illness was included, as depression and anxiety disorders are predicted to be the leading causes of disability in Australia (Eftimovska-Tashkovska et al., 2016). These search words were chosen following consultations with a library scientist and the evaluation team that conducts evaluations of the peer support program of the ECCV’s Raise Our Voices program. To capture all the updated and relevant studies, the author focused on studies published in English from January 2010 to March 2022. All relevant studies were downloaded and exported to RefWorks.

*Stage 3: Selecting Studies*

The literature identified in Stage 2 was sorted into two levels: (1) title and abstract review and (2) full-text review. The studies, specifically their titles and abstracts, were first examined to determine whether they met key inclusion criteria. Then, the full-text reports were reviewed against the inclusion criteria. The initial results were then presented by the author to fellow evaluators to obtain their feedback to confirm the robustness of the selected studies.

The inclusion criteria were set after the review of a few articles related to peer support programs for people with disabilities or peer support programs for those with CALD backgrounds. The criteria were 1) an article that describes one or more peer support programs in Australia or other English-speaking countries (e.g., the United States, the United Kingdom and Canada) related to mental health support or support for people with disabilities, 2) an article that discusses people from CALD backgrounds, 3) an article that focuses on input from people with disabilities or people suffering from mental health issues (i.e., not their family members or caregivers), 4) an empirical study that describes its study design and sample and 5) an article that describes benefits, challenges and/or components for sustainability. Studies were excluded if they were not written in English, did not discuss the case in an English-speaking country and were not an empirical research or evaluation report.

*Stage 4: Charting the Data*

After selecting studies, the author charted the following data from each study: author(s), year and country of study, study type (e.g., research or evaluation), aim of the study, study design (e.g., qualitative, quantitative and mixed methods), sample size and study populations (e.g., people with disabilities and their family members).

As the evaluation of the Raise Our Voice project aims to elucidate how peer-led programs (and their community of practice) are working and to evaluate and assess their impact and elements that promote sustainability, the following items were also included in the chart: key benefits, key challenges and components for sustainability.

*Stage 5: Collecting, Summarising and Reporting the Results*

Based on the chart and key discussion points, key themes were identified and summarised from the selected studies and reported data. However, as the scoping study does not aim to ‘weigh’ certain interventions against other interventions but to present an overview of key studies (Arksey & O'Malley, 2005), the author attempted to be as objective as possible in the description.

**Results**

*Articles Retrieved*

Figure 1 shows a PRISMA flow diagram used to present the article search and selection process. The initial search identified 3033 studies, and 41 further studies were identified through sources such as Google Scholar and other search engines. After screening the studies based on inclusion and exclusion criteria, eight studies were included in the final review.

**

Figure . PRISMA flow diagram

*Article Characteristics*

Articles were published between 2010 and 2022. Three papers were published in peer-reviewed academic journals, while the rest were published on the websites of non-profit organisations and universities and were thus considered grey reports. The majority of the studies examined cases in Australia (*n* = 5), while the rest examined cases in the United States (*n* = 1) and the United Kingdom (*n* = 2), with a total of 717 participants across all studies. Most studies used qualitative methods (*n* = 5), only two studies used a mixed methods design and one study used a quantitative design. Table 4 shows the extracted data from each article.



Table . Characteristics of reviewed articles.



* 1. Survey Questions

## Peer support group participants – First survey

Thank you for your interest in taking part in this evaluation. We are interested in hearing about your experiences and views on the peer support groups, what you think went well, and what could be improved.

There are two surveys:

1. One after you join the group.
2. One survey once after the Focus Groups.

This is the first survey. It will take approximately 10 minutes to complete. Your participation is completely voluntary, and you can stop at any time.

Please read this information sheet <LINK TO INFORMATION STATEMENT> before continuing

<<Full online survey consent form displayed here>>

Please select an option:

**Yes, I agree to participate in the survey**

<continue to Section 1>

**No, I do not agree to participate in this survey**

<End survey>

* What is your postcode?
* What language/s do you speak at home?
* Are you an NDIS participant?

Yes

No

Prefer not to say

* How did you find out about the peer support groups? (possibly add response options? (Recommended by friend/support person? Saw an advert? Other (please state))
* What type of group are you participating in?

Online

Face to face

* How satisfied are you with the information you have received about the groups so far? *(Likert scale from very satisfied to not satisfied)*
* Do you feel supported to participate in the groups? *(Likert scale from very supported to not supported)*. Include open-ended text box for participant to comment on any challenges (e.g. access to technology, disability support, language, accessibility, scheduling, support from peer facilitators)
* Is there anything that would make it easier for you to participate in the groups?
* Thinking about your experiences so far, is the group is meeting your expectations?

