Centre for Disability Research and Policy
Faculty of Medicine and Health

Final Report on the Alternative Formats and Support Options for the Disability Wellbeing Index (DWI)

Promoting Accessibility, Safety, and Self-Reporting for Survey Respondents

Abstract

The Centre for Disability Research and Policy (CDRP), University of Sydney, was contracted to contribute to a three-year research project, 2022-2024, funded by the National Disability Insurance Agency (NDIA) and lead by Associate Professor Gang Chen, Monash University. The overarching aim of this research project was to design and test a preference-based wellbeing instrument that captures factors impacting on the wellbeing of people with disability in Australia, now known as the Disability Wellbeing Index (DWI). The role of the team based at the CDRP was to facilitate people with disabilities being involved in each stage of the research, including accessibility, safe environment, and self-reporting considerations for survey respondents.

This is the final of four reports documenting the contribution of the team at the CDRP. This report was submitted to Monash University on 25 March 2024. In this report, we describe the implementation of the alternative formats and support options offered to DWI survey respondents and our understanding of factors that facilitated (or did not) NDIS participants completing the DWI survey. These insights will help refine future iterations of the DWI and provide guidance for improving the provision of accessible communications to people with disability.

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Table of Contents

ABBREVIATIONS

DCE	Direct Choice Experiment
DPO	Disabled People’s Organisation
DRO	Disability Representative Organisation
DSP	Disability Support Pension
DWI	Disability Wellbeing Index
MMS	Multimedia Messaging Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
TTY	Teletypewriter
WCAG	Web Content Accessibility Guidelines

EXECUTIVE SUMMARY

Background

Professor Emerita Gwynnyth Llewellyn and Dr Kim Bulkeley from the Centre for Disability Research and Policy, University of Sydney were commissioned to undertake the research which is summarised in this report. This study is part of a three-year research project, 2022-2024, funded by the National Disability Insurance Agency (NDIA) and lead by Associate Professor Gang Chen, Monash University.

The overarching aim of this research project is to design and test a preference-based wellbeing instrument that captures factors impacting on the wellbeing of people with disability in Australia. The final phase, which addressed accessibility, safety, and self-reporting for Disability Wellbeing Index (DWI) survey respondents, was conducted from July to December 2023. At the commencement of this research phase, the following stages had been achieved:

1. Identification of items for inclusion in the DWI core set;
2. Incorporation of available literature and feedback from people with lived experience of disability and other stakeholders to refine DWI domains, items, and descriptors, with the final version of the DWI consisting of 14 items covering 10 life areas;
3. A commissioned report produced from interviews with stakeholder groups about technology accessibility, support, and safety considerations for the DWI.

Aim of this research

The aim of this final research phase was to use discrete choice experiments (DCEs) in an online survey format to determine preference-based weightings for items in the 14-item DWI that reflect the relative importance of the life areas in the DWI to people with disability in Australia. Consultations with people with disability and representatives from Disabled People's Organisations (DPOs) and Disability Representative Organisations (DROs) indicated that first we needed to develop a suite of alternative formats and support options to ensure as many National Disability Insurance Scheme (NDIS) participants as possible could be involved in this last research phase. Secondly, we needed to address safety considerations, such as the context within which people complete the survey and the potential for certain survey items to be triggering and cause distress.

Methods

The final survey consisted of the 14-item DWI, ratings of the importance of each item in the 14-item DWI, eight DCE items where respondents identified their preferences among hypothetical wellbeing states, a life satisfaction scale; and demographic and disability-specific questions.

For the purposes of this report, we refer to the final research phase as the "DWI survey", which included the entire survey battery completed by respondents: the 14-item DWI as well as these other measures used to determine preference weightings. When we use the term "the DWI", we refer to the 14-item Disability Wellbeing Index.

The team from the University of Sydney led the efforts to address accessibility for self-report as well as completing the DWI survey in a safe, supportive, and trustworthy environment. To achieve this, we integrated findings from previous consultations into the development of a suite of alternative formats and support options. How we did this is described in the *Report on the Development of Alternative Formats and Support Options for the Disability Wellbeing Index (DWI): Promoting Accessibility, Safety, and Self-Reporting for Survey Respondents* (25th October 2023).

The final DWI survey formats were:

- A standard (Plain English) version of the online DWI survey;
- An Easy English version of the online DWI survey;
- A standard online version of the DWI survey on the Qualtrics platform, optimized for screen reader technology;
- A hard copy (mailed) version of the standard (Plain English) and Easy English DWI survey;
- Opportunity to talk with a team member via telephone or Zoom videoconferencing. This option was designed specifically to meet the needs of people who required Auslan interpreting support, help to understand the meaning of DWI survey items, or support to complete the survey in a safe, supportive, and trustworthy environment.

A NDIA-determined sample of NDIS participants were sent an email from the NDIA in September 2023 inviting them to complete the DWI survey. Those willing to participate could complete the online survey by clicking on a weblink embedded in the email or they could request an alternative format by providing their contact details. The survey was closed on 15 November 2023, at which point no further responses were included for data analysis.

Results

Overall response rate

Nearly 40,000 NDIS participants (*n* = 39,672; 15-24 years: *n* = 20,911; 25+ years: *n* = 18,761) were sent an invitation email from NDIA. Of these, 37,908 invitations (95.6%) were deliverable (15-24 years: *n* = 19,846 (94.9%); 25+ years: *n* = 18,062 (96.2%)), with 1,764 (4.4%) not reaching the participant's recorded email address.

Of the nearly 40,000 potential respondents, only 7.3% (*n* = 2,749) of those who received an invitation email completed at least the first DWI survey question which identified the NDIS participant reporting method (i.e., self-, supported, or proxy report). Nearly three quarters (72.1%) of those who completed the first survey question also completed all eight DCE items (*n* = 1,983; 15-24 years: *n* = 513; 25+ years: *n* = 1,470). Relevant to this report on accessibility and support, 1,748 respondents (15-24 years: *n* = 453; 25+ years: *n* = 1,295) responded to a single DCE item that tested choice validity by indicating that they preferred the better rather than worse attribute levels of wellbeing, suggesting they were engaged in and understood the DCE requirements.

Alternative formats and support options accessed

Degree of NDIS participant involvement in reporting

Of respondents who completed all eight DCE items (*n* = 1,983), just over half (58.3%, *n* = 1,157) completed the DWI survey via self-report (15-24 years: *n* = 87 (17.0%); 25+ years: *n* = 1,070 (72.8%)). An additional 240 (12.1%) completed the survey with support from another person (15-

24 years: *n* = 93 (18.1%); 25+ years: *n* = 147 (10.0%)). Just over a quarter of responses (*n* = 586, 29.6%) were completed by proxy (15-24 years: *n* = 333 (64.9%); 25+ years: *n* = 253 (17.2%)).

Independent completion via self-report of the DWI survey was four times higher in the 25+ years age cohort compared to the 15-24 years age cohort; less than one-fifth of respondents aged 15-24 years completed the survey via self-report (25+ years: 72.8%; 15-24 years: 17.0%). Proxy completion in the 15-24 years age cohort was far more likely – over three and a half times more likely – than in the 25+ years age cohort (15-24 years: *n* = 333 (64.9%); 25+ years: *n* = 253 (17.2%)). Combining rates of self-report and completion with support from another person, approximately four-fifths of adults aged 25+ years had at least some involvement in reporting (*n* = 1,217 (82.8%)), whereas only just over one-third of young people aged 15-24 years did so (*n* = 180 (35.1%)).

Survey formats accessed

Most respondents (*n* = 1,757 (88.6%)) completed the online standard version of the survey. A further 197 (9.9%) completed the online Easy English version of the survey. Combining online and hard copy formats, standard versions were completed by 89.8% (*n* = 1,781) and Easy English versions by 10.2% (*n* = 202).

Research team support provision

Sixty-six people requested follow-up contact with the research team by (a) using the weblink in the invitation email to provide their contact details, or (b) contacting the research team directly using the telephone or email details provided in the email invitation. Of these, nine were provided additional explanation about the requirements of the DWI survey via telephone or email; 31 requested a hard copy version of the survey (17 standard versions and 14 Easy English versions) of which 21 were returned (14 standard and seven Easy English versions); 24 requested to complete the survey with research team support via telephone or Zoom and 14 support sessions were conducted; and two requests were unclear, with clarification about the study sent via email.

Our approach to support provision

Two principles underpinned our approach to providing support to complete the survey:

1. We acknowledged that people with disability are experts on their own support needs. Consequently, we informed people of the available formats and support options, gave them the opportunity to describe their needs and preferences for completion, and assisted them to match their communication style, support needs, and preferences to survey formats.
2. We acknowledged that any accessibility assistance provided must be proportionate to need. We aimed to provide only necessary and sufficient support, remaining in the background as much as possible. This helped ensure that the respondent was in control of choosing their preferred support option and had as much privacy as possible.

Reasons for requesting support via telephone or Zoom videoconferencing

Respondents’ reasons for requesting support via telephone or videoconferencing varied; some related to the person’s impairment creating difficulty in accessing the online DWI survey. These respondents preferred to complete the survey by listening to the questions being read aloud to them. Other respondents wanted to complete the survey in an interaction with another person in a safe, supportive, and trustworthy environment.

Challenges encountered with telephone completion

- Respondents needed adequate listening and memory skills to take in, retain, and process information read out to them;
- Lack of consistency in response options across survey sections was potentially confusing;
- Lack of access to images used in online and hard copy versions of the survey.

Strategies employed for telephone completion

- Use of numerical scales, that is, putting numbers to response options rather than words;
- Use of visual items delivered via email or Multimedia Messaging Service (MMS) to provide a back-up visual presentation;
- Giving a verbal description of images;
- Adjusting pacing and pausing when reading out items.

Reasons for requesting a safe, supportive, and trustworthy environment

Although specific requests for a safe, supportive, and trustworthy environment for completion were rare, this was offered when requested. Respondents showed that they felt reasonably comfortable and supported by being willing to share feelings about their current life situation, engaging in routine behaviours such as smoking or stimming during the time they were being assisted, initiating preferred identity-first language discussions, and by volunteering suggestions about how to improve some survey items.

Some respondents became distressed when describing their current life situation, past experiences of abuse and discrimination, and unsupportive interactions with government agencies. Distress was also often reflected in respondents' survey responses, which indicated extremely low levels of wellbeing and a large gap between their views on the importance of life areas and their life situation, sometimes accompanied by more detailed reasons for their answers. These respondents had not necessarily asked for support because of the potential for distress.

Challenges encountered when providing a safe, supportive, and trustworthy environment

- The time needed to develop the trust and rapport required for a safe and supportive environment varied significantly between respondents; 30 minutes was long enough to complete the survey for some, whereas others required up to 90 minutes;
- Listening to respondents' stories of abuse and their distress at their lack of wellbeing was potentially unsettling for listeners.

Strategies employed when providing a safe, supportive, and trustworthy environment

- Using prepared guidelines for supporting distressed respondents, which included offering to take a short break from the survey or suggestions of external sources of support.

Reasons for requesting comprehension support

Respondents who required support to understand what the survey was about, what was expected of them, or individual survey items did not necessarily explicitly request this type of support; the research team needed to deduce the need for this support. Many respondents, including those who did not identify as having a cognitive or intellectual disability, appeared to benefit from the opportunity to clarify the meaning of questions and their own responses.

Challenges encountered when providing comprehension support

Various survey items were not clearly understood by respondents and required clarification:

- The meaning of Plain English and Easy English when selecting survey versions;
- How long have you had your disability: specifically, whether this item refers to the length of time that a person's health problem or disability has affected their ability to do daily activities or the length of time since they were first diagnosed;
- Marital status: How to respond to this item for respondents who were not married or living with their partner;
- Hours of active daily support from paid or informal supporters: how to respond when support is received on a weekly or monthly basis or when the average daily support is less than one hour per day.

Strategies employed when providing comprehension support

- Use of simplified language that broke concepts down into smaller components to facilitate a shared understanding.

Key learnings and recommendations

Recommendations relating to the DWI

Online DWI design

- Minimise online survey length and complexity to make completing the survey easier. For respondents requiring telephone support this would also reduce the need for strong listening and memory skills;
- Incorporate respondent feedback about survey content into the next version of the DWI;
- Continue investigation of other online formats to suit the accessibility needs of as many people with disability as possible. Address recommendations made in the audit report provided by the Centre for Accessibility Australia;
- Partner with accessibility experts to consolidate online DWI formats into one format that is accessible to a broader range of communication styles and support needs;
- Consult with the Deaf community to identify and produce survey formats that allow Auslan users to complete the DWI via self-report and/or with support;
- Consult with the Deafblind community to identify their accessibility requirements and produce formats that allow them to complete the DWI via self-report and/or with support;
- Evaluate the impact and effectiveness of the accessible design of future versions of the DWI in an ongoing process. This must include seeking feedback from people with disability to inform further refinements and improve real-world implementation.

Supports offered to respondents to complete the DWI

The NDIA to be responsible for offering support to potential respondents to ensure as many NDIS participants as possible can complete the online DWI. This would include at a minimum:

- Continuing to make available hard copy versions of the DWI;
- Continuing to make available one-to-one person support to complete the DWI by telephone or videoconferencing;
- Ensuring that the person/s responsible for providing support initiate and assist respondents to identify their specific needs and offer support that best matches these identified needs;

- Training for the person/s responsible for providing support in:
    - The rationale behind and presentation of the DWI;
    - Ensuring the support maintains fidelity to the purpose and intent of all DWI items;
    - Adjusting communication as needed to suit each respondent's identified needs;
    - Being open to hybrid format offerings if needed;
    - Being prepared to respond appropriately to distress during completion of the DWI.

