



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

What clients think about Living My Life

Evaluation Insights about ACC's Living My Life Service



Author: Melanie Martin

Published: November 2023

Disclaimer – ACC:

The information in the What Clients Think About Living My Life Evaluation Report available on or through the ACC website is intended to provide general information to the public on what ACC clients think about the Living My Life programme and all reasonable measures have been taken to ensure the quality and accuracy of the information published. However ACC makes no warranty, express or implied, nor assumes any legal liability or responsibility for the accuracy, suitability, correctness, completeness or use of any information in the What Clients Think About Living My Life Evaluation Report. Nothing contained in the What Clients Think About Living My Life Evaluation Report is, or shall be relied on as a promise or representation by ACC on any of the matters considered in the What Clients Think About Living My Life Evaluation Report.

The content of the What Clients Think About Living My Life Evaluation Report should not be construed as medical or professional advice. It is not intended to replace clinical judgement or be used as a clinical protocol.

Information contained in the What Clients Think About Living My Life Evaluation Report is current as at the date of the Report October 2023 and may not reflect any event or circumstances which occur after the date of the Report.

The What Clients Think About Living My Life Evaluation Report does not necessarily represent the official view of ACC or represent ACC policy.

Copyright:

Copyright © 2022 Unless otherwise stated, the information in this What Clients Think About Living My Life Evaluation Report is protected by copyright and is subject to the copyright laws of New Zealand. The information may be reproduced without permission, subject to the material being reproduced accurately and not being used in a misleading context. In all cases, the Accident Compensation Corporation must be acknowledged as the source.

Acknowledgements

Thanks to the following people who contributed to this report:

- The 135 Living My Life clients who participated in the survey, and the seven clients and some of their whānau who agreed to be interviewed;
- Living My Life providers who disseminated the survey and ensured paper surveys were returned for inclusion in these insights, and the three providers who identified potential interviewees;
- Hazel Brodie, ACC Research Advisor, who assisted with the interviews, provided feedback on the analysis and draft report, and wrote two of the three vignettes
- Moneeta Pal, ACC Senior Research Advisor, and Allanah Winiata-Kelly, ACC Lead Advisor Māori for peer review of the draft report.

Contents

Acknowledgements.....	3
Executive Summary	5
What is Living My Life?	8
The Client Evaluation.....	10
Characteristics of the client evaluation participants	15
How rehabilitation from complex injuries impacts the injured person and their whānau.....	20
To what extent has Living My Life influenced quality of life and independent living for clients with disabilities and their whānau?	21
Quality of Life from the clients' perspective.....	21
Theme One: Improved Wellbeing	26
Theme two: Connection.....	35
Theme Three: Practical support.....	37
How does Living My Life contribute to equity for tāngata whaikaha Māori if at all?	41
To what extent has Living My Life contributed to clients achieving outcomes aimed for within the New Zealand Disability Strategy and Enabling Good Lives?	49
Conclusions	56
Bibliography	59
Appendix 1 Evaluation questions and associated data collection methods.....	60

Executive Summary

Living My Life supports clients with long term disabilities to have self-determination over their lives. The service was designed to align with national and international disability strategies

Living My Life (LML) was co-designed over three years with people living with disabilities and other stakeholders. It aims to achieve quality of life, independence and participation goals for clients with complex injuries. The LML service is delivered by contracted providers in the community and consists of four components that are designed to be integrated. The service started in October 2018 and at any one time has between 1000-1300 clients on the programme. Clients are referred by ACC recovery team staff.

The evaluation was commissioned to understand to what extent LML has contributed to transformed services for clients with complex injuries in its three-year existence. The findings are from a client perspective only so are unable to give a complete overview of LML. One hundred and forty-two (142) clients and/or their whānau gave their views on LML in a survey (n=135) and interviews (n=7). The demographic profile of respondents closely matched that of all LML clients despite a representative sample not being used due to challenges with injury complexity and impairments.

To what extent has LML influenced quality of life and independent living for clients with disabilities?

Clients overwhelmingly thought LML had made a significantly positive difference to their lives. Over three quarters of survey respondents agreed that LML had improved their quality of life (91%) and allowed them to do more activities they enjoyed (86%). They felt they got the help they needed from LML (94%), were able to choose which activities they participated in (93%) and were able to achieve personal goals (87%).

One hundred and twenty-four (124) survey respondents and the seven interviewees gave a significant amount of detail about how LML had influenced their lives. These are presented in three overarching themes:

Improved Wellbeing. Subthemes: confidence, independence, goal achievement, choices and options, improved mood, sense of purpose, awareness of injury limitations and development of coping skills, opportunities and whānau inclusion.

Connection. Subthemes: better community connection or reduced isolation, Improved feelings about self in relation to others, expansion of networks

Practical Support. Subthemes: Help with everyday tasks, Getting out of the house

A small group (7%) of LML clients indicated they were struggling or weren't always happy with some aspects of LML.

The most common feedback about how LML could be improved was a request for more hours for LML from ACC. A smaller group of clients said they'd like providers to take a more flexible approach, with the ability to respond to an individual's unique needs.

How does LML contribute to equity for tāngata whaikaha Māori, if at all?

Most tāngata whaikaha Māori indicated that they'd had a positive experience of LML, similar to the experience of other LML evaluation participants. ACC's Māori Outcome Framework, Te Kāpehu Whetū was used to explore what impact the LML service had towards achieving equity for tāngata whaikaha Māori. Of particular focus were the outcome Pou (pillars) of Mana Motuhake (autonomy and choices) and Pūawaitanga (thriving and flourishing). Thirty-nine (39) tāngata whaikaha Māori participated in the evaluation out of the total number of participants (142). Māori made up 27% of evaluation participants compared with 30% Māori in the total population of LML clients in the financial year of 2021 to 2022.

Most tāngata whaikaha Māori said LML had given them choices and options and helped them achieve some measure of independence. This contributes to achieving Mana Motuhake. They agreed that they had been able to choose their activities (86%), were able to choose options that made them feel good (81%) and could do more things for themselves because of LML

(73%). Some clients gave insight into how this was achieved for their unique situations and impairment.

Many tāngata whaikaha Māori said they were enjoying life more as a result of LML. When describing their experience, they used words such as *belong, purposeful, accepted, more confident and engaged, meaningful* which indicate that some measure of Pūawaitanga is being achieved. Over three quarters of tāngata whaikaha Māori (78%) agreed that their quality of life has improved because of LML. In addition, 84% agreed that LML had made them more confident to do the things that are important to them.

Tāngata whaikaha Māori had less overall agreement with statements about LML when compared with non-Māori but the small sample size means definitive conclusions can't be made.

To what extent has LML contributed to clients achieving outcomes aimed for within the New Zealand Disability Strategy and Enabling Good Lives?

These outcomes place people with disabilities at the centre of decision making and aim to influence society to be inclusive. An analysis of clients' perspectives indicates that LML is contributing to four outcomes of the New Zealand disability strategy: outcome 3 health and wellbeing; outcome 5 accessibility; outcome 6 attitudes; and outcome 7 choice and control. Client feedback indicated that several were enjoying aspects of LML that reflect Enabling Good Lives, such as self-directed planning and facilitation, building knowledge and skills and community building.

Limitations of the evaluation

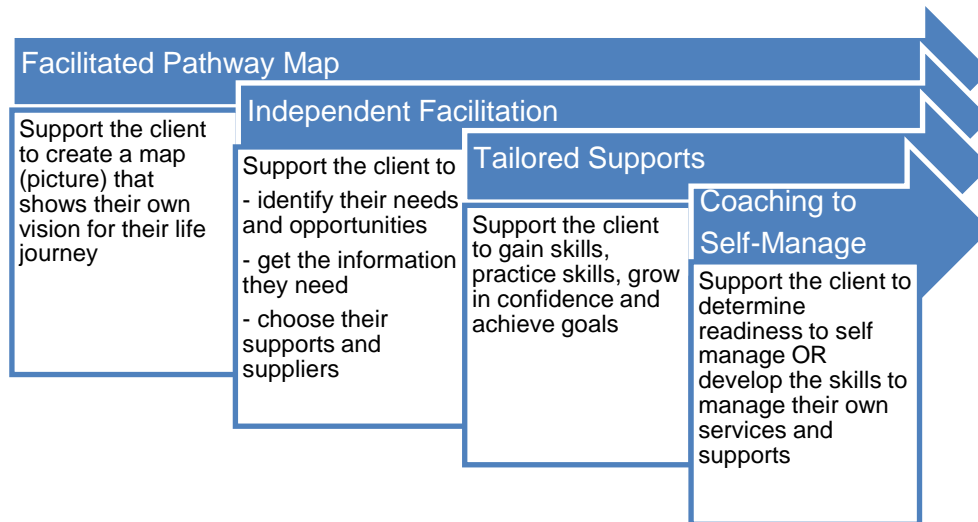
As this is a client-only evaluation it is unable to provide a whole of programme view of LML and is therefore incomplete. An internal service review has been completed summarising other dimensions of LML, including feedback from providers and the frontline. Clients who didn't like the LML service or who were struggling may have been less inclined to participate in the survey than those who had had positive experiences.

The survey didn't use a representative sample due to the nature of client impairments which required the involvement of providers to disseminate the survey both in an online and paper format. LML providers and clients work closely together and, in many cases, built up an immense amount of trust. Clients who because of their impairment, needed help with completing the paper survey were asked to request whānau or a friend to do so, rather than a provider, to maintain the client's anonymity. However, there may have been a few cases where a client asked their provider to assist them by completing the survey with the client's

responses. It could be assumed that if a client asked their provider to complete their survey that they were comfortable with their provider knowing their response.

What is Living My Life?

Living My Life (LML) is an individualised ACC disability support service for people living with disabilities. The following are the four key components of LML¹. They are personalised to the individual client's aspirations and goals in order to achieve participation outcomes.



Each component can be provided separately or used together to form a comprehensive integrated suite of support for clients to achieve their goals. The service focuses on building the client's capability and life skills to create community and employment opportunities and increases the client's ability to choose and direct the services and supports they receive. Clients may be engaged with activities in the Tailored Supports component over several years and they can repeat the other three components when needed.

For ACC clients, the expected social and economic benefits of LML are:

- Control and choice of their supports
- Enhanced community and employment participation
- Better information about natural (unfunded) community supports available
- Services tailored to clients' needs
- Culturally respectful services
- Reduction in the number of people with a significant impairment or disability receiving facility-based (rather than community-based) services
- Improved capability to be more self-reliant and self-manage their needs.

¹ Living My Life Service Operational Guidelines. July 2019, pg.9

As of September 2021, ACC had approximately 1300 clients using the LML service with a range of complex injuries including tetraplegia, paraplegia, moderate to severe brain injury, and other spinal cord injuries. Some of these clients had claims accepted many years ago and started accessing LML when the service was offered in 2018. In the financial year ending 2021, ACC paid \$15,944,640 for the LML service. LML is currently contracted to 41 providers, although not all these currently have LML clients².

LML began in November 2018 and replaced four previous separate disability services to better align with the UN Convention on the Rights of People with Disabilities (UNCRPD)³ and the New Zealand Disability Strategy 2016-2026⁴.

The development of LML

ACC co-designed LML over three years with people living with disabilities and key stakeholders including providers, academics, funders, and government agencies.

LML was also informed by Enabling Good Lives (EGL)⁵ which is a new approach to supporting disabled people in New Zealand.

EGL brings together funding from the Ministries of Health, Education and Social Development into a single package that a person can use flexibly, whether it is for employment, education, training, sports, recreation, or other forms of connecting within their community. ACC has been actively involved in the leadership and governance of the EGL's Disability Support System Transformation. To date three models of EGL have been tested and evaluated in demonstration projects – in Christchurch, Waikato and the Mid-Central DHB.

Whaikaha – transformation for Disability Support Services in New Zealand

In July 2022 the New Zealand Government established a new Ministry – Whaikaha Ministry of Disabled People - with the intent of enabling a holistic approach to realising the aspirations and opportunities for disabled people and whānau. A responsibility of the new Ministry includes transforming Disability Support Services nationally in Dline with the EGL model tested in Mid-Central DHB⁶.

² Information received from ACC Performance & Intelligence, August 2022

³ United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) [United Nations Convention on the Rights of Persons with Disabilities - Office for Disability Issues \(odi.govt.nz\)](#)

⁴ The New Zealand Disability Strategy 2016-2026 [New Zealand Disability Strategy - Office for Disability Issues \(odi.govt.nz\)](#)

⁵ [About enabling good lives New Zealand](#) EGLs vision and principles were developed in 2011 by the disability community. The EGL vision is that in the future disabled children, adults and their families will have greater choice and control over their supports and lives and make more use of natural and universally available supports

⁶ Personal communication with Ben Lucas, ACC Lead Advisor Disability, 8 August 2022

The Client Evaluation

The focus of the evaluation

The LML service has been running for over three years and ACC would like to understand clients' and whānau experience of LML. ACC would also like to understand how LML is contributing to the aims of New Zealand's Disability Strategy and the vision and principles of EGLs from the clients' and whānau perspective.