Yes

No

Unsure

Include open-ended text box for participant to comment on why.

* What activities have you found most helpful so far? (Please state: Qualitative response)
* Do you have any other comments?

## Peer support group participants – Second survey

Thank you for your interest in taking part in this evaluation. We are interested in hearing about your experiences and views on the peer support groups, what you think went well, and what could be improved.

There are two surveys:

1. One survey after you join the group.
2. One survey after the focus groups.

This is the second survey. It will take approximately 10 minutes to complete. Your participation is completely voluntary, and you can stop at any time.

Please read this information sheet <LINK TO INFORMATION STATEMENT> before continuing

<<Full online survey consent form displayed here>>

Please select an option:

**Yes, I agree to participate in the survey**

<continue to Section 1>

**No, I do not agree to participate in this survey**

<End survey>

* What is your postcode?
* What language/s do you speak at home?
* Are you an NDIS participant?

Yes

No

Prefer not to say

* What type of group did you participate in?

Online

Face to face

* If face to face:

I found it easy to get to …(place where they meet) (strongly agree to disagree)

Group session times were convenient (strongly agree to disagree)

* If online:

I found it easy to access the online room (strongly agree to disagree)

I had support if there were technical issues (strongly agree to disagree)

I had support from interpreters if I needed it (strongly agree to disagree)

I had Access and support to technology?

Group session times were convenient (strongly agree to disagree)

* How many sessions did you attend?
* Would you have liked to attend more sessions?

Yes

No

Unsure

* If yes, is there anything that would have helped you attend more sessions?
* We would like to know more about your experiences with the peer support groups. Please rate how much you agree or disagree with the following: (strongly agree to disagree scale):

I felt it was a safe environment for everyone

I felt everyone’s contributions were heard

I felt my contributions were valued

I had enough support to participate

I felt connected to my group

The peer facilitator encouraged everyone to participate

The activities we participated in were engaging

The topics we discussed were relevant to me

I received useful information about support services

To what extent

was the information about support services useful?

did the group meet your cultural and language needs?

Yes

No

Unsure

Include open-ended text box for participant to comment on why.

* What were the most helpful activities or topics? (Just add an open qualitative response box)
* We would like to know more about the impact of the peer support groups on you. Please rate how much you agree or disagree with the following statements (strongly agree to disagree scale):

I have improved my knowledge of support services

I am more confident in my ability to navigate support services

I am more confident in my ability to speak up for myself

I am more confident I can advocate for my rights

I feel more connected to others who have gone through similar experiences

* Are there any examples of the above that you would like to share?
* Is there anything else you would have liked to do or discuss in the groups?
* Would you participate in similar groups in the future?

Yes

No

Unsure

* Do you have any suggestions to improve the peer support groups?
* Do you have any other comments?

Thank you for your time

## Peer facilitators – First survey

Thank you for your interest in taking part in this evaluation. We are interested in hearing about your experiences and views on the peer support groups, what you think went well, and what could be improved.

There are two surveys:

1. One mid-point survey, after you join the group.
2. One post-participation survey once the program ends.

This is the first survey. It will take approximately 10 minutes to complete. Your participation is completely voluntary, and you can stop at any time.

Please read this information sheet <LINK TO INFORMATION STATEMENT> before continuing

<<Full online survey consent form displayed here>>

Please select an option:

**Yes, I agree to participate in the survey**

<continue to Section 1>

**No, I do not agree to participate in this survey**

<End survey>

* What is your postcode?
* What language/s do you speak at home?
* Are you an NDIS participant?

Yes

No

Prefer not to say

* How did you find out about the self-advocacy groups? (Similar categories as participants questions)
* What type of group are you facilitating?

Online

Face to face

* Why did you become a peer facilitator?

I wanted to share my experiences to help others

I wanted to develop my leadership skills

I wanted to meet other people with similar life experiences

Other?

* How satisfied are you with the following aspects of the program? (very satisfied to not satisfied):

Communication with ECCV

Initial training that I have received to become a peer facilitator

Support from experienced peer facilitators

Community of practice for peer facilitators

Other?

Include open-ended text box for participant to comment on why.

* Do you feel prepared to facilitate your group?

Yes

No

Unsure

* If No/Unsure, what could help you feel more prepared?
* Thinking about your experiences running the group so far, what do you think has gone well?
* Is there anything you would like to improve or do differently?
* Do you have any other comments?