Areas requiring further investigation

- The NDIA to investigate and address reasons for the low overall response rate, particularly for young people, and to do so by consulting with NDIS participants, at a minimum;
- The NDIA to be required to investigate and address the high rates of proxy and to do so by consulting with NDIS participants at a minimum, particularly in the younger age cohort where the proxy rate was exceptionally high;
- The NDIA to clearly define the meaning of "completion with support from another person" to ensure that NDIS participant's preferences are taken into account and reflect the responses given for respondents in this category;
- The NDIA to be transparent and accountable about their purpose in using the DWI and the intended use of data resulting from DWI implementation;
- Consider expanding the use of the DWI with non-NDIS participants. This will require all data gathering and psychometric testing processes to be applied to a group of non-NDIS participants.

Broader learnings regarding accessible formats

The experience we gained while working to make the DWI as accessible as possible to as many people as possible suggests several ways in which researchers and others could enhance their use of online surveys for people with disability.

Commitment to upholding the autonomy of people with disability

- Recognise the right of people with disability to make decisions and exercise choice in matters that affect their own lives including responding to surveys;
- Recognise that one-to-one communication directly with and by the person with disability is the default option and when this is not possible, ensure the person with disability is supported by a trusted supporter/ally;
- Communication with someone on behalf of the person with disability is the least desirable option unless requested by the person with disability;
- Proxy completion of a survey is the option of last resort.

Prioritise a safe, supportive, and trustworthy environment

- Acknowledge that people with disability have a higher likelihood of experiencing distress when being questioned about their wellbeing because of experiences of trauma and abuse;
- Acknowledge that some NDIS participants receiving the email communication about the DWI may be in unsafe situations or with a person or people who make them feel unsafe. This may dissuade or prevent them from making open, personal self-disclosure;
- Provide one-to-one person support by a dedicated trained NDIA staff member to assist respondents to complete the DWI in a safe, supportive, and trustworthy environment.

SECTION 1: BACKGROUND

Professor Emerita Gwynnyth Llewellyn and Dr Kim Bulkeley from the Centre for Disability Research and Policy, University of Sydney were commissioned to undertake the research which is summarised in this report. This study is part of a three-year research project, 2022-2024, funded by the NDIA and lead by Associate Professor Gang Chen, Monash University. The overarching aim of this research project is to design and test a preference-based wellbeing instrument that captures factors impacting on the wellbeing of people with disability in Australia.

The final phase, which addressed accessibility, safety, and self-reporting for DWI survey respondents, was conducted from July to December 2023. At the commencement of this research phase, the following stages in the development of the DWI had been achieved:

1. Identification of items for inclusion in the DWI core set[1];
2. Incorporation of available literature and feedback from people with lived experience of disability and other stakeholders[2] to refine DWI domains, items, and descriptors, with the final version of the DWI now consisting of 14 items covering 10 life areas;
3. A commissioned report produced from interviews with stakeholder groups about technology accessibility, support and safety considerations for the DWI[3].

The aim of the current research stage was to use DCEs in an online survey format to determine preference-based weightings for items in the 14-item DWI that reflect the relative importance of the life areas in the DWI to people with disability in Australia. The research team planned to use DCEs to elicit preferences regarding items in the DWI core set from NDIS participants. For the purpose of this report, we refer to the final research phase as the “DWI survey”, which included the entire survey battery completed by respondents: the 14-item DWI as well as other measures used to determine preference weightings (including the DCE, a life satisfaction scale, and demographic and disability-specific questions). When we use the term “the DWI”, we refer to the 14-item Disability Wellbeing Index.

See Appendix 1 for the standard version of this survey. Further information about the survey and its components is provided in the section entitled Description of the DWI Survey.

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[1] *Disability Wellbeing Index (DWI), Core Items Development.* Melbourne: Centre for Health Economics, Monash University, September 2023.

[2] *Disability Wellbeing Index, Analysis of Qualitative Components with Adults and Young People with Disability.* Sydney: Centre for Disability Research and Policy, University of Sydney, report to Monash University Centre for Health Economics, 18th November 2022.

[3] *Report on Interviews About Technology Accessibility, Support and Safety Considerations for the NDIS Disability Wellbeing Index*. Sydney: Centre for Disability Research and Policy, University of Sydney, report by Dr Keran Howe to Monash University Centre for Health Economics, 7th July 2023.

Challenges in administering preference-based weighting surveys to people with disability

Complexity of DCE tasks

Stated preference methods such as DCEs have been widely used to determine the relative importance of different items in quality-of-life instruments, deriving preference weights for the instrument[4]. Respondents in the general population can find DCE tasks to be complex and require considerable mental effort to process task requirements[5], and people with intellectual or cognitive disability may find these tasks even more challenging. Further, strategies typically used to help respondents make sense of DCE tasks include adjusting how items are presented visually[6]. However, these strategies may not be helpful to individuals who are blind, have visual impairments, or who prefer to complete the survey over the telephone.

Previous low response rate

Another critical issue that we sought to address related to low response rates. Preliminary examination of the DWI's psychometric properties in October-December 2022[1] yielded a low response rate, with only 1,647 respondents completing at least one DWI item, from a potential response pool of 29,419 NDIS participants (5.6%). Of these, only 16% were responses from NDIS participants self-reporting about their own wellbeing. A large proportion of responses (38%) were proxy reports (i.e., a family member, friend, support worker or other person reporting on the wellbeing of a NDIS participant, based on their own understanding of the person with a disability), and proxy reports with some contribution from the person with a disability (15%).

One possible explanation is that the format of research invitations and the DWI did not sufficiently meet the diversity and specificity of respondents' communication styles. No accommodations were provided in the 2022 survey to support completion by a diverse group of respondents with disability, contrary to best practice recommendations[7]. The high rate of proxy completion was extremely problematic, since the available literature indicates that proxy reporting is unlikely to provide an accurate measure of another person's internal state[8], such as feelings about their own wellbeing. Therefore, we anticipated that provision of reasonable accommodations through alternative survey formats and support options may assist people with disability to self-report their wellbeing[9], thereby increasing response rates and reducing proxy completion.

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[4] Stolk, E. A., Oppe, M., Scalone, L., & Krabbe, P. F. (2010). Discrete choice modeling for the quantification of health states: the case of the EQ-5D. *Value in Health*, *13*(8), 1005-1013. doi: 10.1111/j.1524-4733.2010.00783.x

[5] Louviere, J. J., Islam, T., Wasi, N., Street, D., & Burgess, L. (2008). Designing discrete choice experiments: Do optimal designs come at a price? *Journal of Consumer Research*, *35*(2), 360–375. doi: 10.1086/586913

[6] Jonker, M.F., Donkers, B., de Bekker-Grob, E., & Stolk, E.A. (2019). Attribute level overlap (and color coding) can reduce task complexity, improve choice consistency, and decrease the dropout rate in discrete choice experiments. *Health Economics*, *28*, 350–363. doi: 10.1002/hec.3846

[7] *Good Practice Guidelines for Engaging with People with Disability*. Canberra: Commonwealth of Australia (Department of Social Services), 2023.

[8] Havercamp, S. M., Barnhill, L. J., Bonardi, A., Chapman, R. A., Cobranchi, C., Fletcher, R. J., ... & Nisonger Center RRTC on Health and Function. (2022). Straight from the horse's mouth: Increasing self-report in mental health assessment in individuals with intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, *35*(2), 471-479. DOI: 10.1111/jar.12952

[9] Santoro, S. L., Donelan, K., & Constantine, M. (2022). Proxy-report in individuals with intellectual disability: A scoping review. *Journal of Applied Research in Intellectual Disabilities*, *35*(5), 1088-1108. DOI: 10.1111/jar.13013

Consultations on technology accessibility, support, and safety considerations

To understand what accessible formats, support options, and safety considerations are required to facilitate completion of the DWI and DCE items by as many NDIS participants as possible, during April-June 2023 Dr Keran Howe, on behalf of our team, consulted with representatives from DPOs and DROs. A total of 16 representatives from eight organisations participated in interviews that explored their opinions on four issues of concern to the University of Sydney based on their work, which resulted in the report titled *Report on Interviews About Technology Accessibility, Support and Safety Considerations for the NDIS Disability Wellbeing Index*[3]. These key issues were: (i) accessibility of online surveys and alternatives to online surveys, (ii) the types of support that respondents may require to complete the survey, (iii) whether proxy completion is appropriate for a wellbeing index where self-report is deemed not possible, and (iv) considerations for ensuring respondents feel confident and safe when completing the survey.

These consultations[3] found that people with disability and representatives of DPOs and DROs strongly recommended self-reporting of wellbeing where at all possible, with proxy completion being the option of last resort. People were highly sceptical of the accuracy and appropriateness of other people reporting about the wellbeing of people with disability either without the person with disability, that is, by proxy, or even when assisting the person with disability.

Participants in this research also provided insights into the types of accommodations required to ensure that the DWI is accessible for all people with disability and by the Deaf community. They emphasised the need to develop a suite of alternative formats and support options that met a range of respondent requirements, such as those of people who use screen readers and/or voice-to-text technologies, people with low vision, people with cognitive or intellectual disability, and Deaf people and those who use Auslan. In addition, they argued for the need to address safety considerations such as the context within which people complete the DWI and the potential for certain items to be triggering and cause distress.

Based on these findings, we formulated a preferred hierarchy of response options for completion of the DWI survey[10], with proxy being considered only as the option of last resort:

1. Independent completion by the person with disability. This includes completion of the standard online version of the DWI survey or one of the alternate formats, such as Easy English format or those compatible with screen reader or voice-to-text technology;
2. Completion by the person with disability with support from a trusted supporter/ally that they nominate. This could include completion with a member of the research team via telephone or Zoom videoconferencing;
3. Completion by a proxy who is knowledgeable about the NDIS participant and who is trusted and preferably nominated by them.

In this framework, proxy responses are regarded as the last resort, with best efforts focused on developing alternative formats that allow people with disability to independently complete the

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[10] *Written Submission to NDIS Review Concerning Accessibility of NDIA/NDIS Communication to NDIS Participants*. Sydney: Centre for Disability Research and Policy, University of Sydney, submission by Professor Emerita Gwynnyth Llewellyn, Dr Kim Bulkeley, Dr Monique Hines, and Dr Keran Howe to NDIS Review, 31st August 2023.

survey and on providing responsive and trusted support options that demonstrate respect for the autonomy and dignity of people with disability.

Objectives of the current research phase

The overarching aim of the current research phase (July – December 2023) was to use DCEs in an online survey format to determine preference-based weightings for items in the 14-item DWI with a large sample of NDIS participants. The team from the University of Sydney led the efforts to address accessibility for self-report as well as completing the DWI survey in a safe, supportive, and trustworthy environment. To achieve this, we integrated findings from previous consultations[2,3] into the development of a suite of alternative formats and support options. How we did this is described in the *Report on the Development of Alternative Formats and Support Options for the Disability Wellbeing Index (DWI): Promoting Accessibility, Safety, and Self-Reporting for Survey Respondents* (25th October 2023)[11].

In the current report, we describe the implementation of these alternative formats and support options and our understanding of factors that facilitated (or did not) NDIS participants completing the DWI survey. These insights will help refine the next version of the DWI prior to regular implementation by the NDIA. Our learnings reported here may also help to improve the broader delivery of accessible online surveys and communications by the NDIA and align it with the principles and recommendations in the report titled *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report, Volume 6: Enabling Autonomy and Access*[12]. The Royal Commission emphasised the obligations of government agencies and service providers to provide accessible information and communications to people with disability, in recognition of their inherent human rights. Given the scale of the barriers faced by people with disability as described in this report, it is apparent that there continues to be much potential for improvement in design and delivery of accessible communications. It is hoped that our insights will provide a practical example of how one research team endeavoured to achieve this.

As part of a soft launch, an email was sent from NDIA on 4 September 2023 to 4,000 NDIS participants aged 25 years and over, inviting them to complete the DWI survey. The full launch of the survey occurred on 8 September 2023. In total, a NDIA-determined sample of nearly 40,000 NDIS participants (n = 39,672; 15-24 years: n = 20,911; 25+ years: n = 18,761) were sent an invitation email. Of these, 37,908 invitations (95.6%) were deliverable (15-24 years: n = 19,846 (94.9%); 25+ years: n = 18,062 (96.2%)), with 1,764 (4.4%) not reaching the participant's recorded email address. One reminder email was sent to the same NDIS participants on 22 September 2023. The survey was closed on 15 November 2023 and no further responses were included for data analysis after this date.

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[11] *Report on the Development of Alternative Formats and Support Options for the Disability Wellbeing Index (DWI): Promoting Accessibility, Safety, and Self-reporting for Survey Respondents*. Sydney: Centre for Disability Research and Policy, University of Sydney, report to Monash University Centre for Health Economics, 25th October 2023.

[12] *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report. Volume 6: Enabling Autonomy and Access.* Canberra: Disability Royal Commission, September 2023.

SECTION 2: DESCRIPTION OF THE DWI SURVEY

Welcome page

Respondents received an email invitation from the NDIA to complete the online survey. A weblink embedded in the email directed respondents to a welcome page which allowed them to select either the Plain English or the Easy English version of the explanatory statement, hosted on the Qualtrics platform. The welcome page also included links to an Auslan video on Youtube that reflected the content of the email invitation, as well as a direct link to the survey for voice-to-text technology users. Phone numbers and an email address were also provided so that respondents requiring assistance to access the survey could directly contact the project lead.

Explanatory statement (page 1)

On this page, respondents were given a short description of the project's aim, including the opportunity to complete the survey using alternative formats and support options. Respondents could select from a range of DWI survey formats including:

- A standard (Plain English) version of the DWI survey on the Sawtooth platform;
- An Easy English version of the DWI survey on the Sawtooth platform;
- A standard version of the DWI survey on the Qualtrics platform, optimized for screen reader technology;
- A hard copy version of the survey of the standard (Plain English) and Easy English surveys, which was mailed to a respondent to their preferred mailing address;
- Opportunity to complete the DWI survey with support from a DWI team member via telephone or Zoom videoconferencing. Selecting this option directed respondents to a form where they provided their name and contact details, along with a free text box where they could describe what support they required. Examples of the types of supports respondents might request were presented, and included help to understand what questions mean, Auslan interpreting, National Relay Service support, or help to complete in a safe and supportive environment. This free text box was an optional field;
- Chatting with a member of the research team to understand more about the alternative options and support options available. Selecting this option directed respondents to a form where they could provide their name and contact details.