This evaluation focuses on the client's perspectives of LML. ACC Performance & Intelligence completed a service review of LML (in early 2023) which included the perspectives of providers and ACC frontline staff, so these were out of scope. Both the findings of this evaluation and the service review will inform LML service design in the future.

An exploration of equity for tāngata whaikaha Māori⁷ within LML

Whāia Te Tika is ACC's Māori Strategy and was developed to transform how ACC can better serve Māori and to minimise the impact of injury upon whānau, hapū and iwi. LML is a universal service, however at its inception in 2018 ACC asked providers to deliver outcomes which would support Māori clients to achieve their aspirations and that were inclusive of their whānau.

⁷ Māori Disabled People. Consultation on terminology to use for this evaluation was undertaken with Ella Cullen Principal Advisor to ACC's former Tumu Pae Ora, Allannah Winiata-Kelly Lead Advisor Māori, and Ben Lucas Lead Advisor Disability (in consultation with Whaikaha Ministry of Disabled People). This evaluation will use terminology aligned to Whaikaha, which is tāngata whaikaha Māori unless a position statement on terminology use within ACC advises otherwise. Information on the origins of this term can be found on the Whaikaha website [Finding our name | Whaikaha - Ministry of Disabled People](#)

More recently ACC developed a Māori Outcome Framework known as Te Kāpehu Whetū, owned by ACC's former Rōpū Pae Ora. Te Kāpehu Whetū aims to ensure the needs and aspirations of Māori clients and whānau are central to their experience with our services. While LML providers offer a universal service, ACC is interested in understanding whether LML is contributing to equity of outcomes for tāngata whaikaha Māori with the support of their whānau, using Te Kāpehu Whetū framework for the analysis.

The LML team identified two Pou – Mana Motuhake (Autonomy and Choice) and Pūawaitanga (Thriving and Flourishing) as being two outcomes the LML service would like to achieve for all clients both tāngata whaikaha Māori and non-Māori clients.

Evaluation objectives

The evaluation has the following two objectives:

Objective One: Assess the implementation and operation of the service, such as what is working well and what isn't working so well and could be improved from the clients' and whānau, and tāngata whaikaha Māori perspective

Objective Two: To understand how LML is contributing to the aims of the New Zealand Disability System Transformation

Key Evaluation Questions (KEQs)

The Key Evaluation Questions (KEQs) are the overarching questions which the evaluation will gather data to answer. They provide a framework for the evaluation and the final report. The following KEQs reflect the narrowed scope for the evaluation (the focus on clients) given that the internal review will be conducted during a similar timeframe to gather perspectives from other groups of stakeholders.

KEQ 1: To what extent has LML influenced quality of life and independent living for clients with disabilities?

KEQ 2: How does LML contribute to equity for tāngata whaikaha Māori, if at all?

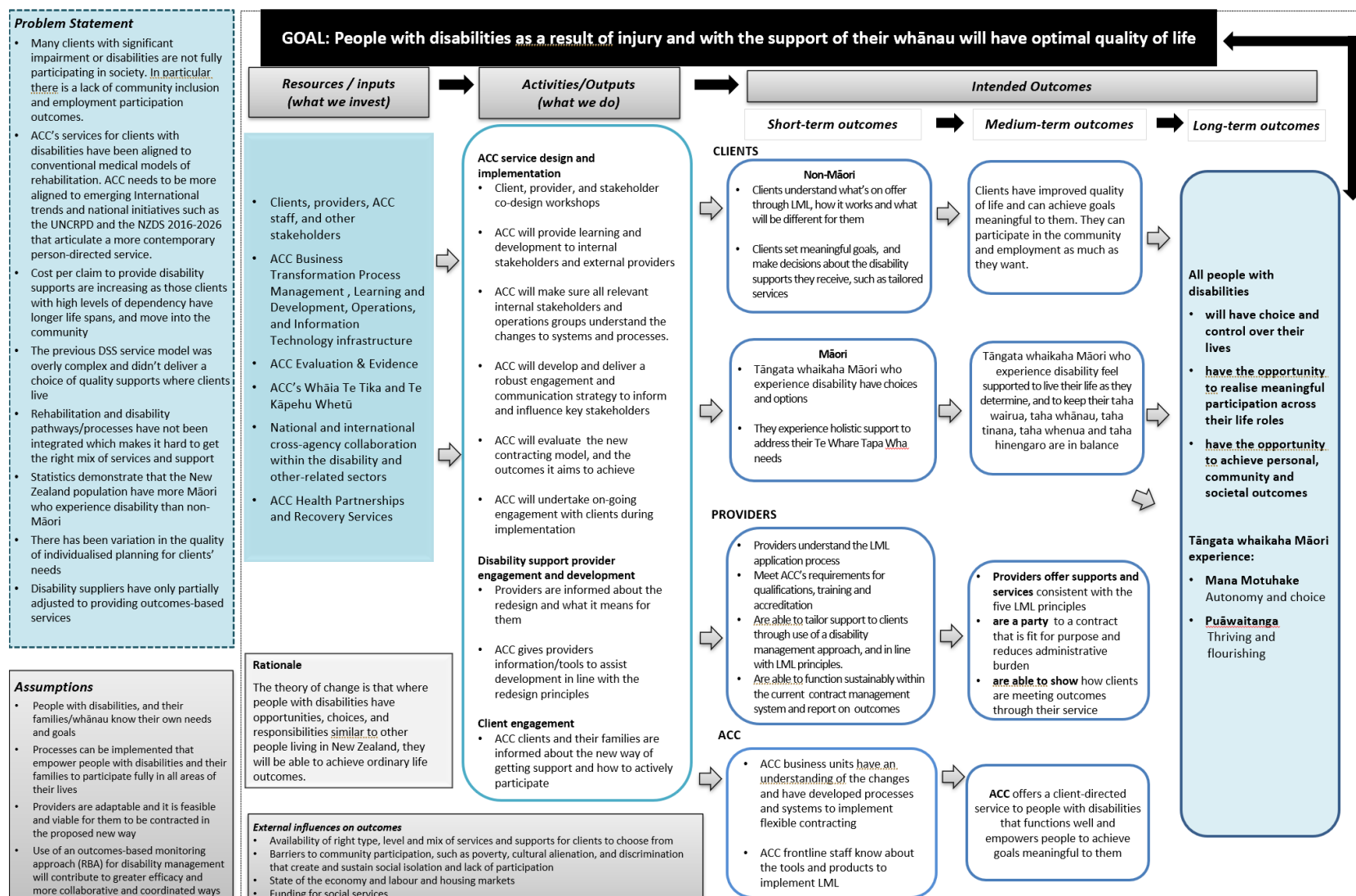
KEQ 3: To what extent has LML contributed to clients achieving outcomes aimed for within the New Zealand Disability Strategy and Enabling Good Lives?

The intervention logic diagram provides the theoretical foundation for the evaluation

An intervention logic diagram developed in collaboration with key stakeholders in 2017 was updated with current LML stakeholders in 2022 (Figure 1). A Te Tiriti approach has been taken to the visualisation of outcomes which incorporates outcomes for Māori and non-Māori.

The evaluation focused on understanding whether the short and medium-term outcomes for clients are being achieved. The long-term outcomes are what LML are aiming to contribute to but are outside the length of time that service has been in place so cannot be measured at this time. The KEQs are informed by some of the outcomes on the logic diagram.

Living My Life evaluation: Figure 1 - The intervention logic diagram



Evaluation methods

A mixed methods approach was taken. A survey was used to understand what a larger cohort of clients' thought about LML, and the interviews were to understand how and why they thought what they did about LML exploring rich insights and examples.

The survey

Thirty-eight LML providers were emailed the HeartBeat survey link and a PDF of the survey with enlarged font to assist accessibility, to distribute to their LML clients. The importance of anonymity was conveyed, and providers were asked to facilitate access to the survey where needed but not to complete it on clients' behalf. If clients needed support completing the survey it was suggested that friends or whānau did this if possible.

The survey was open between February 7-28th 2023, with two reminders sent. It remained open for 22 days as facilitating the collection and return of paper surveys took longer than expected.

One hundred and thirty-five (135) surveys were completed.

- Eighty-three (83) paper surveys were returned to the evaluator who entered them online.
- Fifty-two (52) were completed online.
- Ninety-five (95) clients completed a survey, and 40 whānau or other support persons answered the survey on behalf of the client.

It's not possible to calculate a response rate as we don't know how many clients were given the opportunity to complete the survey. However, given the complexity of many clients' injuries 135 is considered a good response.

The interviews

The interviews took place in Auckland. This was because there was a higher population of LML clients and providers to invite participation from for the evaluation and there was limited resource for the fieldwork. LML providers who had been responsive to supporting the survey were asked if they could assist with interviewee recruitment. The evaluator emphasised that the evaluation was on learning what was working well and what could make LML better, that the interviews weren't about the performance of the provider, and that a variety of perspectives were being sought.

Three providers engaged with the evaluator and after distributing the evaluation information inviting clients, came back suggesting seven clients all in unique situations, who agreed to participate.

Six clients were interviewed in person in their homes, two alongside their whānau. In addition, two whānau were interviewed online about their cognitively impaired family member and this completed the seven interviews. Consent was obtained and interviewees were given gift vouchers prior to starting the interviews.

Ethics and input into evaluation tools

The survey and interview guide were reviewed with the LML team, and Voice of the Customer's Lead Advisor Disability and Lead Advisor Māori. Four questions were incorporated as part of the informed consent process to assess research consent competence for interviewees who had experienced traumatic brain injuries, based on a validated assessment tool⁸. The evaluation design and methods were reviewed by the ACC Ethics Panel.

On the Panel's suggestion, a short video was made by the evaluator introducing herself and covering the Information sheet content for people for whom reading is challenging, in addition to the written information sheet. This was distributed to potential interviewees by the three providers.

Analysis

The qualitative data in the survey and interviews were coded into themes and the quantitative data was summarised in Heartbeat with more detailed analysis done in Excel.

⁸ Lee, M. (2010) The Capacity to Consent to Research Among Older Adults: Educational Gerontology 36(7)

Characteristics of evaluation participants

The gender and ethnicity profile of LML clients had similarities to that of the total LML client population for the FY 21/22 despite having no sample size for the survey due to disseminating the survey via LML providers.

Ethnicity

Just under two thirds of evaluation participants identified as New Zealand European/Pākehā compared with just over half of clients who identified as European in the total population of LML clients in the 2021/22 financial year. A slightly smaller proportion identified as Tāngata Whenua/Māori respondents compared with the total population of LML clients.

Table 1: Ethnicity of LML evaluation participants

Ethnicity of participants	Count (n=142)	Percentage	Compared with total LML clients between 1/7/21-30/6/22 (n=1060)*
Tāngata Whenua/Māori	39	27%	30%
Pasifika	9	6%	6%
NZ European/Pākehā	89	63%	57%
Other European	1	1%	
Other	3	2%	2%
Prefer not to answer	1		

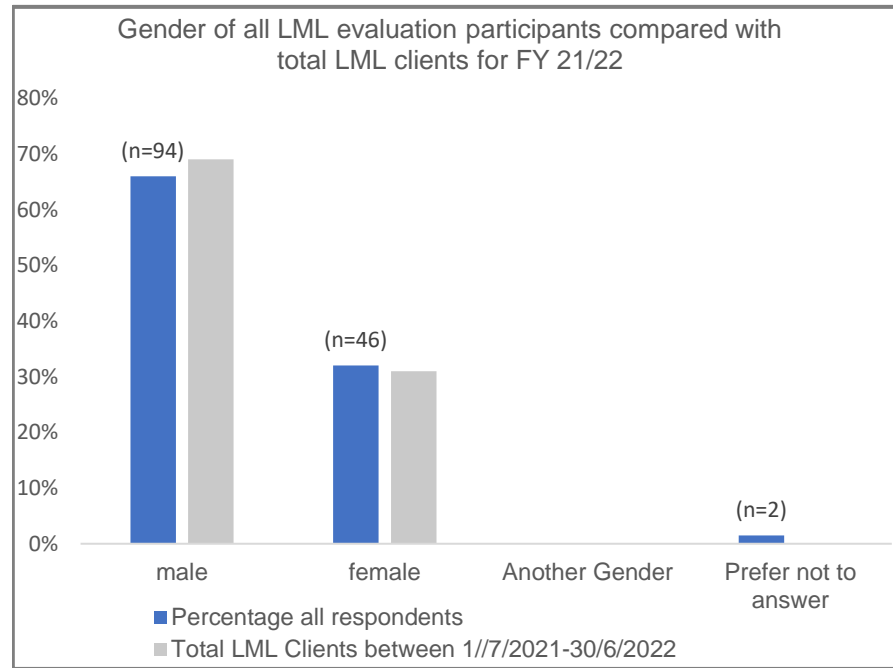
* Data provided by Performance and Intelligence combined European category

** Other category included 1 Indian (0.7%). Total LML client Asian ethnicity is 2%

Gender

Just over two thirds of clients identified as male, and a third identified as female. This is similar to the total LML client population in the 2021/2022 financial year (n=1060)

Figure 2: Gender of LML evaluation participants



Age

A higher proportion of clients aged 40-64 took part in the evaluation, and fewer in the 15-39 age group took part, than in the total LML client population.