## Peer facilitators – Second survey

Thank you for your interest in taking part in this evaluation. We are interested in hearing about your experiences and views on the peer support groups, what you think went well, and what could be improved.

There are two surveys:

1. One mid-point survey, after you join the group.
2. One post-participation survey, once the program ends.

This is the second survey. It will take approximately 10 minutes to complete. Your participation is completely voluntary, and you can stop at any time.

Please read this information sheet <LINK TO INFORMATION STATEMENT> before continuing

<<Full online survey consent form displayed here>>

Please select an option:

**Yes, I agree to participate in the survey**

<continue to Section 1>

**No, I do not agree to participate in this survey**

<End survey>

* What is your postcode?
* What language/s do you speak at home?
* Are you an NDIS participant?

Yes

No

Prefer not to say

* What type of group did you participate in?

Online

Face to face

* If face to face:

I found it easy to get to … (place where they meet) (strongly agree to disagree)

Group session times were convenient (strongly agree to disagree)

* If online:

I found it easy to access the online room (strongly agree to disagree)

I had support if there were technical issues (strongly agree to disagree)

Group session times were convenient (strongly agree to disagree)

* In your opinion, what went well?
* Did you find any challenges? What did you do to overcome those challenges?
* What were the most helpful activities or topics? (make it an open qualitative response)
* What strategies did you use to make the group a culturally safe environment?
* We would like to know more about the impact of the peer support groups on you (strongly agree to disagree scale):

I have improved my knowledge of support services

I am more confident in my ability to navigate support services

I am more confident in my ability to speak up for myself

I feel more connected to others who have gone through similar experiences

I am more confident in my ability to lead activities

I am confident in my communication skills

I am more confident in my facilitation skills

I feel motivated to further develop my self-advocacy skills

I would like to continue participating in similar programs

* Are there any examples of the above that you would like to share?
* Is there anything else you would have liked to do or discuss in the groups?
* Would you participate in similar groups in the future?

Yes

No

Unsure

* Do you have any suggestions to improve the groups?
* Do you have any other comments?
	1. Interview Questions

Thank you for taking part in this interview/focus group. We would like to ask you a few questions about your experiences with the peer support groups. Feel free to skip any question you don’t want to answer or stop the interview at any time. Do you have any questions before we start?

* What type of group did you participate in? (Online vs face to face)
* Approximately, how many sessions did you attend?
* Tell me about why you joined the self-advocacy group,
* Tell me about your experiences in the self-advocacy group (*prompts: What do you think went well? What are your views on how the group was organised? Was it easy to participate? Did you feel supported to participate? Is there anything that would have supported you to participate more?).*
* What are your thoughts about the activities you did in the self-advocacy groups? (prompts: were these helpful or relevant? do you feel everyone was able to contribute and be part of the discussions? do you think you received helpful information about support services?
* How did you find the groups, e.g. Were there particular sessions which were more useful than others – which were they and why?
* Were there any activities that you thought were more helpful or relevant? Why? Are there other activities that you would have liked to do in the groups?
* Tell me about any issues or challenges you had

**For peer facilitators**:

-What were your experiences running these groups?

-What strategies did you use to engage with your peers? (prompt for strategies to make the groups a culturally safe environment)

-What worked well and what would you improve? What type of activities do you think were most beneficial?

-Are there other activities that you would you include?

- What do you think about the communities of practice? Were these helpful? If so, what aspects were most helpful? Is there anything you would improve?

- To what extent was your participation in the group beneficial? (Prompt for examples of activities they have engaged in, or experiences that reflect the impact of the groups)

* What type of community partnerships or other engagement activities (e.g. through families) do you think would be useful to continue the work of the peer-led groups?
* Do you have any recommendations on how the program can be further improved/scaled up?
* Is there anything else you would like to add?

THANK YOU FOR YOUR TIME



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1. Researchers and practitioners have emphasised the ambiguity and problematic nature of the term CALD (Pham et al., 2021). While some people considered it appropriate to use CALD as an alternative term to Non-English-speaking background (NESB) or language background other than English (LBOTE), as it pays less attention to country of birth and language as indicators of the complexity of cultural identity, others see the term as problematic, as it does not look at diversity within or among CALD groups (Heneker et al., 2017). While noting these diverse opinions, the author uses the term CALD with caution, as many of the studies referenced in this literature review use this term. [↑](#footnote-ref-2)