The following description will follow the standard (Plain English) version of the online survey on the Sawtooth platform. Survey content was consistent across online platforms and versions; however, may have varied slightly due to differences in length and wording. For example, the Qualtrics version of the online survey presented the Explanatory Statement across eight webpages rather than the four webpages used in the Sawtooth online version.

Explanatory statement (page 2-4) and consent pages

The respondent was provided with three webpages of text that provided written information about the research project. This included an explanation of what participation involved, its voluntary nature, any anticipated risks and benefits of participation, confidentiality, and how data security would be managed.

Next, the respondent was required to indicate how old they were via a multiple-choice question indicating three age cohorts: 15-17 years, 18-24 years, and 25 years or over. Responses determined the version of the consent statement presented on the following page.

For young people aged 15-17 years, the consent statement was followed by three options:

1. A legal guardian could indicate they would participate in the study and complete the survey as a proxy,
2. The young person could indicate they agreed to participate, in which case they were directed to complete an Assent Form on the following webpage where they indicated that they agreed to participate via selection of a radio button.
3. The respondent could indicate that they preferred not to participate in the study.

All other age respondents were presented with a consent statement, after which they indicated either that they agreed to participate in the study or that they preferred not to participate.

Information about the respondent

The following webpage contained one multiple-choice question asking the respondent who is completing the survey. This question sought to determine the degree of NDIS participant involvement in reporting: whether the NDIS participant was independently completing the survey, whether they were being supported by another person to complete the survey, or whether they were completing as a proxy on behalf of a NDIS participant. Except for when a NDIS participant indicated that they were completing the survey independently and unsupported, the following webpage provided a reminder that survey responses should reflect the NDIS participant's own views, and where possible, the person providing support should ask the NDIS participant about their feelings before answering each question. Proxy reporters were provided an additional series of questions to indicate their gender and their relationship to the NDIS participant. They were also able to provide their contact details so that a member of the research team could contact them to discuss alternative approaches to assist a NDIS participant to complete the survey independently.

Introductory demographic and disability details

Respondents completed three multiple-choice questions about their age, gender, and state/territory of residence. Respondents then answered three binary-choice questions on the impact of their health condition or impairment on (a) daily activities, (b) activities of independent living, and (c) activities of work, education, and community living.

Respondents next indicated which disability groups best described their current impairments, activity limitations, and participation restrictions. Respondents could select multiple responses from the following categories: sensory, intellectual, physical, psychosocial, head injury/stroke/acquired brain injury, autism, or other, which provided the respondent with an opportunity to describe their disability in a free text box. Examples of impairments and disabilities were provided for each disability category.

At this juncture, respondents were reminded that they could stop the survey at any time if they became tired or needed a break, and that they could re-access the survey within three days using the same device.

Section A – 14-item DWI

The 14-item DWI was preceded by a safety message that let respondents know that the following questions mentioned safety and provided options for accessing support if they became distressed. Similar safety messages were presented after the item "I am satisfied with my mental health", "I feel safe in my life", and "I have enough money to meet my needs". These messages provided options for accessing mental health support, counselling services and abuse and neglect hotlines, and financial counselling services, respectively.

Response options

For each of the items in the DWI, respondents could select from five response options: all of the time, most of the time, some of the time, a little bit of the time, and none of the time. The items "I am satisfied with the way I get along with my family", "I am satisfied with my friendships", and "I am satisfied with the way I get along with people who support me" also included a "not applicable" response option, for instances where the respondent did not feel these items sufficiently reflected their life situation.

Respondent feedback

Respondent had the opportunity to provide feedback on how easy or difficult it was to complete the DWI using a 5-point scale with the following response options: very easy, easy, neither easy nor difficult, difficult, and very difficult. Respondents were also able to provide additional comments in a free text box.

Section B – Discrete choice experiment (DCE)

The DCE aimed to measure the relative importance of alternative wellbeing states. This section commenced with a written explanation of the task. An example of a choice question was provided next, including a screenshot of a completed choice experiment. Next, a practice question was provided. This single item tested choice validity and identified whether respondents were engaged in and understood the DCE task by responding in a way that demonstrated they preferred better rather than worse levels of wellbeing[13]. See Figure 1 for the test item.

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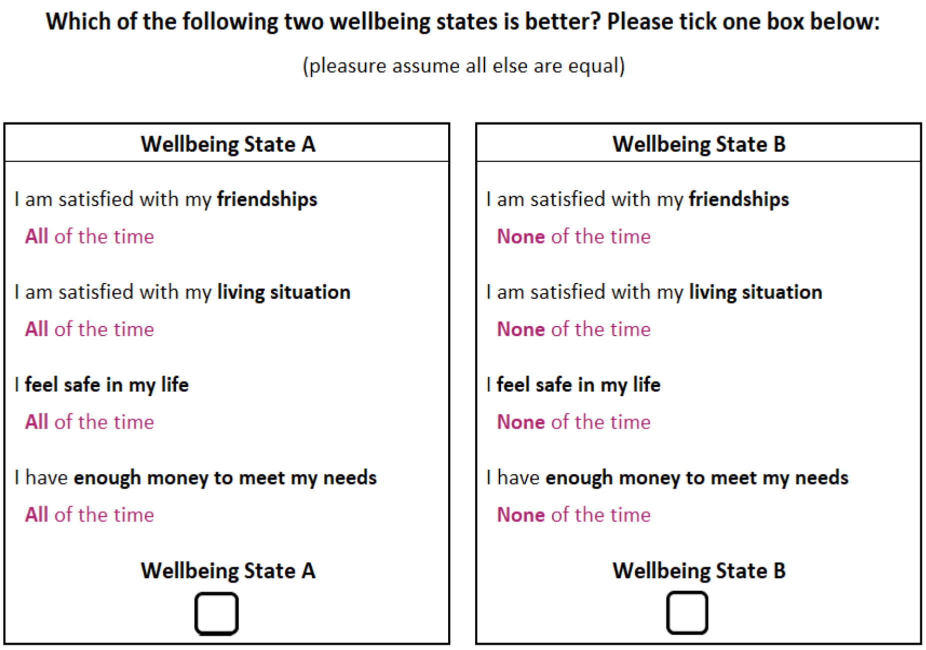
[13] Janssen, E.M., Marshall, D.A., Hauber, A.B., & Bridges, J.F.P. (2017). Improving the quality of discrete-choice experiments in health: how can we assess validity and reliability? *Expert Review of Pharmacoeconomics & Outcomes Research, 17*(6), 531-542. doi: 10.1080/14737167.2017.1389648

Figure 1: Discrete choice experiment (DCE) test item



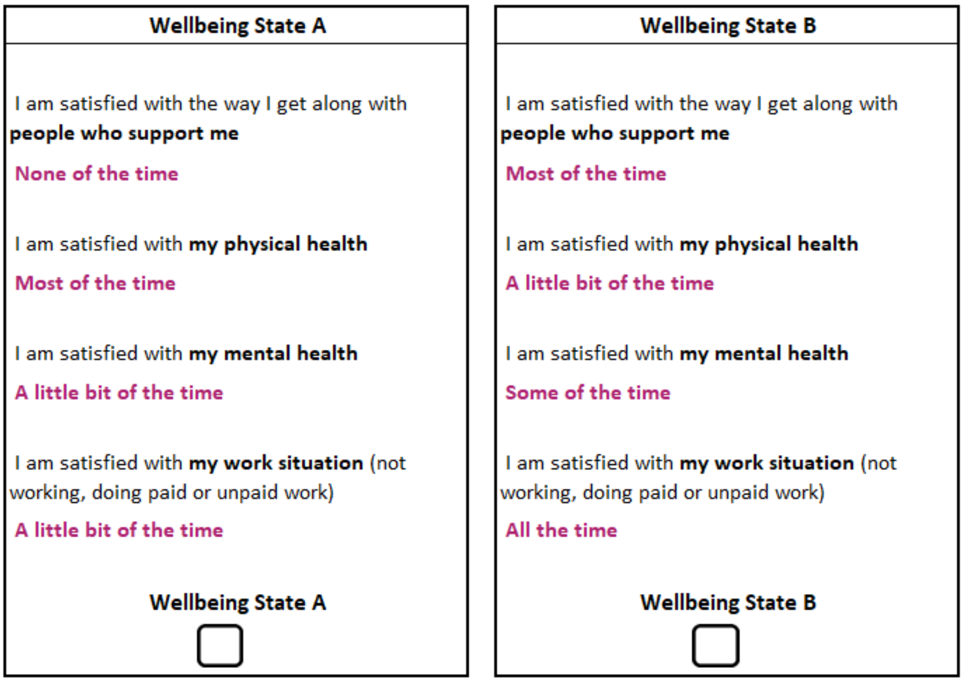
Which of the following two wellbeing states is better? Please tick one box below:

(pleasure assume all else are equal)

Wellbeing State A	**Wellbeing State B**
I am satisfied with my **friendships** **All** of the time	I am satisfied with my **friendships** **None** of the time
I am satisfied with my **living situation** **All** of the time	I am satisfied with my **living situation** **None** of the time
I **feel safe in my life** **All** of the time	I **feel safe in my life** **None** of the time
I have **enough money to meet my needs** **All** of the time	I have **enough money to meet my needs** **None** of the time
Wellbeing State A ☐	**Wellbeing State B** ☐

The test item was followed by eight DCE items, which were randomised across respondents. See Figure 2 for an example of a DCE item.

Figure 2: Example of a discrete choice experiment (DCE) item



Wellbeing State A	**Wellbeing State B**
I am satisfied with the way I get along with **people who support me** **None of the time**	I am satisfied with the way I get along with **people who support me** **Most of the time**
I am satisfied with **my physical health** **Most of the time**	I am satisfied with **my physical health** **A little bit of the time**
I am satisfied with **my mental health** **A little bit of the time**	I am satisfied with **my mental health** **Some of the time**
I am satisfied with **my work situation** (not working, doing paid or unpaid work) **A little bit of the time**	I am satisfied with **my work situation** (not working, doing paid or unpaid work) **All the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

Each DCE item involved the comparison of two wellbeing states. Each wellbeing state comprised four of the 14 items that constituted the DWI. As seen in Figure 2, both wellbeing states contained the same four items, however these items varied in their levels. These levels match the response options used in the DWI: all of the time, most of the time, some of the time, a little bit of the time, none of the time. Respondents were required to indicate which of the two wellbeing states they preferred by selecting the radio button that matched their preference.

Respondent feedback

Following the eight DCE items, the respondent had the opportunity to provide feedback on how easy or difficult it was to complete the DCE using a 5-point scale with the following response options: very easy, easy, neither easy nor difficult, difficult, and very difficult. Respondents were also asked to indicate how well they understood the task requirements; response options to this question included “I completely understood what I was supposed to do,” “I think I understood what I was asked to do,” and “I did not understand what I was asked to do.”

Importance of wellbeing states

In this set of questions, respondents indicated the importance of each of the 14 items in the DWI to their overall wellbeing. This was done without comparison to any other life area.

Response options

For each of the items in this task, the respondent selected from five response options: extremely important, very important, moderately important, slightly important, and not important.

Section C – Additional disability details

This section included multiple choice questions to provide information about the respondent’s disability. The first question asked respondents whether they have had the disability since birth or before 5 years of age. Potential responses included yes, no, and unsure. If the respondent ticked no, they were asked a secondary question, how long have they had the disability. The four possible responses to this question included less than 5 years, 6-10 years, more than 10 years, and unsure.

The next two questions asked about paid and informal support. The first question asked respondents if there was someone in the household that provided care or support for them and offered a binary choice response (yes/no). The following question asked respondents how many hours of active daily support they received from paid or informal supporters. The respondent selected from 6 possible responses: none, 1-5 hours each day, 6-11 hours each day, 12-23 hours each day, and don’t know.

The final two questions asked respondents if they currently receive a Disability Support Pension (DSP) and whether they are currently a NDIS participant. Both questions used the same response options: yes, no but I used to, and no I have never received a DSP/been a NDIS participant.

Section D – Additional demographic details

The first four questions of this section asked respondents (1) if they are of Aboriginal and/or Torres Strait Islander origin, (2) if they speak a language other than English at home, (3) their home postcode, and (4) to describe their current marital status. The question about the respondent’s postcode provided a free-text box to provide an answer. The other questions provided multiple-choice response options and included a ‘prefer not to say’ option.

Life satisfaction scale

Next, respondents answered a 5-item life satisfaction scale. The items in this scale asked respondents about their view of their own life, such as how satisfied they are with their life, and whether they have gotten the important things they want in life.

Response options

For each of the items in the life satisfaction scale, the respondent selected from seven response options: strongly agree, agree, slightly agree, neither agree nor disagree, slightly disagree, disagree, strongly disagree.

Modified Cantril's Ladder item

Respondents were presented with an image of a modified Cantril's Ladder[14] used to represent the best possible life, with steps numbered from 0 to 10. Respondents were asked on which step of the ladder they feel they stand at this time and to provide their response in a free text box.

Demographic details

The next two questions asked respondents to rate their physical and then their mental health on a 5-point scale: excellent, very good, good, fair, and poor. One item asked respondents to indicate their highest level of education completed. Thirteen possible response options were provided, including 'never attended school', 'Year 10 or equivalent', 'Trade certificate I-IV', and 'Graduate certificate or Graduate diploma'. Finally, respondents were asked about their current employment status and were provided nine possible response options, including full-time employed, unemployed, and student. Both questions provided a 'prefer not to say' response option, as well as a free text box to describe their level of completed education and current employment status if they felt that none of the provided response options adequately matched their situation.