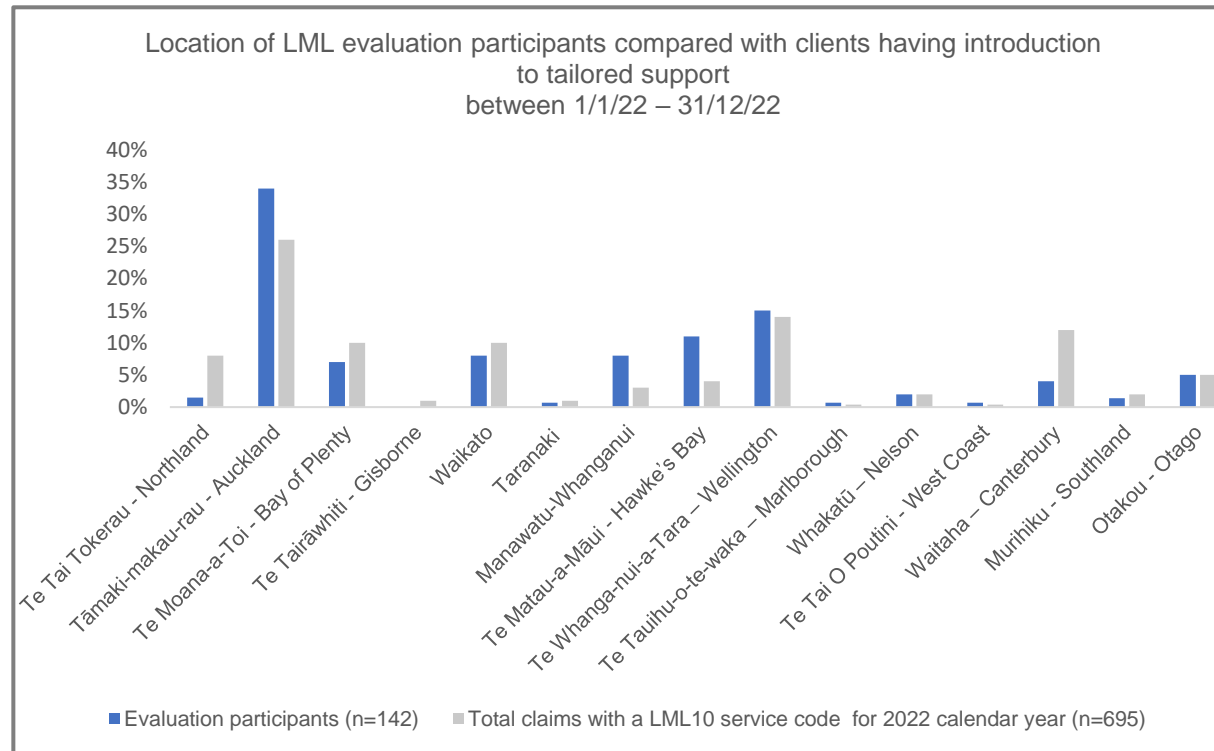
Table 2: Age of LML participants

Age of participants	Count (n=142)	Percentage	Compared with total LML clients between 1/7/21-30/6/22 (n=1060)
0-14	1	0.7%	2%
15-39	43	30%	37%
40-64	80	56%	49%
65+	16	11%	12%
Prefer not to answer	2		

Regional representation

A third of evaluation participants lived in Auckland. There were fewer or no respondents in some Cyclone Gabrielle flood affected areas (Gisborne, Northland). However, some flood impacted areas still managed a number of responses (Waikato, Hawke’s Bay, Bay of Plenty). The spread of locations that participants live in is compared with clients who have an LML10 code for the calendar year 2022*. This is due to a lack of regional representative comparative data at the time of this report.

Figure 3: Location of residence of LML evaluation participants

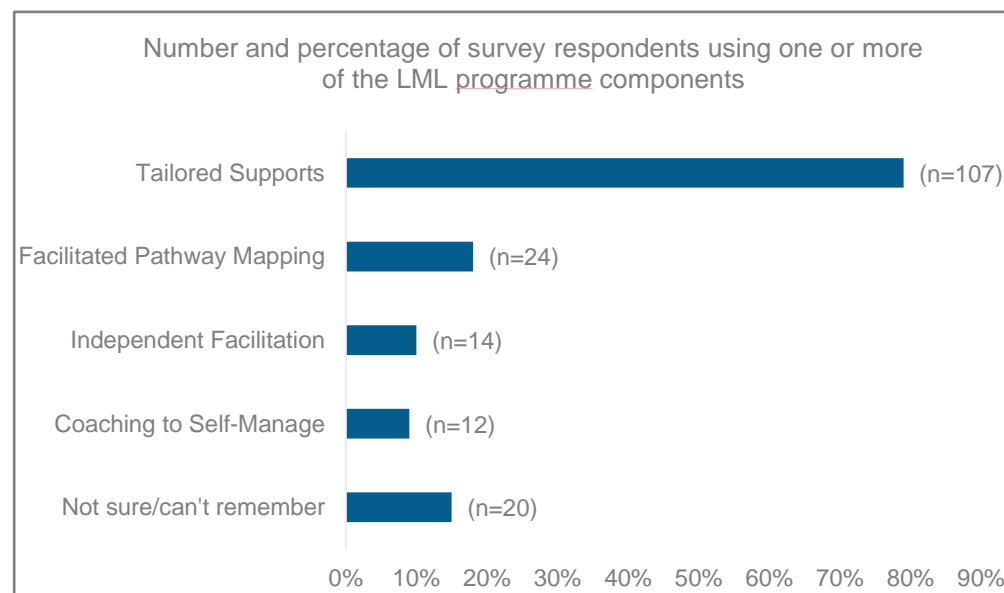


*The LML10 code represents the Introduction to Tailored Supports component of the LML programme. The assumption is that most clients on LML use Tailored Supports, therefore would have the introduction to tailored supports. However, it doesn't include clients who had the introduction to tailored supports in earlier years so is not a complete representation of all LML clients for 2022.

Which LML component survey respondents said they'd used

Interviewee data on LML components used wasn't available at the time of this report. Over three quarters (79%) of survey respondents had used Tailored Supports. Fewer had used LML's other three components. The survey results reflect the reality that most clients used Tailored Support which provides long-term and ongoing support for a person to achieve life goals, such as being social, involved in the community, being employed, learning and being culturally connected. Facilitated Pathway Mapping, Independent Facilitation and Coaching to Self-Manage isn't appropriate for all clients.

Figure 4: Survey respondents use of LML components



Characteristics of the Living My Life clients that were interviewed.

The seven clients interviewed had broad demographic and injury characteristics. To protect the anonymity of clients, a unique profile of each client is not provided. However, the following information shows the mix of demographic and injury information for the seven clients.

Table 3: Characteristics of client interviewees

Characteristic	Description
Age 11-20 years	2 clients
Age 21-40 years	2 clients
Age 41-60 years	3 clients
Gender	4 males, 3 females
Ethnicity	2 Māori, 2 Pasifika, 3 European
Location	6 Auckland, 1 small semi-rural community
Injury complexity	5 Traumatic Brain Injured, 1 birth injury causing physical and brain injuries, 1 other injury
Length of time since injury	3 years, 8 years, 9 years, 12 years, 13 years, 18 years, 19 years

How rehabilitation from complex injuries impacts the injured person and their whānau

This short section provides context for reading the report findings. Take a moment to imagine having to spend years relearning how to have control over your body and to function. After this, imagine adjusting your expectations for independence, and achieving your life aspirations with this impaired function. The following insights are examples of the circumstances that some LML clients have had to negotiate since their injuries.

Rehabilitation for complex injuries took significant time and changed the course of clients' lives

Clients who had had a traumatic brain injury (TBI) described how over months and years they had to relearn aspects of control of their physical body and bodily functions that a child learns. This included how to breathe, how to toilet, how to talk, how to walk and manage balance, how to shower and clean themselves. One interviewee said:

“It’s like being born again...[I]had to learn everything...even how to write with my left hand as I was right-handed”.

Another interviewee distressingly recounted how she had lost significant amounts of her pre-injury life memory including her memories with her children as a mother and even who her children were. She used the term ‘*when I died*’ throughout the interview, to reference the moment she had her injury and lost her former self. She gave guardianship of her two youngest children to whānau as she didn’t want her children to be involved with the state care system.

Functioning day to day in the household posed enormous challenges. An interviewee who had also had his dominant arm amputated as a result of the accident had to learn to function one-handed, saying:

“...bathing and changing clothes – anything to do with food in the kitchen – that took me a while...adjust to doing things differently with one hand. I couldn’t even think properly at that time”.

Memory could be affected down to the smallest details. One client described how when she went to eat a banana, she ate it with the skin on, like an apple, as she had forgotten she had to take the skin off.

Some clients' whānau also experienced major impacts

One client’s whānau had to move regions to be close to all the necessary services to support their injured whānau member. One senior member of another client’s whānau had taken over the role of main carer as the client’s parent wasn’t able to have much input into parenting (for reasons not explored). As she wasn’t supported by other whānau this left her exhausted.

Another client had to move regions and away from close whānau to be able to access the range of services he required for ongoing rehabilitation. This was difficult because it meant he couldn’t see his children regularly.

To what extent has Living My Life influenced quality of life and independent living for clients with disabilities and their whānau?

Quality of Life from the clients' perspective

Clients' views on quality-of-life included concepts of wellbeing, feeling supported, and achieving potential.

The Enabling Good Lives (EGLs) approach which incorporates the concept of quality of life helped inform the interview guide. No specific definition of the concept of 'quality of life' was used as criteria to analyse the data. Instead, it was left open for clients to describe what this meant to them.

Interviewed clients were asked what the concept of 'quality of life' meant for them. Quality of life meant independence, doing things they enjoyed, participating in society in the way they wanted whether it's going out shopping or contributing to the community. For some interviewees, involvement with their LML provider meant for the first time they were asked what they enjoy doing, rather than what they needed. One said quality of life was about:

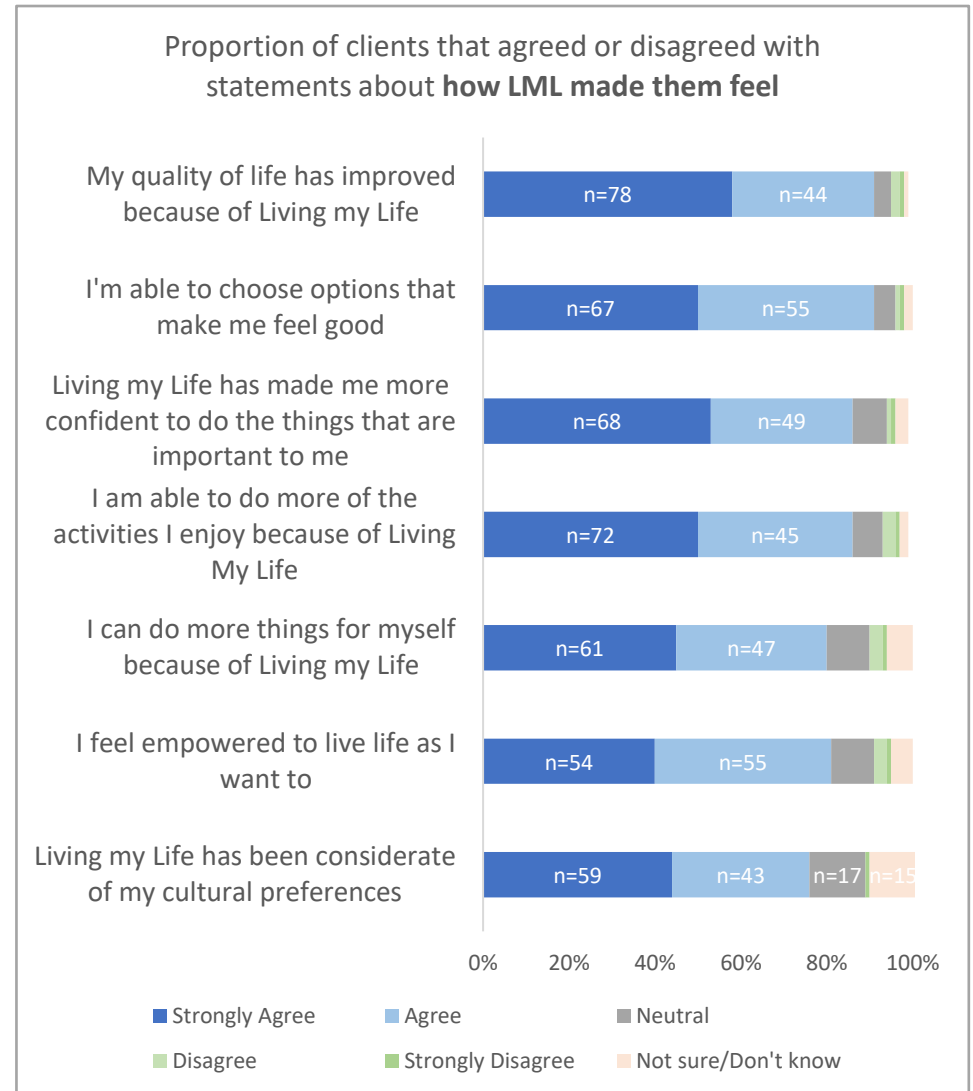
"...enjoying yourself and having good health and having stuff in place to ensure that it continues...you continue living your life".