End of survey

At the end of the survey, respondents were thanked for their participation. Respondents were invited to provide any additional comments in a free-text box.

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[14] Cantril, H. (1965). *The Pattern of Human Concerns*. New Brunswick, NJ: Rutgers University Press.

SECTION 3: RESULTS

Overall response rate

Nearly 40,000 NDIS participants (*n* = 39,672; 15-24 years: *n* = 20,911; 25+ years *n* = 18,761) were sent an invitation email from NDIA. Of these, 37,908 invitations were deliverable (15-24 years: *n* = 19,846; 25+ years: *n* = 18,062), with 1,764 not reaching the participant's recorded email address.

Of the nearly 40,000 potential respondents, only 7.3% (*n* = 2,749) of those who received an invitation email completed at least the first DWI survey question which identified the NDIS participant reporting method (i.e., self-, supported, or proxy report). This included 4.3% (*n* = 861) of NDIS participants from the 15-24 years age cohort who received an invitation email, 10.4% (*n* = 1,878) of those from the 25+ years age cohort who received an invitation email, and 10 respondents whose age cohort was unknown. This overall response rate is slightly higher than obtained in a preliminary examination of the psychometric properties of the DWI via online survey in October-December 2022 (i.e., 7.3% compared to 5.6%)[1].

Nearly three quarters (72.1%) of those who completed the first survey question also completed all eight DCE items (*n* = 1,983; 15-24 years: *n* = 513; 25+ years: *n* = 1,470). Relevant to this report on accessibility and support, 1,748 respondents (15-24 years: *n* = 453; 25+ years: *n* = 1,295) responded to the single item that tested choice validity by indicating that they preferred the better rather than worse attribute levels of wellbeing by indicating that they preferred the better rather than worse attribute levels of wellbeing, suggesting they were engaged in and understood the DCE requirements.

Alternative formats and support options accessed

Table 1 describes the different survey formats offered to respondents. More information about the development of each of these survey formats can be found in the *Report on the Development of Alternative Formats and Support Options for the Disability Wellbeing Index (DWI): Promoting Accessibility, Safety, and Self-Reporting for Survey Respondents* (25th October 2023)[11].

Table 1: Survey formats offered

Survey format	Description
Online standard (Plain English) version	The online standard version was accessed by respondents from the welcome page and page 1 of the explanatory statement. This version was also accessed by some respondents who received support from the research team to complete the survey via telephone or Zoom videoconferencing. The online standard version was hosted on the Sawtooth platform. See Appendix 1 for the content of the online standard version.
Online Easy English version	The online Easy English version was developed to facilitate survey completion by people with intellectual or cognitive disability. It featured use of simplified language and pictures to complement the text in the explanatory statement and consent form sections. This option was available from the welcome page and page 1 of the explanatory statement. This version was also accessed by some respondents who received support from the research team to complete the survey via telephone or Zoom videoconferencing. The online Easy English version was hosted on the Sawtooth platform. See Appendix 2 for the content of the online Easy English version.
Online version optimized for screen readers	This version was developed to facilitate independent survey completion by people who use screen reader technology. Content followed the standard online version however this version was hosted on the Qualtrics platform. In contrast to the online standard version, DCE items were re-formatted as plain text in a simple multiple-choice question format without use of coloured text, and questions utilizing grid layout were replaced with a series of multiple-choice questions. This option was selected by respondents using the screen reader-optimised option on the welcome page and page 1 of the explanatory statement.
Hard copy standard version - mailed	The hard copy standard version was accessed by respondents who selected this option on the welcome page and page 1 of the explanatory statement and then provided their contact details. Each respondent received one of five possible sets of the DCEs, each comprised of eight items, with sufficient diversity. Participants were mailed a hard copy of the survey with a reply-paid envelope.
Hard copy Easy English version - mailed	The hard copy Easy English version was accessed by respondents who selected this option in the welcome page and page 1 of the explanatory statement and then provided their contact details. As above, each respondent received one of five possible sets of the DCEs, each comprised of eight items, with sufficient diversity. Participants were mailed a hard copy of the survey with a reply-paid envelope.

In presenting the results below, we define ‘survey completion’ as completion of all eight DCE items. This reflects the fact that a major focus of our efforts was promoting the accessibility of the conceptually complex DCE section. Further, unlike counts based on completion of the first survey question, there were no missing data regarding the age cohort of respondents when defining survey completion in terms of completion of the eight DCE items.

Table 2 outlines the different survey formats accessed and completed by the 1,983 respondents who completed the eight DCE items according to age cohort (i.e., 15-24 years, 25+ years) and the degree of NDIS participant involvement in reporting (i.e., self-report, supported completion, proxy report).

Degree of NDIS participant involvement in reporting

Of the respondents who completed all eight DCE items (*n* = 1,983), just over half (58.3%, *n* = 1,157) completed the DWI survey via self-report (15-24 years: *n* = 87 (17.0%); 25+ years: *n* = 1,070 (72.8%)). An additional 240 (12.1%) completed the survey with support from another person (15-24 years: *n* = 93 (18.1%); 25+ years: *n* = 147 (10.0%)). Just over a quarter of responses (*n* = 586, 29.6%) were completed by proxy (15-24 years: *n* = 333 (64.9%); 25+ years: *n* = 253 (17.2%)).

Independent completion via self-report of the DWI survey was four times higher in the 25+ years age cohort compared to the 15-24 years age cohort; less than one-fifth of respondents aged 15-24 years completed the survey via self-report (25+ years: 72.8%; 15-24 years: 17.0%). Proxy completion in the 15-24 years age cohort was far more likely – over three and a half times more likely – than in the 25+ years age cohort (15-24 years: *n* = 333 (64.9%); 25+ years: *n* = 253 (17.2%)). Combining rates of self-report and completion with support from another person, approximately four-fifths of adults aged 25+ years had at least some involvement in reporting (*n* = 1,217 (82.8%)), whereas only just over one-third of young people aged 15-24 years did so (*n* = 180 (35.1%)).

The degree of NDIS participant involvement in reporting observed for adults in the current study is similar to that observed in the *1 in 4 Poll* project,[15] a large-scale survey of Australian adults with disability conducted in 2013. In that study, 67% completed the survey independently, 16% with support, and 17% of responses were proxy report. Of note, our study achieved an identical level of proxy report in adults with the *1 in 4 Poll* project (17%). Only slight differences were observed in the relative rates of independent and supported completion of the survey between the current DWI study (72.8% independent compared to 10% supported completion) and the *1 in 4 Poll* project (67% independent compared to 16% supported completion).

Survey formats accessed

Most respondents (*n* = 1,757 (88.6%)) completed the online standard version of the survey. A further 197 (9.9%) completed the online Easy English version of the survey, with more respondents from the 15-24 years age cohort doing so than from the 25+ years age cohort (15-24 years: *n* = 72 (14.0%); 25+ years: *n* = 125 (8.5%)). Combining online and hard copy formats, standard versions were completed by 89.8% (*n* = 1,781) and Easy English versions by 10.2% (*n* = 202). This proportion is comparable to that observed in the *1 in 4 Poll* project[15], in which 85% of adult respondents completed standard versions of that survey.

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[15] Wilson, E., Campain, R., Moore, M., Hagiliassis, N., McGillivray, J., Gottliebson, D., Bink, M., Caldwell, M., Cummins, R., & Graffam, J. (2013). An accessible survey method: Increasing the participation of people with a disability in large sample social research. *Telecommunications Journal of Australia, 63*(2), 24.1-24.13. doi: 10.7790/tja.v63i2.411

Table 2: Surveys completed by respondents completing all eight DCE items, by format and NDIS participant reporting method

	Respondent age cohort								**TOTAL (*n* = 1,983)**
	15-24 years (*n* = 513)				**25+ years (*n* = 1,470)**				
	Self	Supported	Proxy	Cohort total	Self	Supported	Proxy	Cohort total	
Format completed:									
Online standard version	68	70	301	439 (85.6%)[a]	967	120	231	1,318 (89.7%)[a]	1,757 (88.6%)[b]
Online Easy English	18	22	32	72 (14.0%)[a]	91	19	15	125 (8.5%)[a]	197 (9.9%)[b]
Online version optimized for screen readers	-	-	-	-	6	3	1	10 (0.7%)[a]	10 (0.5%)[b]
Hard copy standard	1	-	-	1 (0.2%)[a]	5	4	4	13 (0.9%)[a]	14 (0.7%)[b]
Hard copy Easy English	-	1	-	1 (0.2%)[a]	1	1	2	4 (0.3%)[a]	5 (0.3%)[b]
TOTAL	87 (17.0%)[a]	93 (18.1%)[a]	333 (64.9%)[a]	513	1,070 (72.8%)[a]	147 (10.0%)[a]	253 (17.2%)[a]	1,470	1,983

[a] Percentages indicate the proportion of the respective age cohorts

[b] Percentage indicate proportion of the entire sample (*n* = 1,983)

Research team support provision

As explained in our *Report on the Development of Alternative Formats and Support Options for the Disability Wellbeing Index (DWI): Promoting Accessibility, Safety, and Self-reporting for Survey Respondents*[11], respondents were able to request a member of the research team to support them to complete the online survey via Zoom videoconferencing or a telephone call.

Supports requested and received

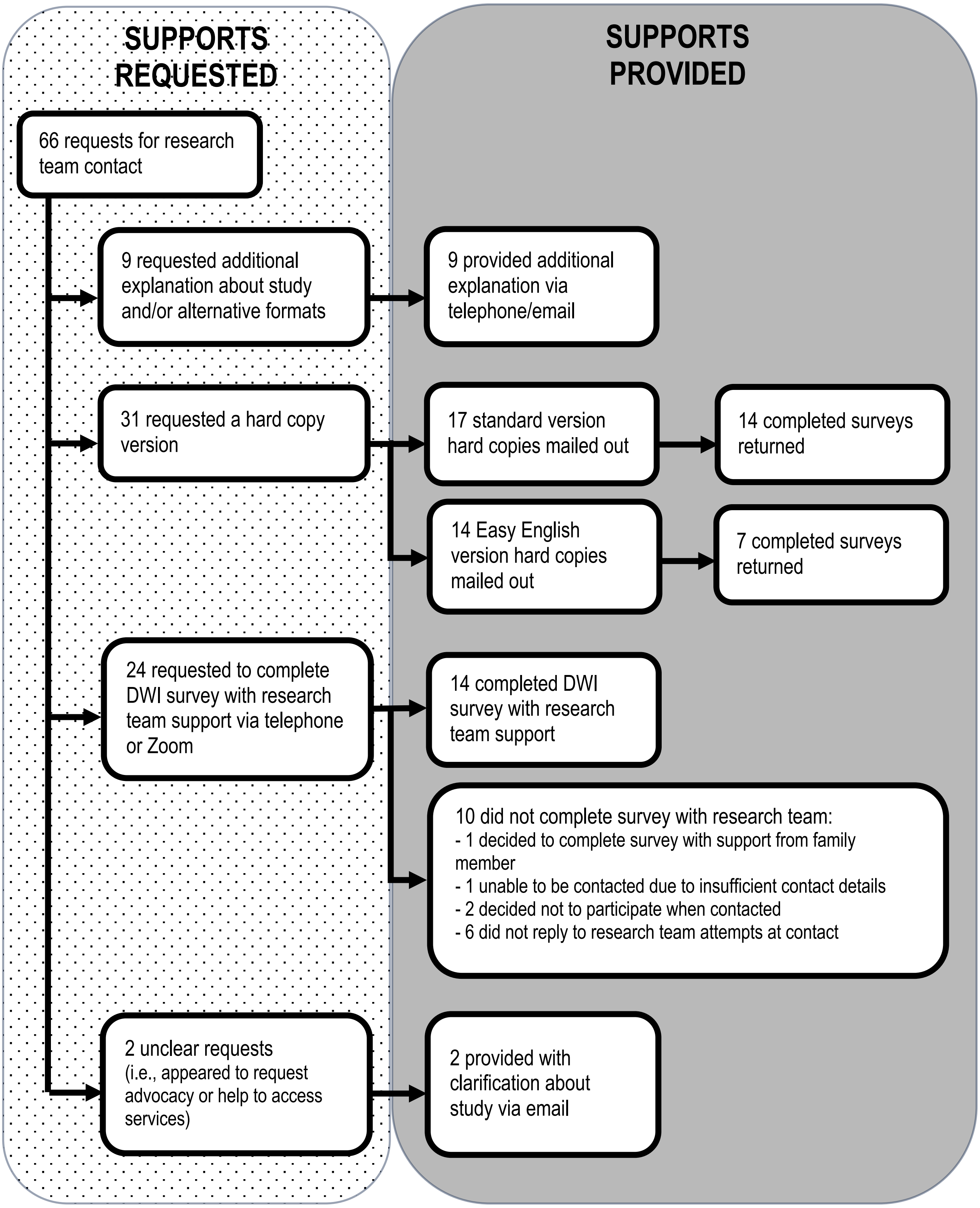
Sixty-six people requested follow-up contact with the research team by (a) providing their contact details after selecting the option on the welcome or page 1 of the explanatory statement to receive a hard copy survey, complete the survey with support from the research team, or to chat with the research team to understand more about the support options available, or (b) contacting the research team directly using telephone or email details provided in the email invitation or on the welcome page or explanatory statement. Figure 3 presents details on these 66 requests for support and the types of support subsequently provided. It should be noted that it is not known how many respondents who were provided with additional explanation about the study later self-completed the survey.

Fourteen respondents completed the DWI survey with support from a member of the research team. The reasons for requesting support via telephone or videoconferencing included:

- Being blind or having a visual impairment, and required survey items to be read out to them (*n* = 3);
- Reading difficulties, so preferred survey items to be read out to them (*n* = 1);
- Physical impairments, which made it difficult to type survey responses (*n* = 1);
- Requiring support to understand survey items (*n* = 3);
- Requiring provision of a safe, supportive, and trustworthy environment for survey completion (*n* = 6);
- Preferring to complete the survey as part of an interaction, including the opportunity to clarify responses (*n* = 2).

(NB. some respondents had multiple reasons for requesting support).

Figure 3: Support requests received and supports provided



The following information describes the approach we adopted in providing support and our observations and learnings regarding the most effective ways to do so for people with varying support needs and using different survey formats.

Initial contact with respondents

When contacting people who had requested support from the research team, we worked with the respondent to identify the best way for them to complete the survey. Our approach, which aimed to give people with disability their say, was underpinned by two principles:

1. We acknowledged that people with disability are experts on their own support needs. Consequently, we informed people of the available formats and support options, gave them the opportunity to describe their needs and preferences for survey completion, and assisted them to match the most appropriate option to their communication styles, support needs, and preferences.
2. We acknowledged that any accessibility assistance provided must be proportionate to need. We aimed to provide only necessary and sufficient support, remaining in the background as much as possible. This helped ensure that the person with disability was in control of choosing their preferred support option and had as much privacy as possible.

When making initial contact, either via telephone or email (depending on the contact details supplied by the respondent), we started the discussion by drawing on any information provided by the respondent in their request for support. At times, the type of support initially requested did not accurately match their actual support needs. For instance, two respondents indicated the need for 'TTY support' when completing the online form, however it became clear that both these respondents required more generalized support to understand the meaning of survey items rather than supports such as teletypewriter (TTY) calls typically required by some people who are Deaf or hard of hearing. When this happened, we clarified with the respondent the type of support they were seeking and then presented alternative approaches for their consideration.

It was important to let respondents know what to expect in advance. Given the anticipated difficulties with the complexity of the DCE items, we specifically sought input from respondents to determine the best way to present these items. This was particularly important if they had opted to complete the survey via telephone (i.e., without visual cues). During initial contact, we described the DCE task and sent an example item via text message or email so that the respondent was familiar with what the task required. Depending on the respondent's needs, this example was either a screenshot of a DCE item in the online survey, or, for respondents who use screen readers, a text-only example.

Similarly, when respondents opted to use Zoom videoconferencing to complete the survey, we discussed how the support should best be conducted with them. For example, who would open the online survey, share their screen, and enter the respondent's responses, and whether the research team member would read out each survey item. Some of these roles were connected; in this case, the person who opened the online survey would also need to be responsible for sharing their screen and entering responses into the online survey.

Conducting support sessions

When conducting support sessions, the research team utilised three guidelines prepared earlier in the project. The first provide guidance for providing support to Auslan users and included recommendations to use the Easy English version of the survey and to schedule time with the Auslan interpreter prior to meeting with the respondent to familiarise them with the survey contents and to discuss with them the need to make adjustments to the way survey items are delivered to accommodate the unique nature of Auslan (see Appendix 3). The second set of guidelines relate to how to minimise and deal with respondent distress, in recognition that some items may be triggering or upsetting to some respondents (see Appendix 4). Instructions include having the respondent's contact details and National Crisis helpline numbers on hand during support time, to keep alert for signs of distress or fatigue, and if observed, to offer a short break or to suspend the survey. The third set of guidelines provide suggested answers to frequently asked questions (see Appendix 5), such as whether completing the survey would affect their NDIS package, the purpose of the DCE items, and how to respond to questions regarding the specific scope or meaning of individual survey items.

The following sections describe how supports were delivered and tailored according to the alternative formats utilised.

Completion via Zoom videoconferencing and telephone

Reasons for selecting this format

Respondents generally nominated telephone completion, although completion via videoconferencing was also offered. Reasons for completion via telephone or Zoom videoconferencing varied. Some related to the person's impairment, for example visual impairment, reading impairment, or physical impairment creating difficulty in accessing the online survey. These respondents preferred to complete the survey by listening to the questions being read aloud to them. Others wanted to complete the survey in an interaction with another person in a safe, supportive, and trustworthy environment.

Challenges encountered

Telephone completion presented some challenges to survey completion that were in addition to those faced when completing the survey via Zoom videoconferencing.

Listening to, processing, and remembering information read out to respondents

Respondents needed adequate listening and memory skills to take in, retain, and process information read out to them. This appeared to be more of a challenge in several sections:

- Explanatory statement and consent pages, which were long and contained many details;
- Introductory demographic and disability details and items related to level of education and current employment status in the final demographic details section, all which included a long list of potential response options, and which required respondents to take in a substantial amount of detail to decide which categories applied to them;
- The DWI, the importance of wellbeing states, and questions rating physical and mental health in the final demographic details section, all which required respondents to listen to the five response options, process and store these, at the same time as listening to each item, and then recall that information to select their preferred response;
- The life satisfaction scale, which required respondents to remember a lot of information as there were seven response options for each of the five items in this section;
- The set of eight DCE items, which was the most challenging section of the online survey to complete over the telephone. Respondents had to retain and recall two contrasting wellbeing states, each consisting of four life areas, with their correspondent levels. See Figure 2 for an example of a DCE item which displays these features.

Lack of consistency in response options

Use of seven response options in the life satisfaction scale was different to the five response options used in earlier parts of the survey, so may have been confusing for some respondents.

Images used in online and hard copy versions

Obviously, reading out items over the telephone meant that respondents did not have access to the visual image of a ladder for the Modified Cantril's Ladder[10] item, or the side-by-side presentation of the individual DCE items, which facilitated ease of comparison across wellbeing states.

Strategies employed

The following support strategies emerged and were developed in response to the challenges encountered when providing support via telephone, described above.

Use of numerical scales

To support respondents to complete the survey via telephone, the research team found what worked best was to first introduce and explain the response options before presenting any set of survey items. One respondent suggested putting numbers to the response options rather than words. For example, for the DWI and the DCE items, the number 1 represented 'none of the time' and 5 represented 'all of the time'. This worked well so was adopted as the ongoing approach for later respondents.

Use of visual items delivered via alternative means

Most respondents agreed to have the DCE items sent to them via email or MMS to provide a back-up visual presentation. This included some respondents with visual impairment who used their mobile devices or computer screens during the telephone call to zoom in on items. These respondents also said it would not be onerous to complete the limited number of DCE items in this way. One respondent with low vision reported that if he was required to complete the entire survey online, it would have taken a long time and would have given him a headache, whereas completion of eight DCE items using a device did not present an obstacle.

Verbal description of images

For the Modified Cantril's ladder[14] item, a verbal description of ladder image that appeared in the hard copy and online versions appeared to sufficiently support understanding of the item. Similarly, for respondents who completed the DCE without visual cues, the team member provided a simple description of the side-by-side presentation of the two wellbeing states in the hard copy and online versions.

Adjusting pacing and pausing

Regarding the DCE items, one person who identified as having dyslexia and another who reported they are blind indicated they preferred to have DCE items read out to them without any visual cues. To assist these two respondents, additional strategies were used: (1) the 1-5 numerical scale described above, and (2) slowing the pacing when reading items and increasing the pauses between reading out Wellbeing State A and reading out Wellbeing State B. This allowed time for processing and remembering the information. Respondents with vision impairment often displayed superior auditory memory skills, so reading out survey items appeared to be less challenging than for some other respondents.

A similar strategy of slowing pacing and increasing pauses helped respondents to answer the disability group questions. In this case, the best approach was to present each disability group item one at a time and to ask the respondents whether this category was right for them before moving on to the next disability group.

Provision of a safe, supportive, and trustworthy environment

Reasons for selecting this format

Previous stages of the research project[2,3] identified important considerations for ensuring a safe, supportive, and trustworthy environment to complete the DWI, as well as how to manage the potential for some DWI items to cause distress. Although specific requests for a safe, supportive, and trustworthy environment for completion were rare, this was offered when requested. Respondents showed that they felt reasonably comfortable and supported by being willing to share feelings about their current life situation, engaging in routine behaviours such as smoking or stimming during the time they were being assisted, initiating preferred identity-first language discussions, and by volunteering suggestions about how to improve some survey items.

One respondent explicitly stated his need to trust that his responses would be understood by the research team according to his intent with which they were given and that answering the questions with a team member enabled this. Other respondents indicated they preferred to complete the survey with another person, particularly if they wanted to clarify the purpose of the research and its wider implications.

Some respondents became distressed when describing their current life situation, past experiences of abuse and discrimination, and unsupportive interactions with government agencies. Distress was also often reflected in respondents' survey responses, which indicated extremely low levels of wellbeing and a large gap between their views on the importance of life areas and their life situation, sometimes accompanied by more detailed reasons for their answers. These respondents had not necessarily asked for support because of the potential for distress.

Challenges encountered

To provide a safe, supportive, and trustworthy environment, it takes time to allow for sufficient trust and rapport to be developed. The time needed to do this varied significantly between respondents. For some, 30 minutes was long enough to complete the survey whereas others required up to 90 minutes.

There were also challenges for the research team members. Hearing respondents indicate very low levels of wellbeing was potentially unsettling for the listener, as was the content of some of the stories shared by respondents, for example, instances of sexual and physical abuse. In these cases, administering the life satisfaction scale, which requires responses to statements such as "In most ways my life is close to my ideal," and "If I could live my life over, I would change almost nothing," was very difficult or not possible to do.

Strategies employed

To prepare for the assistance sessions, the research team developed guidance for offering support and a safe environment for respondents who were distressed (see Appendix 4). This requires research team members to sensitively acknowledge respondents' expressions, offer helpful suggestions such as asking if the respondent would like to take a short break from the survey, and if needed, offer to connect them with external sources of support.

Provision of comprehension support

Reasons for requesting comprehension support

Respondents who required support to understand what the survey was about, what was expected of them, or the meaning of DWI survey items did not necessarily explicitly request this type of support; the research team needed to deduce the need for this support during their initial contact with respondents. Only one respondent specifically requested support to understand the survey, however four respondents needed this support, possibly because of a cognitive or intellectual disability. Research team members needed great flexibility to respond as it became clear exactly what support was needed for each respondent. Many respondents, including those who did not identify as having a cognitive or intellectual disability, appeared to benefit from the opportunity to clarify the meaning of questions and their own responses. For example, one respondent specifically requested support time with a research team member to ensure that he gave the right level of breadth and depth to his responses.

Challenges encountered

In addition to needing to determine the need for comprehension support, additional challenges related to specific survey items are presented below.

Explanatory statement and consent pages

Some respondents did not understand the difference between the 'Plain English' and 'Easy English' versions of the survey and required clarification before being able to select their preferred version.

Section B – Discrete choice experiment (DCE) set

Understanding the DCE was the most challenging part of the survey for many respondents. Some respondents needed to be reminded that they were required to nominate their preferred wellbeing state rather than the wellbeing state that most closely resembled their current situation. Respondents appeared to benefit by having the purpose of the DCE explained, in addition to the information already supplied within the survey. Explaining that different people value different things in life and that the research team wanted to understand more about what they valued seemed to help prepare respondents for the subsequent questions. As one respondent stated, *"Otherwise, the questions just come out of the blue."*

One respondent was concerned that by selecting a particular wellbeing state, the researchers may assume that other life areas were not considered important to him; he needed to be reassured that this was not the case. It was explained that his answers would help the research team understand the relative importance of life areas, which would be averaged not just across his individual responses, but across a large sample of people with disability.

Section B – Importance of wellbeing states

Items in this section were very similar to those in Section A- 14-item DWI. Specifically, the key difference was in the response options (i.e., extremely important, very important, moderately important, slightly important, not important for the Importance of wellbeing states items, compared to all of the time, most of the time, some of the time, a little bit of the time, none of the time for items in the DWI core set). Additional explanation was often needed so that respondents were aware of this subtle difference and to ensure these items were not confused.

Section C – Additional disability details

Respondents at times asked for clarification on the item “How long have you had your disability?” They wanted to know whether this question related to how much time had passed since they had received the diagnosis or since they had begun to experience difficulties with daily activities, activities of independent living, or activities of work, education and community life, due to their health problem or disability.

The question regarding hours of active daily support from paid or informal supporters was challenging for several respondents as they received support from paid carers on a weekly or monthly basis, or which averaged less than one hour a day. This amount of care did not fit either response option “none” or “1 to 5 hours each day.”

Section D – Additional demographic details

The survey item reporting on marital status required clarification for respondents who were in long-term relationships but not married or living with their partner. These respondents did not identify with being “single” or “married.”

Section D – Final demographic details

At times, clarification was needed on the item about the highest level of education completed. Some respondents needed help to understand the meaning of the Trade Certificate I-IV, Diploma or Advanced Diploma, and Graduate Certificate or Graduate Diploma response options.

Strategies employed

Use of simplified language

Use of the Easy English version of the survey appeared to provide needed support for those who had difficulty with understanding survey items. Comprehension was also supported by the researcher providing simplified language that broke down concepts into smaller components and which facilitated a shared understanding. For example, when introducing the 14-item DWI, the DCE items, the importance of wellbeing states, and the life satisfaction scale, the team member told the respondent the number of items within the section and emphasised that all items within the section utilised the same response options. Understanding was further supported by highlighting that survey items were based on the same life areas for the 14-item DWI, the DCE items, and the set of items on the importance of wellbeing states. It also helped to point out the similarity and differences between response options in subsequent survey sections.

SECTION 4: KEY LEARNINGS AND RECOMMENDATIONS

The 1,983 NDIS participants who contributed to the testing of the DWI in this final research phase did so by completing the DWI survey online or by completing alternative survey formats and by accessing one-to-one person support offered by members of our team. Our work provides an example of how one research team endeavoured to enhance the accessibility of an online survey to as many NDIS participants as possible. The strategies we used and the learnings from these have led to the following recommendations about the use of online surveys for people with disability.