Most clients felt LML had improved their quality of life

Survey analysis in this section is for all participants. Significant proportions of the 135 survey respondents either agreed or strongly agreed with a series of statements about how LML made them feel (figure 5) and their experience with LML (figure 6). They either agreed or strongly agreed that LML:

- Had improved their quality of life (91%)
- Had made a positive difference to their life (91%)
- They had got they help they needed from LML (94%)
- They were able to choose which activities they participated in (93%)

Figure 5: How survey respondents said LML made them feel



While three quarters of respondents agreed or strongly agreed with the following statements there was a degree of ambiguity in the results evident by the higher proportions of 'neutral' and 'don't know' responses.

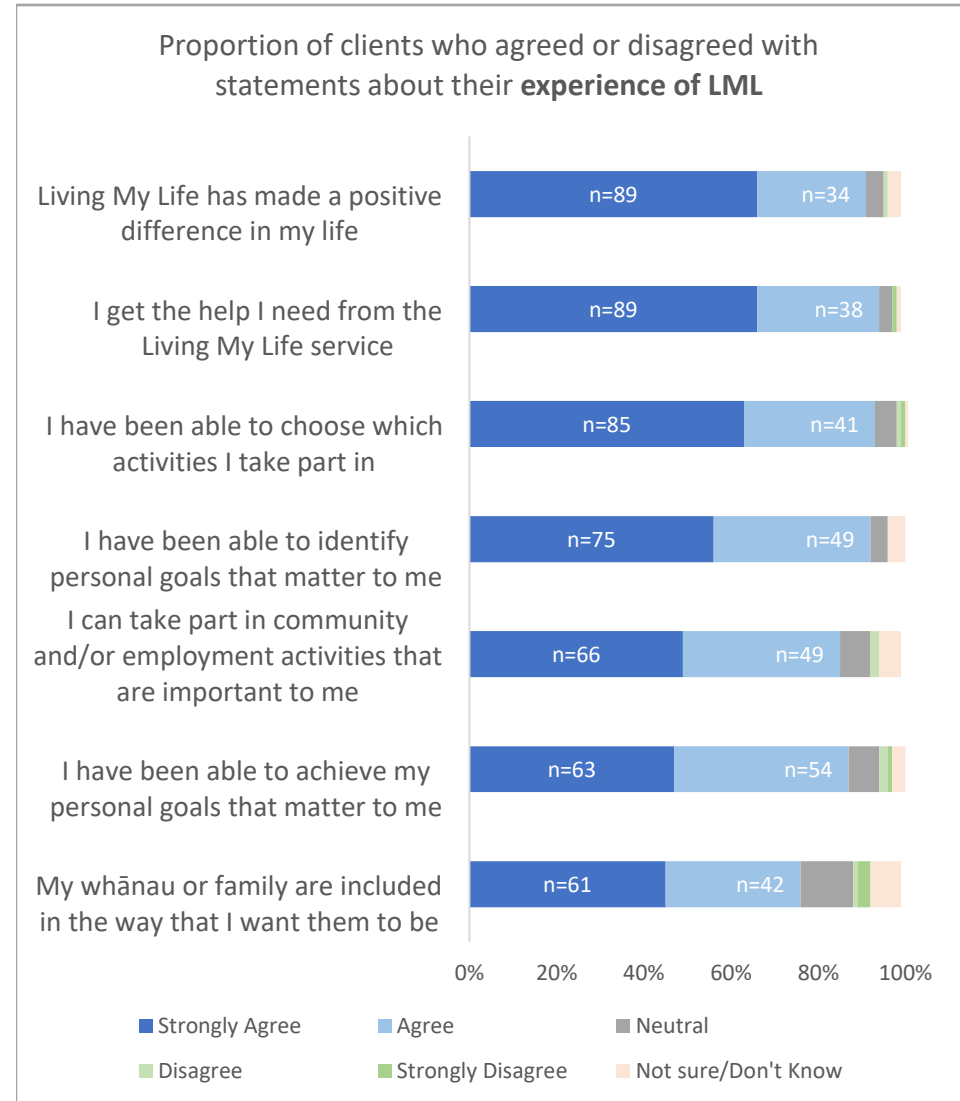
- My whānau or family are included in the way that I want them to be (76% agree or strongly agree) with 20% responding 'neutral' or 'don't know'.
- LML has been considerate of my cultural preferences (76% agree or strongly agree) with 24% either responding 'neutral' or 'don't know'.

This may be because the question wasn't worded well and therefore was less clear or may not have seemed relevant to some respondents, or there could have been other reasons. The equity for Māori section of this report analyses these further.

A small number of survey respondents (7%) indicated that LML hadn't improved their quality of life. When asked if LML had made any difference one said:

“None, because I'm still not sure what I want to do. I think I have to try what my support worker suggests, but I'm feeling lost”.

Figure 6: Survey respondents experience of LML



Many clients commented on specific ways LML had helped them. Their feedback was grouped into three overarching concepts: Improved Wellbeing, Connection, and Practical Support

One hundred and twenty-four (124) survey respondents described the difference LML had made to their lives since their injury. Some wrote about more than one idea or theme. The three overarching themes were an Improved sense of wellbeing (69%), Connection with others (43%) and Practical Support (27%)

The following tables quantify the breakdown of survey qualitative data into subthemes. The themes and subthemes are not mutually exclusive as, for example, a person who has help with getting out of the house into the community could have improved mood as a result. Similarly better community connections could give rise to new opportunities. Interviewee data and survey data was synthesised in the following pages to illustrate these themes.

Table 4: Improved Wellbeing

Improved Wellbeing (69% of n=124)	No of times mentioned
More Confident	16
More independent	13
Improved mood and/or feeling	13
Have purpose	11
Opportunities	10
Achieving goals	8
Autonomy/choice	7
More coping skills	7

Table 5: Connection

Connection with others (43% of n=124)	No of times mentioned
Better community and social connection/reduced isolation	21
Expansion of support and/or social networks	17
Improved feeling about self in relation to others (e.g. included, belonging, safe, able to contribute)	15

Table 6: Practical Support

Practical Support (27% of n=124)	No of times mentioned
Help with everyday living tasks such as planning, organising, budgeting, cooking	17
Getting out of the house into the community	17

Theme One: Improved Wellbeing

The concept of wellbeing was analysed into eight subthemes:

Improved Wellbeing sub-themes: *confidence, independence, goal achievement, choices and options, improved mood, sense of purpose, awareness of injury limitations and development of coping skills, opportunities and whānau inclusion.*

Confidence. Many clients said their confidence had grown as a result of LML

Over three quarters of survey respondents either agreed or strongly agreed that Living my Life had made them more confident (86% n=124). Confidence was described in terms of improving a person's ability to do practical tasks such as household chores, being able to achieve goals that were important to them and feeling empowered. Two commented:

"I can now catch a bus, go to university, ask for help and order food independently. I did not have this confidence before starting the Living my Life programme"

"I think the main thing is that it has changed the way I think about myself. I have agency and much more self-confidence"

(survey respondents)

Some clients specifically mentioned having improved confidence to connect socially. This included confidence to speak up and verbalise their thoughts in a group as well as practical assistance with social conversation. One described how their LML support worker contributed to facilitating social confidence:

"It takes a while to get everything out as I'm...impaired [laughs]...I get stumped for words which happens a lot [because of the TBI]...I think 'what do I say now?'...they [LML support worker] can come in with the words"

(interviewee)

Independence. The independence that LML facilitated was highly valued by clients

Over three quarters of survey respondents either agreed or strongly agreed that they could do more things for themselves because of LML (80% n=108). Clients described independence in terms that indicated it was treasured, valued and made people feel good.

"Living my Life has enabled me to continue living independently which is huge to me"

(survey respondent)

"...it means the world, it means I can be somewhat normal, or as normal as I can be, and do normal things for myself... going for a coffee....doing shopping...."

(Interviewee)

Not all clients had achieved the independence that they wanted due to the limitations of their injuries.

Setting and achieving goals. Many clients felt LML helped them focus on setting and achieving goals.

Almost all clients and/or whānau interviewed had something to say about the value of goal setting. Several remembered the goal setting process in detail. They were able to describe the process of visualising and working on the goals with their LML provider and in some cases with their whānau.

One interviewee described achieving several goals that he and his family had identified. This included career goals (he now has a part-time job) hobby goals (he was able to buy a Kontiki which allows him to go fishing), and educational goals (he has been able to complete a university degree). He commented:

“...I accomplished everything. The only thing that I haven’t accomplished is to find a girlfriend that I’m...like...into (laughs)”.

Over three quarters of survey respondents either agreed or strongly agreed with the statements that:

- I have been able to identify personal goals that matter to me (92% n=124)
- I have been able to achieve my personal goals that matter to me (87%, n=117)

One survey respondent wrote:

“Living my Life has given me impetus to 'kick start' myself, set down new goals & a timeframe to achieve them in”.

Two interviewees said that their goal setting was done by a provider other than their LML provider – suggesting that this part of LML may be subcontracted out at times. Both these clients wanted more follow up. One who had accomplished everything on his initial plan, wanted a follow up plan to set further goals. Another client said that while he remembers what was included such as independence and career goals, there was no follow up to help him achieve these goals.

A few clients felt less able to achieve goals.

A few survey respondents either gave neutral responses or disagreed that they’d achieved their personal goals, and when asked why one wrote:

“because I don’t belong anywhere and I don’t have goals”

Responses such as these indicate that a small proportion of LML clients may be struggling and are not in a space where they have the energy or support to focus on aspirations for their future.

The following vignette gives detailed insight into the experience of identifying and setting goals for an LML client and her family.

*A vignette about goal setting – meet Hannah

Hannah (not her real name) has been profoundly affected by a birth injury and is now in her late teenage years. Her immediate family consists of both parents, two younger siblings and her grandmother. Her family had spent significant resources on conductive education that had taught Hannah how to have more control over her body, such as putting a hand out to protect herself if falling, and to be able to eat and toilet herself. They estimated that Hannah has a developmental and cognitive age of a two year old.

Her parents and family moved from their home in the north, to Auckland, to be close to the range of services Hannah needed. Due to Hannah's impairment the whole family was significantly affected. One day Hannah's mother sent a video to their ACC recovery partner to show how difficult it was getting Hannah in and out of the car. The recovery partner suggested the LML programme and referred Hannah to a provider.

LML encouraged the family to think about short and long term goals

Their LML provider had a session with the family at home and asked them to think about the future. The family were asked:

...what are your dreams for the future? We were really struggling and covid was awful....we were trapped...usually she was at [a special] school 9 till 3...but we had her all the time. We said we'd like 4 nights away together. Then they pushed us a bit further and said big dreams...what would you like for Hannah and we said well we'd like 24/7 care independently so we can get back to our house in [the north]...and unbelievably it's taken just over two years...

All the family were involved in the practical session to visualise what their future with Hannah could look like

...It was a piece of paper, it was so awesome, [sister] was only 7 at the time and they had all this crafting stuff and they just got her to draw what Hannah's future looked like...scissors, glue, pom poms, all different colours...she was crafting – parks, ice cream, oranges...all the things that Hannah loves...and then [brother] who was a bit older just verbalised what he thought she would like and also he was able to say what the problems were in our family...like that it was difficult to have Hannah as a big sister....we just had this huge great big plan and brainstormed everything we wanted for ourselves and we wanted for her...

Living My Life filled a significant gap between what ACC provided and what the family needed for their quality of life

Hannah's mother described the difference between her experience with ACC and with LML:

ACC continually let me down...It's just one battle after another.... I thought yeah right, this is ridiculous, none of this is going to happen, this lady is going to walk out now...I've become really cynical....next week this person came and was picking her up from school....I mean this was huge as it meant I could get a job....suddenly I could work from 9 till 5...my life just opened up, I became a mother of three children.

Their LML Provider implemented support straightaway with after school care and worked with Hannah to help her adjust to more independence from her family. Within the space of two years of working with LML, her parents bought her a small home in Auckland and Hannah now receives a package of services, including LML, which means she has 24-hour support.

This has had a profound benefit for the whole family. Hannah has become more adaptable as she has become used to LML support workers, which prepared her for living by herself. Her parents were able to return to their home in the north with Hannah's two siblings, with the two siblings being much happier; Hannah's grandmother was able to return to being a grandmother to three children, rather than predominantly a carer for Hannah, saying 'It's made a big difference to my life...before I did an awful lot to make their lives easier....now...I'm living my life...'.

Hannah's mother spoke about the anxiety she has about what support will be available once Hannah turns 21 and leaves school:

"...what happens next terrifies me...my first goal was to get her into her own house...we're still managing teething issues with that...the next goal is what she will do when she stops school at 21 and I've no idea what that is...so that will be the next LML plan".

(*Hannah's whānau consented to the use of this vignette in the report)

Choice and options. Clients identified Living My Life as offering the ability to choose and have some control over their post injury lives.