Recommendations relating to the DWI

In this section, we present recommendations related specifically to the design of the DWI online survey and to supports offered to respondents to complete the online DWI survey.

Online DWI design

Minimise survey length and complexity

A common challenge encountered with this version of the DWI survey was the length of the survey and complexity of some items. Length and complexity in survey design require strong listening and memory skills when the survey is completed with telephone support. This may also be the case when the survey is completed online with one-to-one person support.

Length. Good practice suggests surveys need to be as short as possible. Simple layout with questions completed on separate pages of the survey makes completing surveys easier; complex layout and multiple questions per page contribute to fatigue.

Complexity of items. Good practice suggests fewer and less complex items are more easily understood and are less fatiguing, therefore more likely to be completed. For example, the Australian Personal Wellbeing Index has seven items covering life domains and one overall item on satisfaction with life as a whole.

Reliance on long passages of text should be reduced in the next version of the DWI. This includes any introduction and explanatory information about the survey. Consideration also needs to be paid to the number and length of response options. For instance, in the current survey, respondents can choose from one of five possible response options for the 14-item DWI (e.g., all of the time, most of the time, some of the time, a little bit of the time, none of the time). It may be worth investigating whether reducing the number of response options, for instance, to a 3-point scale (e.g., all of the time, some of the time, none of the time) reduces complexity and promotes ease of use without unduly compromising reliability and validity for the population of NDIS participants. Similarly, survey items related to demographic and disability details (e.g., level of completed education and employment status) should be reviewed to ensure simplicity and make completing the survey easier without affecting data quality.

Incorporate respondent feedback about survey content

The next version of the DWI should incorporate the feedback and suggestions obtained from respondents during the present study regarding survey items that were at times misunderstood:

- *Plain English versus Easy English:* a short, one-sentence explanation of Easy English and how it is different to the standard should be included on the Welcome Page and on page 1 of the Explanatory statement. Further distinction between the two versions could also be better made by simply referring to the Plain English version as the “Standard version”;
- *How long have you had your disability:* A simple one-sentence explanation of this item should clarify that it refers to how long the person has had difficulty doing daily activities, activities of independent living, or activities of work, education and community life, due to their health problem or disability; it does not refer to the length of time since they were first diagnosed;
- *Marital status:* A simple clarification of the meaning of response options is needed here for respondents who do not live with their partner;
- *Hours of active daily support from paid or informal supporters:* Response options should be revised to include active daily support up to one hour per day. The second response option could be adjusted from “1-5 hours each day” to “Up to 5 hours each day”. Alternatively, a new response option “Up to one hour each day” could be added to the response options. In addition, this item should include a brief explanatory statement that clarifies whether support provided on a weekly or monthly basis can be averaged to attain a daily rate.

Continue development of alternative online formats

There needs to be an ongoing commitment to ensuring that the DWI is accessible to all NDIS participants. This can be achieved by continuing to investigate online formats to suit the accessibility needs of as many people with disability as possible. The following recommendations will build on the promising start made during the current research stage.

Online survey platforms

Future rollouts must ensure that the online platforms used to host the standard and Easy English version of the DWI are fully accessible for people using screen readers, people using voice-to-text technology, and people with low vision.

The audit conducted by the Centre for Accessibility Australia[16] of the survey developed for people using screen readers identified multiple issues to be addressed regarding identifying content and navigating the survey. It was also recommended that the staff involved in the creation of these webpages undertake digital access training to better incorporate accessibility into future work practices. Although the survey passed Qualtrics’ inbuilt accessibility checker, indicating that it met Web Content Accessibility Guidelines (WCAG 2.0), the recommendations made in the audit report provided by Centre for Accessibility Australia (see Appendix 6) need to be addressed to increase accessibility and potentially ease of completion and response rate.

Due to time constraints, the version optimized for screen readers was not able to be made sufficiently accessible for people who also use voice-to-text technology. Having multiple versions of the survey available for different accessibility formats is not ideal[7]. Ideally, online formats should be consolidated into one format that is accessible to a broader range of communication styles and support needs. Continued partnership with accessibility experts, consistent with current best practice guidelines[7], will help to ensure that the DWI is consistent with accessibility standards and will facilitate DWI use by as many people with disability as possible.

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[16] https://www.accessibility.org.au

Formats for Auslan users

To enable Auslan users to complete the DWI via self-report and/or with support, the DWI should be produced as an Auslan-interpreted, captioned video, and uploaded on an online survey platform compatible with video content. Consultation with the Deaf community is needed to identify survey platforms that allow respondents to submit responses in formats compatible with Auslan (i.e., allow for uploaded videos) for those who are not sufficiently comfortable in reading and expressing themselves using written English. Close consultation with the Deaf community and experts in Auslan in the development of these materials will also be necessary to ensure Auslan users are sufficiently engaged in the DWI as it becomes standard practice across NDIS.

Deafblind respondents

No people who are Deafblind participated in the DWI survey, nor were we able to thoroughly consult with people who are Deafblind or representatives from organisations representing people who are Deafblind during earlier stages of this research[2,3]. Consultation with the Deafblind community is needed to identify their accessibility requirements and to produce formats that allow them to complete the DWI.

Evaluate the impact and effectiveness of revisions to the DWI

As revisions are made to the DWI and additional alternative formats evolve, particularly as technology changes, it will be important to evaluate the impact and effectiveness of these adaptations in an ongoing process. Many of the issues regarding survey design that emerged in this study could have identified and easily rectified prior to launch if feedback on survey design and content had first been sought from people with disability. Ongoing evaluation of future versions of the DWI, including seeking feedback from people with disability, will help to inform refinements, improve real-world implementation, and provide greater confidence in findings.

Supports offered to respondents to complete surveys

The option for NDIS participants to receive support from NDIA to complete the DWI via telephone or videoconferencing should continue to be an important feature of the future use of DWI. This support will ensure as many NDIS participants as possible can complete the DWI and is in line with good practice for creating accessible surveys for people with disability[7]. From our recent experience, it appears that this support will be required by participants who (a) experience accessibility issues when attempting to access the online survey, or who (b) require a safe, supportive, and trustworthy environment for completion.

Helping people navigate accessibility issues

The person/s responsible for providing support will need to have specific skills and qualities to effectively deliver this assistance. When supporting people to navigate accessibility issues, they will need to:

(1) Recognise that people with disability are experts in their own support needs. This means that their role, rather than to prescribe survey formats or support options, is to initiate and assist respondents to identify what supports and communication strategies will work best for them[7], provide information about what they will need to do to complete the DWI, and help them identify the formats and support options that will best match their communication styles, support needs, and preferences. The person/persons providing support must privilege the knowledge and expertise of people with disability, be open to acknowledge that they are learning, can make mistakes and take responsibility by adjusting their practice to do better in the future[7].

(2) Be thoroughly familiar with the DWI items and versions (e.g., online vs hard copy, standard vs Easy English) and be able to anticipate barriers or challenges for individuals who present with different support needs and communication styles and preferences. This will enable those who provide support to help respondents identify the formats and support options that will help them realise the most accessible environment for completion possible.
(3) Be flexible and open to hybrid solutions. Alternative formats and support options are not mutually exclusive. For example, as demonstrated by some survey respondents in the current study, some individuals may opt to complete the survey via telephone but prefer to have certain items provided to them in visual format via email or MMS.
(4) Strong communication skills are required by the person/persons who support people to complete the DWI via telephone or Zoom videoconferencing. They need to be able to adjust the way DWI items are presented in response to the needs of respondents, and to overcome challenges presented by this format. As previously mentioned, this could include using adjusting the pacing and pausing when reading out items and using a numerical scale as a substitute for response options.
(5) Adopt the position that substitute completion, i.e., proxy report, is a last resort and therefore make best endeavours to facilitate the engagement of the person with disability to complete the DWI.

Providing safe, supportive, and trustworthy environments for completion

From our trial of the DWI, it is clear that some NDIS participants will need to feel a sense of rapport and trust in the person to whom they are reporting their wellbeing. Providing the option to complete the DWI via Zoom or telephone gives respondents the time and opportunity to ask questions and to describe their feelings about their current life situation.

Those who are responsible for providing support must be adequately prepared and supported to respond empathetically to respondents and manage the potential for triggering and distress. The person/persons who deliver support via telephone or Zoom videoconferencing should undertake training in disability awareness and communication and engagement strategies to best support people with diverse support needs and communication styles. Resources developed in the current project may continue to be of use in this regard (see Appendices 3 and 4).

Supporting people to complete the DWI can also be unsettling for those providing this support. As described earlier, respondents may share stories of abuse, neglect, and discrimination as they respond to survey items. This may indicate that the respondent has developed trust in and rapport with the person supporting them, however the NDIA should be ready to help those responsible for providing support to navigate their own thoughts and reactions to these challenging conversations.

Areas requiring further investigation

Low overall response rate

Despite the availability of alternative formats and support options, a low overall response rate was observed in this study. Similar response rate patterns were reported in previous studies of the DWI[1]. The low response rate was particularly amplified in the 15-24 years age cohort. Although receiving more invitations to participate, the final response rate for this age cohort was less than half that of their counterparts from the 25+ years age cohort. The NDIA must investigate the reasons for the overall low pattern of engagement. It appears that email communication alone about the purpose of the DWI, how it will be used and by whom, and how safety considerations are managed, will not be sufficient to garner widespread support for DWI use from NDIS participants. Targeted conversations with people with disability, particularly young people, are needed to better understand how to engage NDIS participants in the use of DWI as it becomes part of standard practice, and indeed, engage with any NDIA communications.

A similar approach should be taken to investigate how to improve engagement with people with different types of disability. For example, in the current study no requests for support to complete the DWI were received from Auslan users. However, our consultations with experts in Auslan[17] indicated that more needs to be done to engage Auslan users from the point of email contact. We heard that Auslan users are very unlikely to read and/or respond to emails provided only in English without a translated Auslan option. Future email invitations to complete the DWI survey to Auslan users must include a video or weblink to an Auslan video, with the words "(Auslan video attached)" in the email subject line, and/or a graphic icon representing sign language in the email.

Patterns of NDIS participant involvement in reporting, including proxy report

It is also incumbent on the NDIA to investigate the patterns of NDIS participant involvement in reporting, including the high rates of proxy report, especially for young people. Remarkably, only one-fifth of responses from the 15-24 years age cohort were via self-report, nearly 65% were via proxy, and only just over one-third had any involvement in completing the survey, whether independently or with support from another person. For example, the NDIA should determine whether similar patterns are observed with other communications requiring a response from NDIS participants and especially for young adults.

It seems that many parents and carers were the first recipients of these invitations from NDIA, rather than the young person themselves. There is therefore an opportunity for NDIA to shift their stance in recognising the autonomy and capacity of people with disability who are young adults (aged 18-24 years) and those who are transitioning to adulthood (15-17 years) and develop recruitment strategies that recognise this autonomy. For example, invitations to participate could be communicated directly to the young people with disability, with the person responsible copied into any correspondence. This may help to send a clear message to people with disability and their carers alike regarding who the preferred respondents are.

Given that a substantial number of responses in both age cohorts were completed with support from another person – nearly 20% for young people and 10% for adults – it is also important that NDIA and future researchers of the DWI more clearly define exactly what this category means. Currently, it is not possible to know whether the NDIS participant's preferences were considered and reflected the responses given for the cohort of respondents within the "supported completion" category. It would be concerning if this category included a high proportion of completions where the NDIS participant was not taken into account, despite indicated that it was completed by the NDIS participant with support of another person.

Transparency regarding DWI purpose and data usage

NDIA needs to be transparent and accountable about their purpose in using the DWI and the intended use of data resulting from DWI implementation. Our previous consultations with people with disability indicated that transparency is required for people to feel safe and confident in completing the DWI[3]. We have heard that building trust is of critical importance to people with disability. It is possible that distrust regarding the purpose and use of DWI and a failure to clearly

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[17] Sweeney Interpreting https://sweeneyinterpreting.com.au

communicate this information to NDIS participants may explain the low engagement rates observed so far.

To feel safe, NDIS participants will need to clearly understand (a) the purpose of the DWI, (b) who will have access to participant's identified and de-identified data, (c) how data will be stored, (d) how data breaches will be managed, and (e) whether there is any potential for DWI data to influence a person's NDIS plan. Aside from providing clarification regarding each point, NDIA should also carefully consider how best to communicate these messages to the diverse NDIS population. Consulting closely with DPOs and DROs may help to inform an effective communication strategy that ensures that information needed by people with disability is provided to them in the formats that best suit them.

Use of the DWI with non-NDIS participants

The NDIA could consider expanding the use of the DWI to people with disability who are not NDIS participants. Early discussions about the development of the DWI considered whether this tool should be developed for use by all people with disability. The consultations and qualitative studies[2,3] that informed the development of survey versions and support options were conducted with a broad group of people with disability. Therefore, our learnings and recommendations provide a strong foundation for applying the DWI to a wider group who do not access NDIS supports and services. To achieve this, all data gathering and psychometric testing processes that have so far been used with NDIS participants need to be applied to a group of non-NDIS participants, including those who receive the DSP. This will ensure a DWI that is valid and reliable for a more diverse group of people with disability.

Broader learnings regarding accessible communications

Organisations and agencies often need to communicate complex information to people with disability, although not necessarily within a research context. These communications often go beyond the simple provision of information; they require attention to both the giving and receiving of information and ideas in ways that are compatible with the diverse needs, styles, and preferences of people with disability[12]. Guidelines and standards regarding accessible communication and engagement with people with disability[7] have been produced. If implemented, these can provide agencies and organisations with practical guidance on improving their engagement with people with disability.

The experience we gained while working to make the DWI as accessible as possible to as many people as possible illuminates factors that may strengthen the capacity of organisations and agencies to provide accessible online surveys to people with disability. Throughout this three-year research project, we recognised the expertise of people with lived experience of disability in various ways, by: (a) commissioning people with lived experience to conduct aspects of the research, (b) involving people with lived experience as members of the research team, (c) consulting with people with lived experience of disability and experts in accessibility and disability specialists, and (d) speaking directly with people who identified as having a disability in focus groups and interviews. Privileging the voices of people with disability provided insights into accessible communications that would not have been otherwise possible from the perspective of non-disabled researchers. Below, we present the key lessons learned and issues to consider when developing and providing accessible online surveys.

Commitment to upholding the autonomy of people with disability

- Recognise the right of people with disability to make decisions and exercise choice in matters that affect their own lives including responding to surveys[12];
- Recognise that one-to-one communication directly with and by the person with disability is the default option and when this is not possible, ensure the person with disability is supported by a trusted supporter/ally;
- Communication with someone on behalf of the person with disability is the least desirable option unless requested by the person with disability;
- Proxy completion of a survey is the option of last resort.

Prioritise safety and trust

- Acknowledge that people with disability have a higher likelihood of vulnerability and experiencing distress, because of past and/or present experiences of trauma and abuse;
- Acknowledge that some people with disability receiving email communications may be in unsafe situations or with a person or people who make them feel unsafe. This may prevent them from making open, personal self-disclosure;
- Provide one-to-one person support by dedicated, trained staff members to assist respondents respond to online surveys in a safe, supportive and trustworthy environment.

CONCLUSION

There is a clear need for a wellbeing index for Australians with disability that will allow agencies to measure the effectiveness of disability interventions, services, and supports at a population level. However, without sufficient attention to accessibility, safety, and self-reporting, there is little confidence that any measure designed to do so will attain the goals that it sets out to achieve. It is our hope that the research described in this report will help to ensure that the final version of the DWI is accessible to as many NDIS participants as possible, regardless of their support needs and communication styles, and safe for them to complete.

Beyond this immediate aim, our learnings from this research help to illuminate factors that may help agencies and organisations provide accessible online surveys to people with disability. Given the scale of barriers faced by people with disability in accessing information and communications[12] there continues to be much need for improvement in this space. It is our hope that our work, which provides an example of how one research team endeavoured to improve the provision of an accessible online survey to people with disability, may provide insights that help to inform further improvements in this field.

APPENDIX 1: Disability Wellbeing Index Survey – Standard version

Q1. Who is completing this survey? Please choose one. (tick one box)

- ○ I am an NDIS participant and I am completing this survey without support from another person. [GO TO Q2]
- ○ I am an NDIS participant and I am completing this survey with support from another person. [GO TO Q2]
- ○ I am supporting an NDIS participant to complete this survey. [GO TO Q2]

Note: If you are supporting an NDIS participant to do the survey, the answers you tell us need to be what the NDIS participant would say.

- ○ I am completing this survey on behalf of an NDIS participant.

Note: If you are supporting an NDIS participant to do the survey, the answers you tell us need to be what the NDIS participant would say.

Q1A. What is your relationship to the NDIS participant? Please choose the best answer. (tick one box)

- ○ I am the mother or father of the participant.
- ○ I am the brother or sister of the participant.
- ○ I am a child of the participant.
- ○ I am another family member of the participant.
- ○ I am a friend of the participant.
- ○ I am a support worker of the participant.
- ○ I am someone else.

Q1B. What is your sex? (tick one box)

- ○ Male
- ○ Female
- ○ Another term (please specify) ____
- ○ Prefer not to say

If you feel any difficulty while answering the questions, please reach out to us. You can send an email to dwi@monash.edu or contact Dr Gang Chen at 0425 811 029 or Dr Gozde Aydin at 03 9903 4363.

Q2. What was your age last birthday? ________ (years)

Q3. What is your sex? (tick one box)

○ Male

○ Female

○ Another term (please specify)

○ Prefer not to say

Q4. Which state or territory do you currently live in? (tick one box)

○ Australian Capital Territory (ACT)

○ New South Wales (NSW)

○ Northern Territory (NT)

○ Queensland (Qld)

○ South Australia (SA)

○ Tasmania (Tas)

○ Victoria (Vic)

○ Western Australia (WA)

Q5. In everyday life, do you have difficulty participating in any of the following, related to a long-term health condition or impairment? (tick one box)

Daily activities, such as:

- washing, dressing
- walking, handling, or lifting objects
- speaking, using communication devices

○ Yes

○ No

Activities of independent living, such as:

- shopping, cooking, caring for others
- making decisions, handling stress
- learning, solving problems
- relationships with people (tick one box)

○ Yes

○ No

Activities of work, education and community living, such as:

- Social and community life
- Work, education, or training (tick one box)

○ Yes

○ No

Q6. The categories below are disability groups based on underlying health conditions and on impairments, activity limitations and participation restrictions.

Which of the following best describes your disabilities?

(Please tick the box next to any that apply – you can tick more than one box)

○ **Sensory** (e.g., sight, hearing, speech)

○ **Intellectual** (e.g., difficulty learning or understanding)

○ **Physical** (e.g., breathing difficulties, chronic or recurrent pain, blackouts or seizures, incomplete use of limbs)

○ **Psychosocial** (e.g., nervous or emotional conditions, social or behavioural difficulties)

○ **Head injury, stroke or acquired brain injury**

○ **Autism**

○ **Other (please specify) ____________________**

Section A – Subjective Wellbeing

The following questions mention safety.

If you become distressed at any time, you could call Lifeline's 13 11 14 and speak to a trained Crisis Supporter over the phone, any time of the day or night.

For Internet relay users, you could be connected to the National Relay Service (NRS) by the NRS Chat Call link (https://nrschat.nrscall.gov.au/nrs/internetrelay), then ask for 13 11 14.

A1. Disability Wellbeing Index (DWI)

The following statements ask how you feel about your own life as it is now. There are no right or wrong answers. Please choose the option that comes closest to how you feel now.

I am satisfied with the way I get along with my family. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time
- ○ Not applicable

I am satisfied with my friendships. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time
- ○ Not applicable

I am satisfied with the way I get along with people who support me.

(for example, support workers, allied health, counsellors) (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time
- ○ Not applicable

I am satisfied with my personal care.

(for example, eating, bathing, dressing, toileting, with or without the help of others) (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I am satisfied with my day-to-day activities.

(for example, shopping, cooking, cleaning, attending personal appointments, with or without the help of others) (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I do things in my life that are important to me. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I am satisfied with my living situation. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I am satisfied with my physical health. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I am satisfied with my mental health. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

Lifeline is a crisis support service. They can help if you or someone you know is having a mental health crisis. You can speak to a trained Crisis Supporter any time of the day or night. You can call 13 11 44 or text 0477 13 11 14 or chat online.

Internet relay users can use the National Relay Service link and then ask for 13 11 14.

I learn new things as much as I want to. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I am satisfied with how people treat me. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

I feel safe in my life. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

*If you are in danger, call 000.

1800RESPECT (1800 737 732) is a free counselling service for people impacted by sexual assault, domestic or family violence and abuse.

National relay users can contact 1800 RESPECT through the National Relay Service on 1800 555 677 and give the number 1800 737 732.

The National Disability Abuse and Neglect Hotline (the Hotline) 1800 880 052 is for reporting abuse or neglect of people with disability.

Beyond Blue is an Australian mental health and wellbeing support organisation.
www.beyondblue.org.au

I have enough money to meet my needs. (tick one box)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

*The National Debt Hotline help people with money problems. You can call them on 1800 007 007 or chat with them on their website.

I am satisfied with my work situation. (tick one box)

(not working, doing paid or unpaid work)

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little bit of the time
- ○ None of the time

A2. How easy or difficult was it to complete the Disability Wellbeing Index? (tick one box)

- ○ Very easy
- ○ Easy
- ○ Neither easy nor difficult
- ○ Difficult
- ○ Very difficult

A3. If you have **any comments on the Disability Wellbeing Index**, please let us know below.

____

Section B – Relative importance of wellbeing states

We are going to ask you to choose between different wellbeing states. We would like you to tell us which one you would prefer.

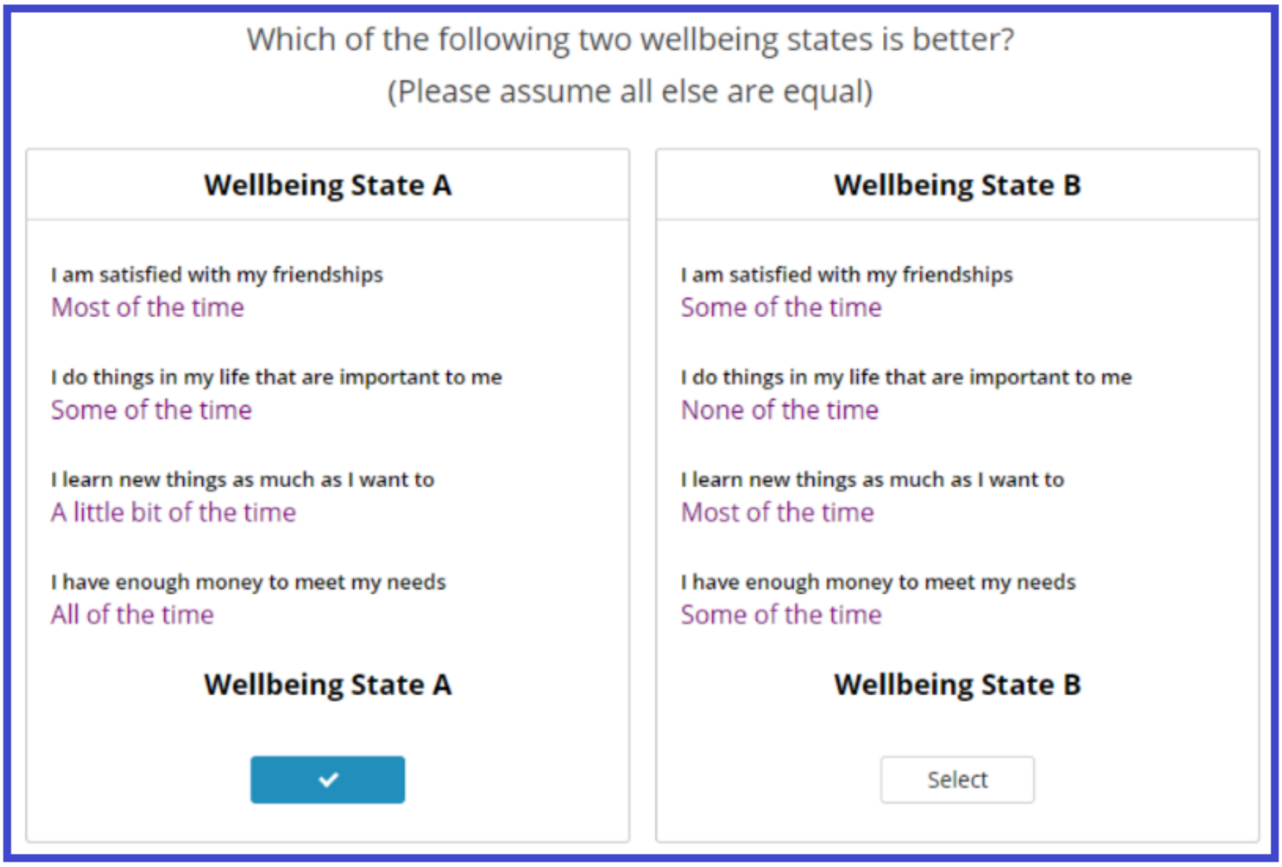
Each imaginary state of wellbeing will be described using 4 randomly selected life aspects from the wellbeing questionnaire you have just completed.

Each life aspect will be described using one of the five levels: 'All of the time', 'Most of the time', 'Some of the time', 'A little bit of the time', or 'None of the time'.

Except for what has been presented, please assume that all else is the same between the two hypothetical wellbeing states.

Here is an **example** of a choice question.

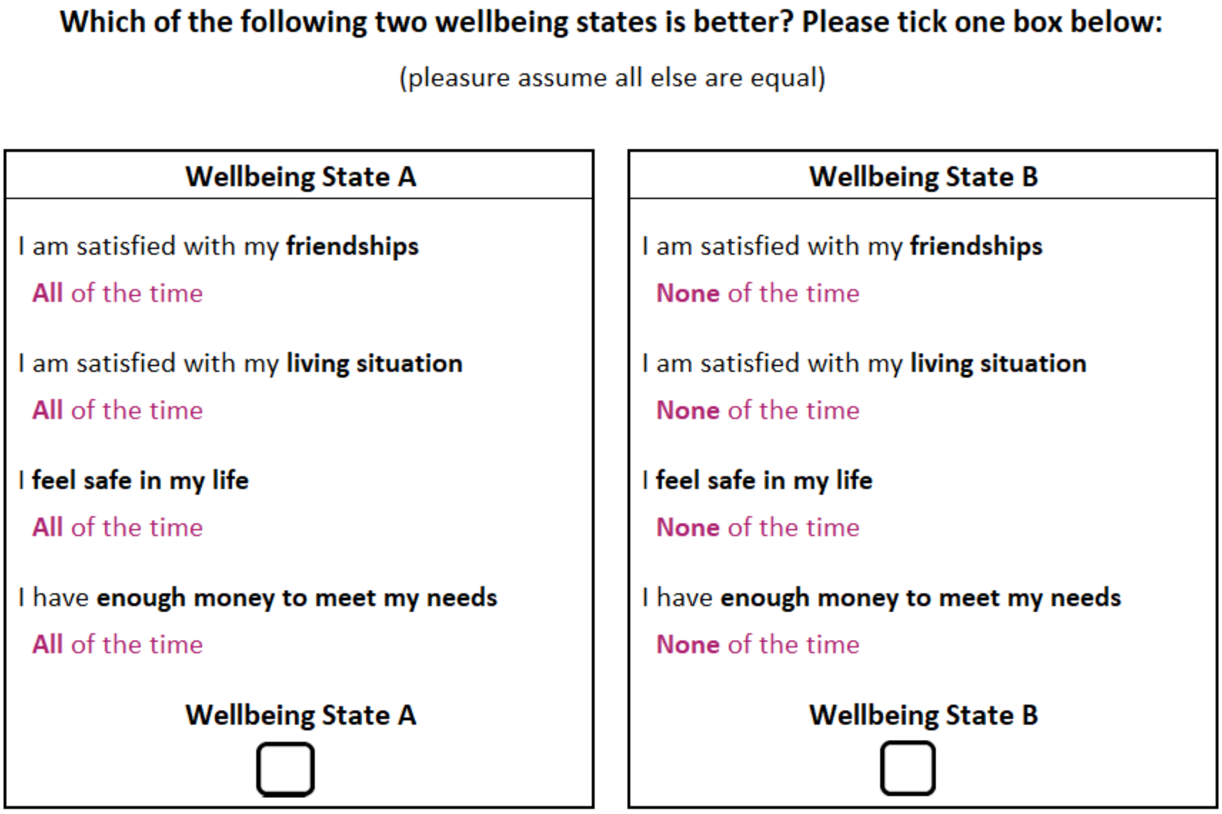
In this example, the respondent thought Wellbeing State A is better and clicked the “Select” button under Wellbeing State A.