Clients highly valued having autonomy and choice over activities they did and how they spent their time with their LML support worker. A very high proportion of survey respondents either agreed or strongly agreed that:

- I am able to choose which activities I participate in (93%, n=126)
- I am able to choose which options make me feel good (91% n=122)

A respondent commented:

“Im [sic] choosing independently my needs and likes which is very important to my wellbeing and living best of my life [sic] which so much was taken away by my accident...”

Options were tailored around clients’ interests and needs. They ranged from physical activities such as walking in the community and going to the gym, going to the beach and other outdoors locations, to after school community-based activities, being able to go different shops and attend appointments and to just be out in society doing everyday things like having a coffee at a café. An interviewee said:

“...as far as I’m concerned, I can do what I want....that’s what living my life sounds like to me”

In terms of choice over their LML provider, one interviewee spoke about wanting to change LML provider and said that the process to do so was easy.

Five of the interviewees only did activities with their LML support worker, with several saying this was their choice as they didn’t want to participate in groups. However, one interviewee said he would have liked to be able to meet other brain-injured people and to participate in a group but there seemed to be uncertainty over who was responsible for making this happen.

Impairment may limit the choices available

There can be situations where a client’s choices may conflict with what’s possible and able to be supported based on a client’s level of impairment.

A client who was interviewed with his whānau identified an unmet need and there was conflicting views from his whānau about how he might get those needs met. They felt they couldn’t support some of the options that the client wanted due to issues around safety both for the client and others. This particular situation highlighted how difficult it can be for the client and their whānau to navigate life with impairment.

Awareness of limitations of injury. Many clients expressed awareness of needing to balance their aspirations with their injury impairment.

Interviewees identified limiting factors such as mood changes, memory and fatigue, and long-lasting physical changes such as right or left sided weakness. This has ongoing impacts that affects their approach to living such as a need for routine, managing their relationships, and participation in community or employment activities. A client explained:

“This TBI...I’ve made big improvements, but it doesn’t change what it still does...the mood changes, the memory, the fatigue... all of it combined...I can’t go outside without shades...too bright”

Some talked about wanting more employment type activities but needing to temper this with their current abilities. A client’s daughter explained to her mother [the client] that she wouldn’t be able to do teamwork or customer service due to her memory issues. The client indicated her level of awareness about her limitations, saying ‘*my ability to read a room has gone and I’ve got no filter*’.

Another client described how keeping to routine and LML support workers being on time underpinned feelings of safety and confidence to achieve new things. If she felt rushed because her support worker was running late, she felt she was more likely to have an accident or would leave it to the support worker to do physical tasks, such as getting out of the car to get a coffee. Recently when she hadn’t felt rushed, she got out of the car and walked to the café herself to get the coffee for the first time which gave her a sense of achievement.

Ongoing injury impairment was something that needed to be managed day to day.

A family member described how maintaining routine was essential for their injured relative.

“If anything changes in her routine that’s not good for her, she needs to know what’s happening...if anything changes like needing to pick up something first before taking her to school....or run out of oranges...that’s major for her”

A whānau member commented on the need to be able to read their injured whanau's behaviour to step in when needed:

“He gets tired but can’t tell people, so they need to look for the signs – stumbling, tripping, falling, slurring, or doing something erratic in public...he’s tired now...slurring speech” [at end of interview].

A quarter of survey respondents (26%) either disagreed, weren’t sure or gave neutral responses to the statements *I feel empowered to live life as I want* and *I can do more things for myself because of LML*. This may reflect that clients are balancing any new opportunities with the realities of their impairment. One commented:

“I am not free to do the activities I want. The things I want to do I have to rely on the help of other people. I can’t do sports anymore. I have lost the control of my own life and finances. Even with help from living my Life I am still limited in what I can do”.

Coping skills. Living My Life had improved many clients' ability to cope with their life as it is now

Understandably some clients would experience frustration due to the limitations of their injuries during rehabilitation, particularly as they had to relearn so many skills. Some commented on how LML helped them cope with their emotions and new life post injury:

[LML] "Encourages openness to cope with life the way it is"

"...the support worker gives me a different perspective on life by talking through the hassels [sic] I seem to incur in my life"

"Living My Life has had, and continues to have, a massive impact on my life since my injury as it has allowed me to explore alternative ways of thinking, compared to continuing to feel as though I am wrapped in cotton wool"

An interviewee gave an example of going for coffee at a café recently where a person was taking photos of people having their coffee. She felt uncomfortable as she felt her privacy as being breached. However, she decided at the end of the day to shrug her shoulders and demonstrated to the interviewers how she gave him a 'one finger salute' in her mind instead of getting wound up. She said:

"... [LML] helped me with my patience which was a huge thing....helped me socially going out into the public and not getting so pee'd off with everyone"

The awareness of their injury limitations mixed with developing new coping skills seemed to reflect a phase in a long journey to recovery where there was a measure of acceptance of how life is now.

A vignette about coping skills – meet Frances

Frances (not her real name) spoke of the frustration she had had due to the limitations of her injury early on in her rehabilitation. She had had a TBI, and it took several years for her to relearn everything, how to toilet, shower, wash herself, cook and do dishes.

“I learnt everything from the start again. It was like being born again”

The rehabilitation process was slow and frustrating, especially early on in her recovery when she couldn't do what she wanted to in the way she had before.

“My body and mind wouldn't do what I wanted...I used to have no patience at all”

She spoke of having had a short fuse in social settings with people around her, lacking impulse control and being easily frustrated by others.

Since she had become involved with LML, Frances had noticed a change in herself. She largely attributed this to her relationship with her support worker. She explained that although the practical support she received was crucial for daily living such as help with cleaning, going out to appointments and opening doors, *‘there's a mental side to the help as well’*.

This was in significant contrast to her previous support worker from another provider who she felt was *there for the money and not for me*. With her LML support workers help, she started *‘developing new coping skills, mainly patience’*. The support relationship was tailored around coming to terms with the speed of rehabilitation and recognising the improvements she had made, and she therefore began to value the resilience she had developed. All of which contributed to a change in mindset. As she explained *‘I've come a long way’*.

Frances feels more self-sufficient and able to handle changes that may arise. One example she gave was if her current LML support worker left, *‘I would cope but would be upset. Before wouldn't have. But now it's like ‘everything for a reason’*.

While Frances' support worker relationship has been crucial, the work they have done together has prepared her for living life on her own terms. She is more comfortable going into challenging social situations, *‘The more I get out, the easier it's been’*. She has a clearer understanding of what she can do and the life she wants to live, *‘I feel I can't live a life and go to work; it would be too much for me. Mentally and physically’*. With the help of LML she has worked to ensure that, *‘the life I have now is well suited to me and my circumstances’*.

By developing coping skills, including patience, Frances has realised her own strength of character: *‘I'm a completely different person to what I was prior to the accident. For the better, I think’*.

Opportunities. Some clients valued having opportunities they hadn't had prior to working with LML

When asked what difference (if any) LML makes to their lives some respondents identified that they'd had the opportunity to try new things which indicates that LML has provided options for personal growth:

"It had made me more involved with my environment socially and creatively. I've been able to pursue [sic] the creative aspects of my life"

"It has helped me to start meet new people, experience new things. I'm slowly feeling more involved in my community. My life was insular, it's helped hugely with my confidence I've gone from feeling like an injured person to a survivor I didn't know what was possible. With LML it's showed me what's possible".

(Survey respondents)

Well over three quarters (86% n=117) of survey respondents either agreed or strongly agreed that they were able to do more of the activities they enjoy because of Living My Life. Some of these may have been enjoyed prior to their injury and some are likely to be new activities and exposure to new situations.

Whānau inclusion. Some clients valued how their LML provider included their whānau

Three interviews took place with clients' whānau present and contributing to the discussion. Whānau described being fully involved in the day-to-day care of their injured whānau as well as in planning for the future.

A young client was asked what he thought made an awesome LML support worker and he said unequivocally '*the way they connect with the family*'. Whānau described having their needs being considered as part of the wider landscape of care, support and goal setting for the client.

Other clients interviewed said they could have their family included if and when they wanted. Three quarters (76%) of survey respondents either agreed or strongly agreed that their whānau or family are included in the way they want them to be.

A quarter of respondents (24%) gave responses that suggested ambivalence to this question, including neutral, not sure, as well as disagree responses. Reasons for disagreeing related to not being able to have the contact they wanted with their family, or other personal family issues.

Theme two: Connection

Many survey respondents and some interviewees spoke about how important connection was, and how LML had facilitated this. The concept of connection has been analysed into three subthemes, as follows:

Better community and social connection which includes reduced feelings of isolation.

Improved feelings about self in relation to others (for example being included, belonging, safe and able to contribute) – all ways of how a person feels connected to others.

Expansion of support, and/or the expansion of social networks. Increasing connections and widening support network

Many clients described having better community and social connections as a result of LML.

Over three quarters (85%) of survey respondents either agreed or strongly agreed with the statement that 'I can take part in community and/or employment activities that are important to me'. All interviewees spoke about the importance of being able to connect with others, whether it's their whānau, school-based and age- appropriate activities or the LML team who provided regular connection. Just the act of being out in public reduced feelings of isolation and improved feelings of social connection.

They commented:

"Being able to go out and do things, be social while building relationships with other clients and with members of the community"

"I was very isolated in the community. Direction, support and social contact has been very important for me"

"It has helped me to go back into the community where I could meet up with my old friends and with my family which helps me to be inclusive [sic] in the society"

(Survey respondents)

Not all clients are able to connect socially in the way they want. One client wanted more 'mixing and mingling' which posed some challenges due to his impairment as his whānau said it could sometimes result in inappropriate behaviour, and which hinders his ability to socially connect. The client's LML support worker provided some assistance in terms of being a chaperone for the client in the community.

Many clients thought LML helped them experience a stronger sense of being part of a community

A number described how they felt more included and were able to connect with others on a level they felt comfortable with. They also spoke about the importance of feeling like they belonged, and could enjoy being with others they could connect and/or feel safe with:

“(Client’s) life was turned upside down when his TBI injury occurred, this programme has greatly improved his life both socially and personally. He feels he is included in the community, and has developed some really great friendships”

“Since working with living my life...I have been able to meet people who I relate which is new to me as I have always...felt like I am not disabled enough to relate with people with different disabilities or not related to others who have no disability”

LML gave many clients the opportunity to expand their social networks and/or support systems

Clients said they were able to expand their social networks as a result of participating in LML. This may be because some were involved in group activities which is an option under Tailored Supports, so putting them in contact with others. Mostly survey respondents commented about this:

“(I can)...mingle with more people than usual that share the same interests with me”

“Meeting different people who have suffered brain injury”

Interviewees made clear that LML was about getting them into the community doing activities they enjoyed. The two young clients were regularly connected with others in age-appropriate activities after school. One family believed that having their injured daughter connecting with a range of LML support workers increased her ability to be more flexible and accepting about diverse ways of doing things. They felt this benefited her by expanding her support system.

Theme Three: Practical support

Clients described the immeasurable benefits that having practical support, of an LML support worker and their LML provider, gave them. Practical support was articulated in two predominant ways:

- Developing skills to manage everyday tasks such as planning, organising, budgeting, cooking, and other practical activities
- Getting out of the house and into the community

LML supported clients to be able to function well and manage responsibilities for everyday living

This included help for physical tasks as well as cognitively focused support – skills needed for daily living:

“(LML...) help schedule my days to be more organised. To also help me to break down & understand information or thoughts & plans/activities. Help me with daily activities that I struggle to do on my own”

(LML) “Helped me find a flat. Helped me to be independent. Taught me about money & budgeting. Taught me how to look after my home. Helped me understand things”

(Survey respondents)

Many clients, including all interviewees, offered examples of the practical support they'd received. This included:

- Age-appropriate learning for young clients, such as how to tie shoelaces, how to use a knife and fork
- How to cook and trying different recipes. Allowing client to learn from mistakes rather than being overprotective
- Help with growing social skills and developing coping skills; how to prioritise
- Learning how to use a probing cane (white cane for those with blindness or low vision)
- Shopping
- Household maintenance; gardening, painting
- How to walk further than they had previously – building confidence as well as mobility
- Help with paperwork and appointments;
- Help with money and budgeting
- Help with finding a place to live

Practical support to get out of the home had flow on effects to clients' wellbeing

Many clients said support to get out of their home was of enormous benefit to them. Being able to get out of the house seemed to be a catalyst to achieve many other facets of wellbeing which contribute to quality of life.

"I get to go out into the community! I am not stuck at home. I get to choose what we do and where we go, within our sessions and what that allows"

"Let's me get out of the house. Able to meet new friends + old friend gives me confidence"

(survey respondents)

Transportation was described as a means to achieve independence and quality of life goals

Interviewees spoke of the assistance their LML support worker gave them over and above simply being a driver. A client who had had a TBI and right-sided weakness described how their LML support worker assisted by opening heavy doors that the client couldn't manage when out in the community. Others spoke about the social support while in the community, their LML support worker being able to provide a boost in social confidence or encourage patience because they know and understand the clients' areas of challenge. One client described how their LML support worker helped them get the rental accommodation they

now live in and love, by driving them to the open home and helping with filling in application forms.

A client's parent described how having someone outside the family, the LML support worker, pick the client up every day after school and do things with her '*slowly broke down the inflexibility*' which prepared her for living by herself. Another client's mother spoke about the value of having someone other than his mother, accompanying him in the community as this gave the client a degree of independence and space from his family.

Transportation with an LML support worker provided many more benefits than just carriage between two locations. It helped clients achieve quality of life and independence goals that they wouldn't otherwise have been able to achieve alone or with a driving service. The following vignette illustrates this in more detail.

Practical support: Not just another taxi service – meet Hehu

For Hehu (not his real name), the LML programme was crucial to having a sense of freedom in his life. He had a TBI and lost his dominant arm in a car accident, and no longer had his license.

Driving had been one of the biggest barriers to his perceived recovery. He would like to be able to drive again, it would mean that he would no longer spend so much time at home and alone. He considered it crucial to resolving his isolation and reduced independence: *‘Driving is independence...[it] makes a huge difference in being able to get out’*.

Before LML, he had taxi trips covered by ACC which would take him to only either appointments or supermarkets and this was the only time he would leave the house. What made this a greater challenge was his limited support system. He moved into a small cabin on the back of a property which had extended family in the main house, to be closer to rehabilitation services in the city. His current space is too small to accommodate visitors, including his children who live in another town several hours away.

As a result of his TBI he described having mood swings from time to time, which meant there had been a falling out with his extended family in the main house. This had affected their relationship and Hehu was reluctant to ask for their help as a result. When asked about who he reached out to for support, Hehu felt there is no one who has *‘got my back’*.

His LML support workers, therefore, have become one of his few connections to the community and freedom. *‘There are things I can’t access without them’*.

The two days when he has LML hours, are his only opportunity to be taken out and go where he chooses. This holds significant value to Hehu, and gives him back *‘A bit of freedom, that tiny bit of, you know, what I can get’*.

While the remainder of his time is still spent largely on his own, *‘...if you weren’t here, I’d be on my own’*, the hours spent in LML, going to different places, enjoying the outdoors, going shopping, give him *‘...a boost in mood’*.

LML offered a fundamental change to Hehu’s rehabilitation support and quality of care, by giving him the ability to choose what he wanted to do in the community. For the first time since his injury, he was asked what he enjoyed, rather than what he needed. He was encouraged to think about what was important to him as a person, not just in recovery from his injury.

“So, when it came time to, ‘oh, what do you like doing?’. I said, ‘it’s been so long I sort of, I’d forgotten”.

LML has provided Hehu with the ability to get into the community doing what he likes with a support worker – in essence the ability to experience a sense of freedom, choice, and connection.

Clients' views on how LML could be improved

There was a small amount of feedback on how clients' thought LML could be improved.

The most common request from clients was asking for more funded hours for LML

Clients believed that having more hours would help them do and achieve more. Two survey respondents commented:

"I am still at school I would like more hours so I can have support after school. I never have enough hours to do what I want"

"I would like to increase to three days as I would like to write/read and start doing more"

An interviewee also put in a request for more hours and had been told by ACC that she needed an assessment. She asked,

'why do I need to need to wait for an assessment when I know I need more hours to help me mentally?' Another client's whānau said they were waiting for an assessment before their LML hours continued.

Some clients would like a more flexible programme that responds to an individual's unique needs

A small number of survey respondents said that they'd like a service that was more flexible and responsive to the individual. Three commented:

"Better understanding from caseworkers that not everyone is the same, some people are more motivated than others"

"I have many goals and would like to have a more flexible program"

"Everyone is different, better understanding of specific injuries would be good, not comparing to others with similar injuries"

Additional feedback focused on specific individual requests for a client's circumstances that would be of interest to the LML providers who work with these clients. Many clients took the opportunity to express appreciation for their LML support worker and to restate how LML supported their wellbeing.

How does Living My Life contribute to equity for tāngata whaikaha Māori if at all?

Tāngata whaikaha Māori demographics

There were thirty-nine (39) participants in the evaluation who identified as Māori, three of whom also identified as Pasifika and ten as NZ European (37 in the survey and two interviewees). While Māori made up thirty percent (30%) of the total LML client group for the financial year July 2021 to June 2022, Māori representation within the evaluation was twenty-seven percent (27%).

- Thirty-two (82%) identified as male (compared with all LML Māori 68%), and seven (18%) as female (compared with all LML Māori 32%).
- More Māori in the 40–65-year age band participated in the evaluation (59%) compared with all Māori LML clients in that age band (49%). Fewer in the 26-39 age band participated in the evaluation (Table 7).

Table 7: Māori evaluation participants age compared to all Māori in LML

Māori evaluation participants age	Count (n=39)	Percentage	Total Māori LML clients for FY 21/22 (n=292)
0-14	1	5%	2%
15-39	11	30%	38%
40-64	22	59%	49%
65 years +	3	8%	10%
Prefer not to answer	1		

A higher proportion of Māori survey respondents resided in the North Island (Table 8)

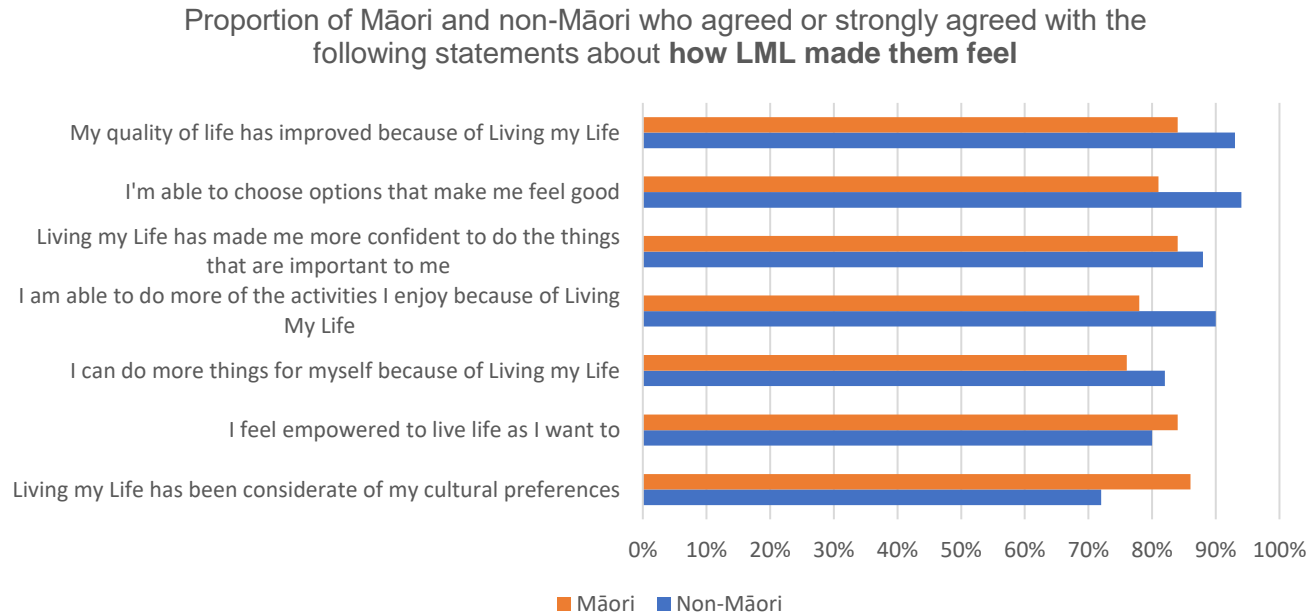
Table 8: Location of residence for Māori participants

Location of residence	Count (n=39)
Tāmaki-makau-rau – Auckland	19
Manawatu-Whanganui	6
Waikato	3
Te Matau-a-Māui - Hawke’s Bay	3
Te Whanga-nui-a-Tara – Wellington	3
Te Tai Tokerau – Northland	2
Te Moana-a-Toi – Bay of Plenty	1
Whakatū - Nelson	1
Otakou – Otago	1

Tāngata Whaikaha Māori: Māori vs non-Māori analysis

Survey data was analysed comparing results for Māori compared with non-Māori participants. There were some differences in how tāngata whaikaha Māori and non-Māori responded to survey statements. As seen in figures 7 and 8, there were high proportions of agreement by tāngata whaikaha Māori with statements about how LML made them feel. There were very few who disagreed with these statements (<4) but there were quite high proportions answering with a 'neutral' response or 'don't know/not sure'

Figure 7: How LML made participants feel: Māori vs non-Māori



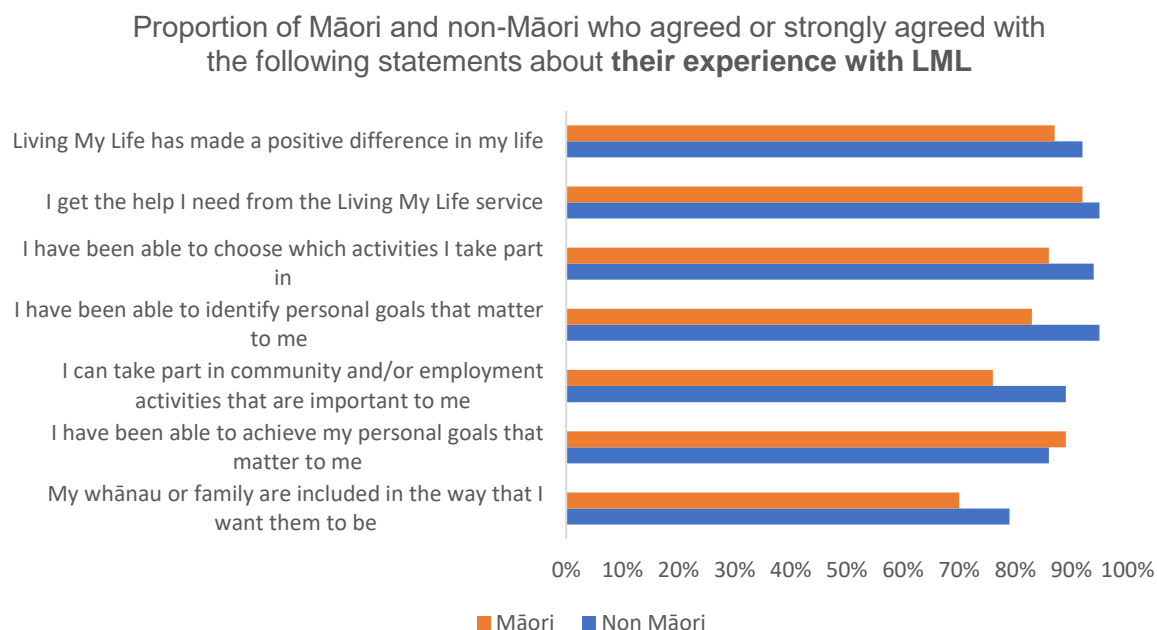
The statements where there was less agreement for tāngata whaikaha Māori compared with non-Māori were:

- I am able to choose options that make me feel good (tāngata whaikaha Māori agreed 81% vs non-Māori agreed 94%)
- I am able to do more of the activities I enjoy because of LML (tāngata whaikaha Māori agreed 78% vs non-Māori agreed 90%)

- I have been able to identify personal goals that matter to me (tāngata whaikaha Māori agreed 83% vs non-Māori agreed 95%)
- I can take part in community and/or employment activities that are important to me (tāngata whaikaha Māori agreed 76% vs non-Māori agreed 89%)

For the whānau inclusion statement (figure 8) 19% (n=7) of tāngata whaikaha Māori answered with either 'neutral' or 'don't know/not sure' and 11% (n=4) disagreed or strongly disagreed.

Figure 8: Participants experience of LML: Māori vs non-Māori



It's important to note the small number of Māori clients in the survey (n=37). A bigger sample of Māori clients would provide more robust comparisons.

Five Māori respondents provided reasons for disagreeing to the statements. The reasons included not seeing whānau as they would like or wanting independence from whānau, having to join activities that didn't interest them, and lack of sense of belonging.

Tāngata whaikaha Māori had more agreement than non-Māori with three statements in the survey.

These were:

- Living My Life has been considerate of my cultural preferences (tāngata whaikaha Māori agreed 86% vs non-Māori agreed 72%)
- I feel empowered to live life as I want to (tāngata whaikaha Māori agreed 84% vs non-Māori agreed 80%)
- I have been able to achieve my personal goals that matter to me (tāngata whaikaha Māori agreed 89% vs non-Māori agreed 86%)

There are several factors that could influence how tāngata whaikaha Māori may answer the statement about cultural preferences compared to non-Māori. Insufficient data is available to form an evidenced reasoning as to the difference of response between the two groups.

Māori qualitative responses to a question about what difference LML has made for them have been analysed using the Te Kāpehu Whetū framework on the following pages.

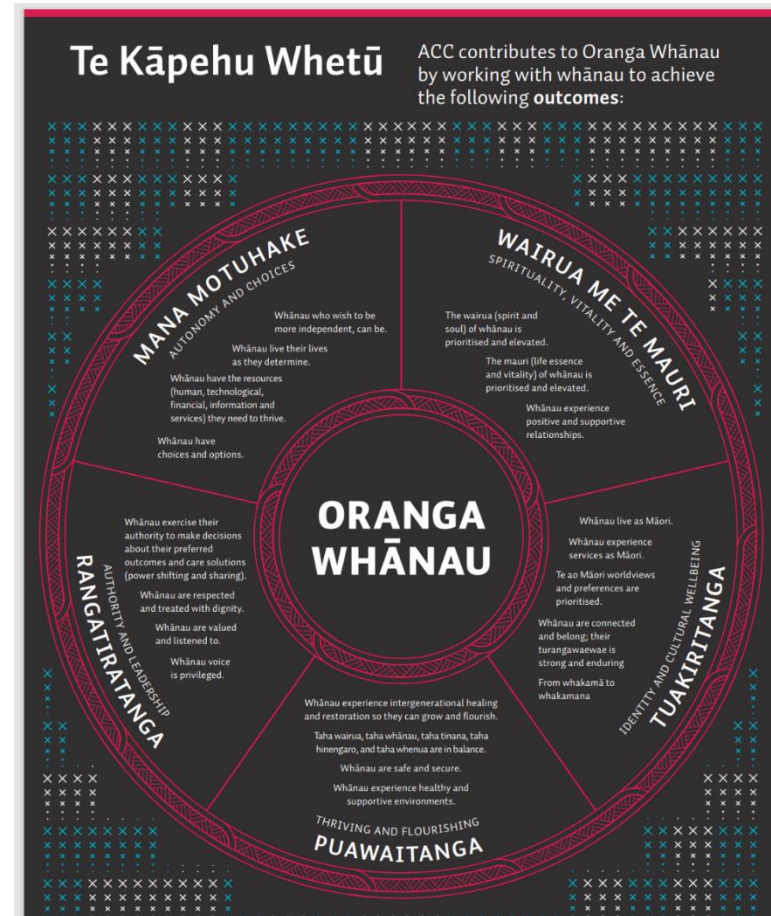
Equity for tāngata whaikaha Māori: Te Kāpehu Whetū

Te Kāpehu Whetū was developed by ACC's Te Rōpū Pae Ora working alongside external experts. Te Kāpehu Whetū was developed to define five Pou / conceptual outcomes for Māori, which together support a state of Oranga Whānau (model next page). Within each of the five Pou, are descriptors as to what the expressions of a Pou may look like. These descriptors guide the organisation to develop appropriate measures in order to more appropriately acknowledge and influence the impact of ACC activities towards the aspired Māori outcomes.

There are overlaps and interconnectedness between the Pou and it's important to note that the interpretation of conceptual outcomes can be fluid reflecting cultural differences between rohe, whānau, iwi and hapū.

Some of the Pou descriptors reference a second model of well-being from a te ao Māori perspective – Te Whare Tapa Wha⁹. The model references a whareniui (house) with four equal sides. Should one of these sides or dimensions be missing or damaged, a person or a collective may become 'unbalanced' and subsequently unwell. In brief, these are known as Taha tinana (physical health), Taha wairua (spiritual health), Taha whānau (family health) and Taha hinengaro (mental health). The aim is to keep these in balance to achieve well-being.

ACC is exploring how Te Kāpehu whetū applies in practice to universal services and what are appropriate measures to determine whether intended outcomes have been achieved.



⁹ <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

Equity for tāngata whaikaha Māori: The framework for analysis

Huakina Te Rā

ACC has a new ten-year strategy known as Huakina Te Rā, which came into effect on 1st of July 2023. Huakina Te Rā takes a dual framed Te Tiriti approach, strengthening the organisation's commitment to achieving equity for Māori through the focus area of Mana Taurite/Equity.

Huakina Te Rā has built on previous work achieved under Whāia te Tika, ACC's Māori strategy which gave effect to Te Tiriti o Waitangi/Treaty of Waitangi, with the aim to transform and improve Māori health outcomes. Universal services, such as LML, will be required to more explicitly address equity for Māori in the future, with this being supported by appropriate policies and training.

As a universal service, the need for cultural competency for the diverse New Zealand population was addressed broadly in the LML Operational Guidelines (2019). This states that providers are required to supply 'culturally competent services' that are framed by appropriate policies and training, are included in client assessments, and provision of ethnicity data. The LML team believe a few LML providers are taking a more Māori-centred approach, but little is known about these currently.

Applying Te Kāpehu Whetū to LML analysis for tāngata whaikaha Māori

The former Rōpu Pae Ora were keen to test Te Kāpehu Whetū within universal services, to better understand how the framework can shed light on how well services are achieving equitable outcomes for Māori. The survey and interviewee analysis for tāngata whaikaha Māori are examined in light of some of the framework Pou.

This section of the report identifies how LML are contributing to achievement of the Pou for the 39 tāngata whaikaha Māori evaluation participants (37 survey respondents and two interviewees) and their whānau. The LML team identified two outcome domains from Te Kāpehu Whetū that they felt LML could be contributing to and would be tested in the evaluation – these being Mana Motuhake (Autonomy and Choices) and Puāwaitanga (Thriving and Flourishing).

Clients weren't specifically asked about the Pou as the survey and interview guide were based on the content of Enabling Good Lives (an approach that disabled people have developed – see KEQ 3) and the logic model short- and medium-term outcomes. However, their responses have been analysed to understand what, if any, contribution they are making to the two Pou.

In addition, brief comment is made about LML's contribution to Rangatiratanga (Authority and Leadership), Wairua Me Te Mauri (Spirituality, Vitality and Essence) and Tuakiritanga (Identity and Cultural Wellbeing).

Limitations

The evaluator for LML identifies as a New Zealand European. Although having participated in cultural competency training this cannot replace the perspectives, approach and understanding of a Māori evaluator towards Māori concepts and cultural nuances. Clients to be interviewed were recruited through mainstream LML providers. The findings in this section need to be understood with these limitations as well as other limitations documented in the conclusion.

Mana Motuhake (Autonomy and choices)

Mana Motuhake descriptors from Te Kāpehu Whetū: Whānau who wish to be independent can be, whānau live their lives as they determine, whānau have the resources they need to thrive and have choices and options.

Most tāngata whaikaha Māori said LML had given them choices and options and helped them achieve some measure of independence. This contributes to achievement of Mana Motuhake (autonomy and choices)

Independence, autonomy and supporting clients' choices are inherent in the LML approach and is part of the explicit purpose of LML. The majority of tāngata whaikaha Māori survey respondents either agreed or strongly agreed with the statements:

- I have been able to choose which activities I take part in (86%).
- I am able to choose options that make me feel good (81%)
- I can do more things for myself because of Living My Life (73%)

A number made additional comment on LML's support in helping them achieve self-determination:

"I feel supported in what I want to do"

"[provider] has helped me identify my goals and achieve them".

A whānau interviewee described how their LML worker worked with their young people to find activities after school that he would like to participate in. In addition, their LML worker worked with him and his whānau to encourage and support independence, such as how to tie shoelaces, how to use a guide cane, and how to do chores around the home.

A whānau interviewee of another tāngata whaikaha Māori described how beneficial it had been for him to spend time with his LML worker, away from the whānau, and particularly to have some independence from his mother.

She said that he had:

"...learned a lot of skills and how to be more independent of me [mother]. He's let go...but I'm proud....I couldn't have done it without the support of LML"

The number of hours or sessions that tāngata whaikaha Māori were funded for LML support was a topic that was mentioned in interviews and by some survey respondents. This was an area where less choice was evident.

Pūawaitanga (Thriving and flourishing)

Pūawaitanga descriptors from Te Kāpehu Whetū: Intergenerational healing, taha in balance, safe secure whānau experiencing health and supporting environments.

Many tāngata whaikaha Māori described how they were enjoying life more as a result of LML. This contributes to Pūawaitanga (Thriving and Flourishing)

Serious and complex injuries would be expected to disrupt an individual's taha. It could be many years of rehabilitation before a sense of balance was restored and the journey to achieve this would likely vary between individuals depending on a number of factors such as whānau support, resources, physical limitations and medical complications, and the individual and whānau ability to adapt to the circumstances. Tāngata whaikaha Māori who participated in the evaluation described how well they were doing as a result of working with LML:

"I feel more confident and engaged with the world I feel purposeful and living a meaningful life again I belong to a community like me"

"A huge difference. Other people would frown upon me to try and do challenging things, but I feel safe and am achieving goals here and feel accepted. My friends at [provider] are motivating & positive to me"

(survey respondents)

Over three quarters of tāngata whaikaha Māori (78%) agreed or strongly agreed with the statement *My quality of life has improved because of Living My life*. Similarly, 84% agreed or strongly agreed with the statement *Live My Life has made me more confident to do the things that are important to me*.

Te Whare Tapa Wha is a model where taha in balance is the goal and are not achieved in isolation of each other. For the purposes of understanding how LML may be contributing, an analysis has been done to understand which dimensions of the model LML may be contributing to. LML contributed to positive changes in taha tinana by helping individuals with physical growth and development such as taking them to gym sessions, and other age-appropriate outdoor movement activities. LML supported taha hinengaro by helping to raise mood or relieve loneliness and just by being there to support.

Both tāngata whaikaha Māori and their whānau discussed ways in which LML supported their taha whānau – by connecting and including the whānau in the care and support of the client, as well as looking out for the whānau, one whānau commenting '*LML has been there for me, they think about me as well as [client]*'. Most, but not all (72%) agreed with the statement *My whānau are included in the way I want them to be*.

Support with taha tinana, taha hinengaro and taha whānau are likely to contribute to improved taha wairua. However, some types of support for wairua may only be effectively provided by Māori for Māori.

While the following three Pou weren't the specific focus for the LML evaluation, as they are part of the Te Kāpehu Whetū framework they've been explored to understand what aspects of LML might be contributing to these outcomes. More focused research would be needed to get a deeper understanding of equitable outcomes for Māori within these Pou.

Tuakiritanga (Identity and Cultural Wellbeing)

Over three quarters of tāngata whaikaha Māori agreed or strongly agreed with the survey statement '*Living My Life has been considerate of my cultural preferences*' (86%). None specifically mentioned dimensions of identity and cultural wellbeing in their comments but twelve commented on how LML had improved their social connections, enabled them to build friendships or make new friends which may contribute to tuakiritanga (whānau are connected and belong).

A client's whānau was asked whether LML connected them with their cultural identity, and they responded with: '*no we don't ask them to do that...they're solely to help him get about in the community...they help us do what we can't achieve*'. They weren't expecting or asking LML's help with this dimension of their lives.

Wairua Me Te Mauri (Spirituality, Vitality and Essence)

The overwhelmingly positive support that tāngata whaikaha Māori said they'd received from LML is likely to contribute to wairua me te mauri. Many commented on their improved connections and sense of wellbeing due to their involvement with LML, using the words 'belonging', 'contributing', 'happiness' 'self-confidence'. One said '*The support given has enabled me to widen my experiences + understanding of the world and broaden my knowledge. This in turn has made my life richer*'.

All of these expressions would appear to support the concept of wairua me te mauri. In addition, the support with taha tinana, taha hinengaro and taha whānau are likely to contribute to improved taha wairua. However, some types of support for wairua may only be effectively provided by Māori for Māori.

Rangatiratanga (Authority and Leadership)

Over three quarters of tāngata whaikaha survey respondents said they agreed or strongly agreed with the statement '*I feel empowered to live life as I want to*' (84%). Many of their comments indicated that they felt respected, they were treated with dignity, felt valued and listened to, with one saying '*I think the main thing is that it has changed the way I think about myself. I have agency and much more self confidence*'. Types of experiences that demonstrate rangatiratanga may be better explored by Māori kairangahau (researchers).

To what extent has Living My Life contributed to clients achieving outcomes aimed for within the New Zealand Disability Strategy and Enabling Good Lives?

The New Zealand Disability Strategy and Action Plan

The New Zealand Disability Strategy (the Strategy) was developed to guide the work of government agencies on disability issues from 2016-2026. The Strategy realises the rights of disabled people and supports implementation of the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) which New Zealand ratified in 2008. The Strategy has eight interconnected outcome areas that will contribute towards achieving this vision. These are:

Outcome 1 Education: We get an excellent education and achieve our potential throughout our lives

Outcome 2 Employment and economic security: We have security in our economic situation and can achieve our full potential

Outcome 3 Health and Wellbeing: We have the highest attainable standards of health and wellbeing

Outcome 4 Rights Protection and Justice: Our rights are protected, we feel safe, understood and are treated fairly and equitably by the Justice system

Outcome 5 Accessibility: We access all places, services and information with ease and dignity

Outcome 6 Attitudes: We are treated with dignity and respect

Outcome 7 Choice and Control: We have choice and control over our lives

Outcome 8 Leadership: We have great opportunities to demonstrate our leadership

The Disability Action Plan 2019-2023 is delivering the eight outcomes through a package of 25 cross-government work programmes which either directly aim to improve government funding and services for disabled people or bring significant disability focus to broader policy or work programmes. Although ACC is not one of the 14 government agencies that will lead this work, nevertheless as a crown entity it's expected to be responsive to the transformation within the sector.

The evaluation data was assessed to understand to what extent LML is contributing to the Strategy outcome areas. This was done by analysing the evaluation data against the descriptions in the Disability Strategy about what good looks like for each outcome area.

LML makes a significant contribution to achieving Outcome 3: health and wellbeing

Dimensions of this outcome include choosing participation in community activities and the notion that “*just being present and belonging to our community is supported and valued*”. The majority of clients participating in the evaluation gave feedback demonstrating how LML connected them with their communities, such as supporting them to meet established or new friends, giving them a sense of purpose, belonging and inclusion through participation in activities of their choosing.

In addition, Outcome 3 includes dignified and respectful treatment by health and well-being professionals. While this evaluation wasn't assessing the performance of LML providers, many clients spoke positively about their LML providers and support workers. Some survey respondents commented on how they felt valued by their support workers, with one saying ‘*They treat me like I'm human. They don't tell me off or belittle me*’.

LML contributes to achieving Outcome 5: accessibility

A dimension of accessibility of particular relevance to LML is ‘*We enjoy and are fully included in artistic, cultural, sporting and recreation events whether as spectators or as performers.*’ Evaluation participants described their experience of LML as overwhelmingly giving them access to the community whether to join group activities or services, or to access recreational spaces and programmes, or other services.

In addition, many clients felt they received support that boosted their ability to try new things and access alternatives or new experiences they would not have had without this help.

Less is known about LML's contribution to accessibility design in the community and this wasn't a focus for the evaluation.

LML makes an important contribution to achieving Outcome 6: attitudes

Significant feedback indicates clients felt they are treated respectfully and with dignity by their LML provider. For many clients, involvement with the service has been a catalyst for a measure of restoration of basic human rights such as freedom of opinion and expression, and participation and inclusion in society.

The feedback also indicates that LML providers are working with clients in such a way that challenges preconceived attitudes encouraging clients to think beyond perceived limitations of their injuries. One can surmise that the flow on affect of clients being more confident to participate in the community, is raised visibility of disabled people which is an important element of changing non-disabled people's attitudes.

LML makes a significant contribution to achieving Outcome 7: choice and control.

A key dimension of outcome 7 is that disabled people are consulted on and actively involved in the development and implementation of policies concerning supports and services that are specific for them. ACC co-designed LML over three years with people living with disabilities and key stakeholders including providers, academics, funders, and government agencies.

Evaluation feedback shows the many evaluation participants had experienced the ability to choose activities that interested them and were able to direct and have control over what they did with their LML funded hours.

This evaluation did not collect data to evidence the achievement of education, employment and economic security, rights protection and justice and leadership outcomes. The topic of employment was discussed with three interviewees from the point of view of clients' goals. One client had paid employment, and two were thinking about what they'd like to work on in the future within the limitations of their impairments.

Enabling Good Lives

Enabling Good Lives (EGL) is an approach that aims to form partnerships between the disability sector – disabled people, families, whānau, providers of disability support - and government agencies¹⁰. EGL vision is that *In the future, disabled people and their families will have greater choice and control over their lives and supports and make more use of natural and universally available supports.*

Transforming the New Zealand disability system in line with EGL is a key programme of work for the new Whaikaha Ministry of Disabled People. The evaluation data was assessed to understand to what extent LML has responded to EGL, and this was undertaken by exploring the five EGL characteristics and five EGL elements of system change.

LML demonstrates at least three of EGL five characteristics

EGL has five characteristics which are self-directed planning and facilitation, cross-government individualised and portable funding, considering the person in their wider context and not in the context of ‘funded support services’, strengthening families or whānau, and community building to develop natural supports.

LML contributes to *self-directed planning and facilitation* through its goal setting component known as facilitated pathway mapping. Most interviewees were able to speak about the value of planning their futures, sometimes done with their whānau, and that this contributed directly to what they achieved. LML may contribute to *community building to develop natural supports*. Many clients said that LML helped them improve their connection with others, being with friends and socialising, taking part in community activities and/or education and training. It was unclear how many of these included natural (i.e. family) supports.

LML may also contribute to *strengthening families or whānau*. Two whānau described how LML had helped them understand, educate or promote increased knowledge of options however there wasn't enough data to be certain of LML's contribution to this. Similarly, there was not enough evaluation data to evidence a contribution to the remaining two characteristics.

¹⁰ <https://www.enablinggoodlives.co.nz/about-egl/>

LML demonstrates at least two of the EGL five elements of system change

EGL also has five elements for system change which are: Building knowledge and skills of disabled people, Investment in families, Changes in communities, Changes to service provision and Changes to government systems and processes.

LML addressed *changes to government systems and process* by moving from the previous four separate contracts that made up Disability Support Services to one contract via a single integrated service. The aim was for more consistency and flexibility and to support clients to have more choice and control of their supports. Many clients commented on how they could choose what they did with their LML hours and how much they valued the consistent support. The area where there may have been less flexibility was in the number of hours they were assessed as being eligible for – this was an issue raised by some clients.

LML also contributes to *building knowledge and skills of disabled people*. It does this by empowering clients to have agency, by being inclusive and responsive to what clients want and giving them opportunities and support to expand their knowledge and experience.

Three clients' whānau gave examples of how LML helped them best support their disabled family member to have a good life. Hannah's vignette gave insight into how LML makes *Investment in families* and help them develop a vision and aspirations for what can be achieved. These findings are based on the experiences of clients using three LML providers and a more comprehensive evaluation would be needed to see how widespread this was.

The elements of *changes to service provision* and *changes in communities* were unable to be assessed due to the client-only focus of the evaluation.

Conclusions

LML supports many clients with complex injuries to achieve a strong sense of wellbeing

LML is making a significant contribution to achieving quality of life and independence for ACC clients with complex injuries who are referred to the programme. Many evaluation participants felt that LML had given them a degree of autonomy and independence that they hadn't had previously. Many commented specifically on what they'd personally experienced, such as increased social and community connections, freedom to do what they wanted, renewed hope for the future and personal growth.

Practical support they received for household functioning as well as travelling outside the home with their LML support worker was directly related to achieving quality of life goals. These insights are useful to understand the gap that LML fills by providing a service that considers the whole person, not just their injury rehabilitation needs.

A small group of survey respondents (7%) didn't always agree that LML had positively influence their lives with comments suggesting they were struggling or hadn't always experienced things as they would like. This may depend on how far into their recovery they were. It's known that seriously injured people go through a grieving process to adjust to living life with their impairment, and that where they are in that process will influence their feelings about and approach to life. There may be other reasons for dissatisfaction with LML that may be related to their provider or their personal situations but were not able to be explored in the evaluation.

Client feedback on areas for improvement were mostly to request more LML hours and to ensure LML is flexible enough to be tailored to an individual's unique circumstances.

LML is contributing to some extent towards equitable experiences for tāngata whaikaha Māori. In response to ACC's new strategy specific measures for Māori would give clearer insight into how LML achieves this.

LML is a universal service with the requirement that providers supply a culturally competent service. No specific outcomes for Māori are measured. The recent development of Te Kāpehu Whetū has provided a framework to analyse outcomes for Māori specifically in relation to the five Pou and these are useful for better understanding whether LML is achieving equitable outcomes for tāngata whaikaha Māori.

Thirty-nine tāngata whaikaha Māori participated in the evaluation – 37 in the survey and two interviewees. A comparison of tāngata whaikaha Māori vs non-Māori survey data show they agreed less with many, although not all, positive statements about LML. They were more likely to agree that LML was considerate of their cultural preferences. The small survey sample however makes it difficult to draw definitive conclusions.

Many tāngata whaikaha Māori gave examples of having options and choices over their activities and the value of newfound independence – contributing to mana motuhake (autonomy and choices). Many also gave examples that indicated that taha tinana and taha hinengaro are supported and in many cases taha whānau. Words used to describe their experience with LML included *confident, engaged, purposeful, belong, meaningful, safe, accepted*. These are likely to contribute to pūawaitanga (thriving and flourishing), rather than only surviving.

There was less data to evidence the other three Pou. Aligned with the new strategy Hūakina Te Ra, ACC launched Kawa Whakaruruhau – ACC's Cultural Safety policy - in April 2023, as data collection for this evaluation was taking place. This policy sets out ACC's expectations for cultural safety for all providers and suppliers of ACC-funded services. The policy requires suppliers and service providers “to continuously and progressively understand and address cultural differences and biases to improve the quality of, and access to, those services to improve inequitable outcomes” for clients. Application of the policy is a requirement under ACC's Standard terms and Conditions (contract).

Providers delivering the Living My Life service are encouraged under the policy to provide consistent, culturally safe experience of care for our clients. This approach is expected to lead to better outcomes and experiences for all clients, including tāngata whaikaha Māori.

LML has made an important contribution to achieving the aims of the New Zealand Disability Strategy and Enabling Good Lives for ACC clients

Procurement documents for the LML contracts in 2018 made explicit reference to the New Zealand Disability Strategy and Enabling Good Lives and the intention to elevate the quality of disabled people's experience of living, particularly those with complex injuries and long-term impairment.

The evaluation shows that from the clients' perspective, LML contributes to four outcome areas: outcome 3 health and wellbeing; outcome 5 accessibility; outcome 6 attitudes; and outcome 7 choice and control. LML also demonstrates aspects of the EGL approach through system change and through key elements of the service such as facilitated pathway mapping. This is a significant shift in how ACC delivers disability support and is aligned with the direction of wider disability transformation occurring in New Zealand and internationally.

The new Whaikaha Ministry of Disabled People is responsible for progressing national EGL implementation. LML service development and evolution needs to continue to align with key strategies for disabled people, and EGL.

Limitations of the evaluation

As this is a client-only evaluation a comprehensive assessment to answer the KEQs was not undertaken. A programme evaluation including the perspectives from providers and ACC frontline and key stakeholders would have given a more robust and complete view of LML

Clients who didn't like the LML service or who were struggling or were unhappy for other reasons may have been less inclined to participate in the survey whereas those who had positive experiences with LML may have been more likely to complete the survey.

Due to the complex nature of clients' injuries participation in the survey was facilitated through LML providers so a representative sample wasn't used. A high proportion of clients completed paper surveys. Many clients have a trusting relationship with their provider. While advised to ask whānau or friends for support, if needed, to complete the survey to maintain their confidentiality, a few clients may have asked their provider for support. It could be assumed that in these cases the client was happy for their provider to see their responses.

Bibliography

ACC (2017) ACC Board Paper – Living my Life New Contract
Unpublished ACC Board Paper

ACC (2018) Living My Life Service Operational Guidelines
Unpublished guidelines for suppliers.

ACC (2018) Service Schedule for Living My Life Service
Unpublished service schedule for suppliers

Allen + Clarke (2020) Implementation evaluation of Mana
Whaikaha system transformation. Report prepared for the
Ministry of Health, Wellington, New Zealand.

Barnett, Alison & Were, Louise (2022) Rangahau into ACC
Funded Rongoaa Maaori Services. Unpublished research
prepared for ACC by the Hikitia Collective

Braun, Virginia & Clarke, Victoria (2008) Using thematic analysis
in psychology, in *Qualitative Research in Psychology*, 3:2, 77-
101

Finlay, Linda (2021) Thematic analysis: The 'Good', the 'Bad'
and the 'Ugly', in *European Journal for Qualitative Research in
Psychotherapy*, Vol.11, 103-116

Hickey, H. & Wilson, D. (2017) Whānau Hauā: Reframing
disability from an indigenous perspective. *MAI Journal*, Volume
6, Issue 1

Lee, M. (2010) The Capacity to Consent to Research Among
Older Adults: *Educational Gerontology* 36 (7)

Ministry of Social Development (2016) New Zealand Disability
Strategy 2016-2026. Wellington, New Zealand: Office for
Disability Issues.

Ministry of Social Development (2019) Disability Action Plan
2019-2023, Wellington, New Zealand: Office for Disability Issues

Ministries of Social Development and Health (2021) Disability
System Transformation: establishing a Ministry for Disabled
People and national implementation of the Enabling Good Lives
Approach. Paper for the Cabinet Social Wellbeing Committee,
SWC-21-MIN-0146

SAMS Standards and Monitoring Services (2018) Enabling
Good Lives Organisational Self Review Publisher unknown
[https://www.enablinggoodlives.co.nz/assets/ResourceSnippets/
EGL-INTERVIEW-GUIDE-OrgSelfReview.pdf](https://www.enablinggoodlives.co.nz/assets/ResourceSnippets/EGL-INTERVIEW-GUIDE-OrgSelfReview.pdf)

Appendix 1 Evaluation questions and associated data collection methods

The following table demonstrates how each data stream is proposed to answer the evaluation questions. This provides the framework for the content of evaluation report.

Key Evaluation Question	Data collection method	Data sources
To what extent has LML influenced quality of life and independent living for clients with disabilities and their whānau?	Interviews Survey	Clients Whānau Administrative and reporting data
How does LML contribute to equity for tāngata whaikaha Māori if at all?	Interviews Survey	Tāngata whaikaha Māori Whānau Administrative and reporting data
To what extent has LML contributed to clients achieving outcomes aimed for within the New Zealand Disability Strategy and EGLs?	Document review Survey Interviews	Clients Whānau