Which of the following two wellbeing states is better?
(Please assume all else are equal)

Wellbeing State A	Wellbeing State B
I am satisfied with my friendships Most of the time	I am satisfied with my friendships Some of the time
I do things in my life that are important to me Some of the time	I do things in my life that are important to me None of the time
I learn new things as much as I want to A little bit of the time	I learn new things as much as I want to Most of the time
I have enough money to meet my needs All of the time	I have enough money to meet my needs Some of the time
Wellbeing State A	Wellbeing State B
✓	Select

B1. Let's start with a warm-up question:



Which of the following two wellbeing states is better? Please tick one box below:

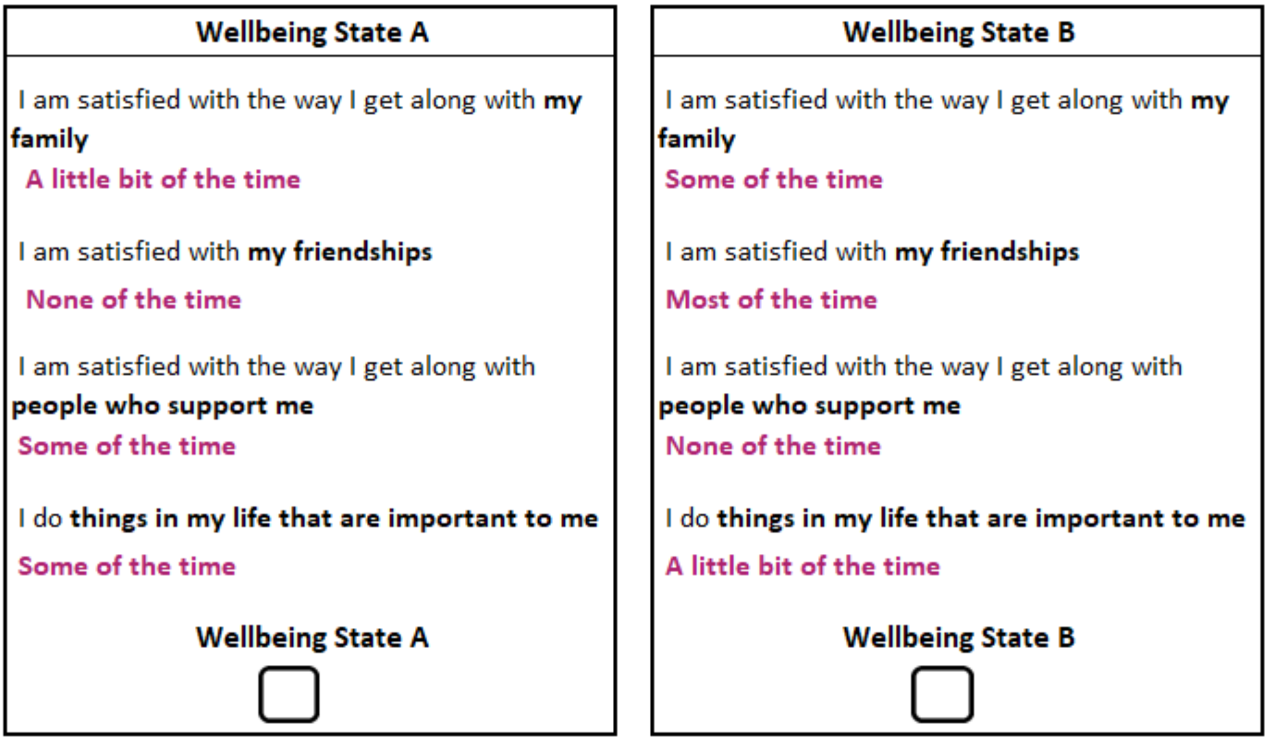
(pleasure assume all else are equal)

Wellbeing State A	**Wellbeing State B**
I am satisfied with my **friendships** **All** of the time	I am satisfied with my **friendships** **None** of the time
I am satisfied with my **living situation** **All** of the time	I am satisfied with my **living situation** **None** of the time
I **feel safe in my life** **All** of the time	I **feel safe in my life** **None** of the time
I have **enough money to meet my needs** **All** of the time	I have **enough money to meet my needs** **None** of the time
Wellbeing State A ☐	**Wellbeing State B** ☐

Now for the following 8 questions, please tell us which hypothetical wellbeing state you prefer.

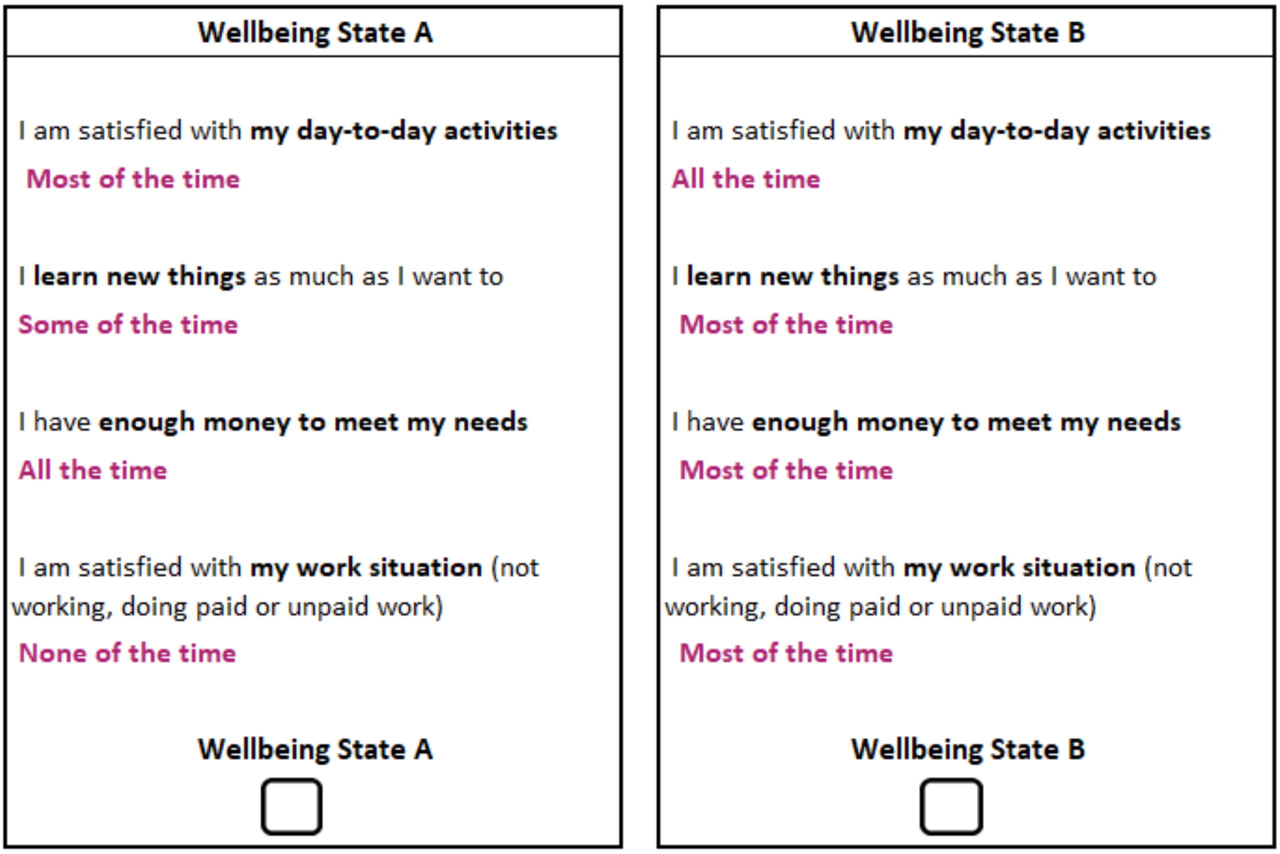
This is not a test so there are no right or wrong answers.

TASK 1. Which of the following two wellbeing states is better? Please tick one box below:



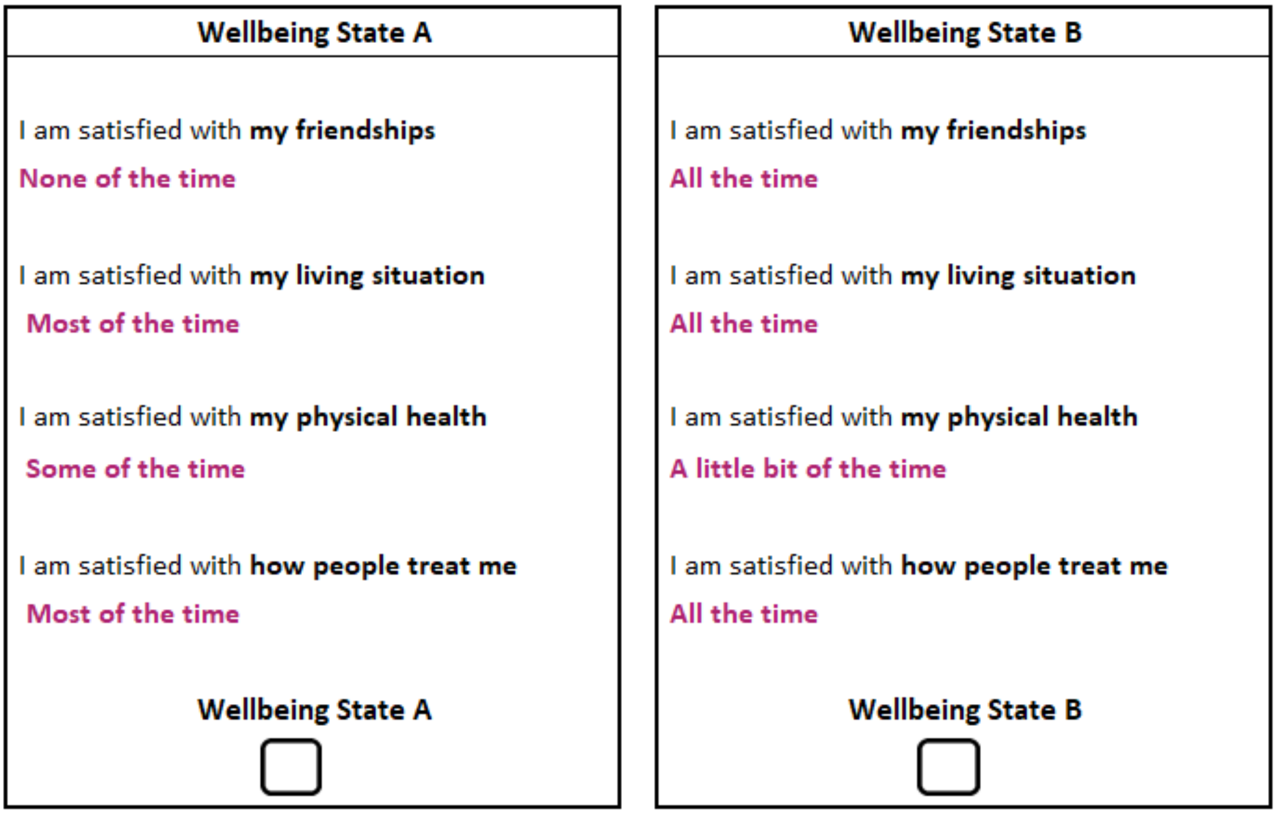
Wellbeing State A	**Wellbeing State B**
I am satisfied with the way I get along with **my family** A little bit of the time	I am satisfied with the way I get along with **my family** Some of the time
I am satisfied with **my friendships** None of the time	I am satisfied with **my friendships** Most of the time
I am satisfied with the way I get along with **people who support me** Some of the time	I am satisfied with the way I get along with **people who support me** None of the time
I do **things in my life that are important to me** Some of the time	I do **things in my life that are important to me** A little bit of the time
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 2. Which of the following two wellbeing states is better? Please tick one box below:



Wellbeing State A	Wellbeing State B
I am satisfied with **my day-to-day activities** Most of the time	I am satisfied with **my day-to-day activities** All the time
I **learn new things** as much as I want to Some of the time	I **learn new things** as much as I want to Most of the time
I have **enough money to meet my needs** All the time	I have **enough money to meet my needs** Most of the time
I am satisfied with **my work situation** (not working, doing paid or unpaid work) None of the time	I am satisfied with **my work situation** (not working, doing paid or unpaid work) Most of the time
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 3. Which of the following two wellbeing states is better? Please tick one box below:

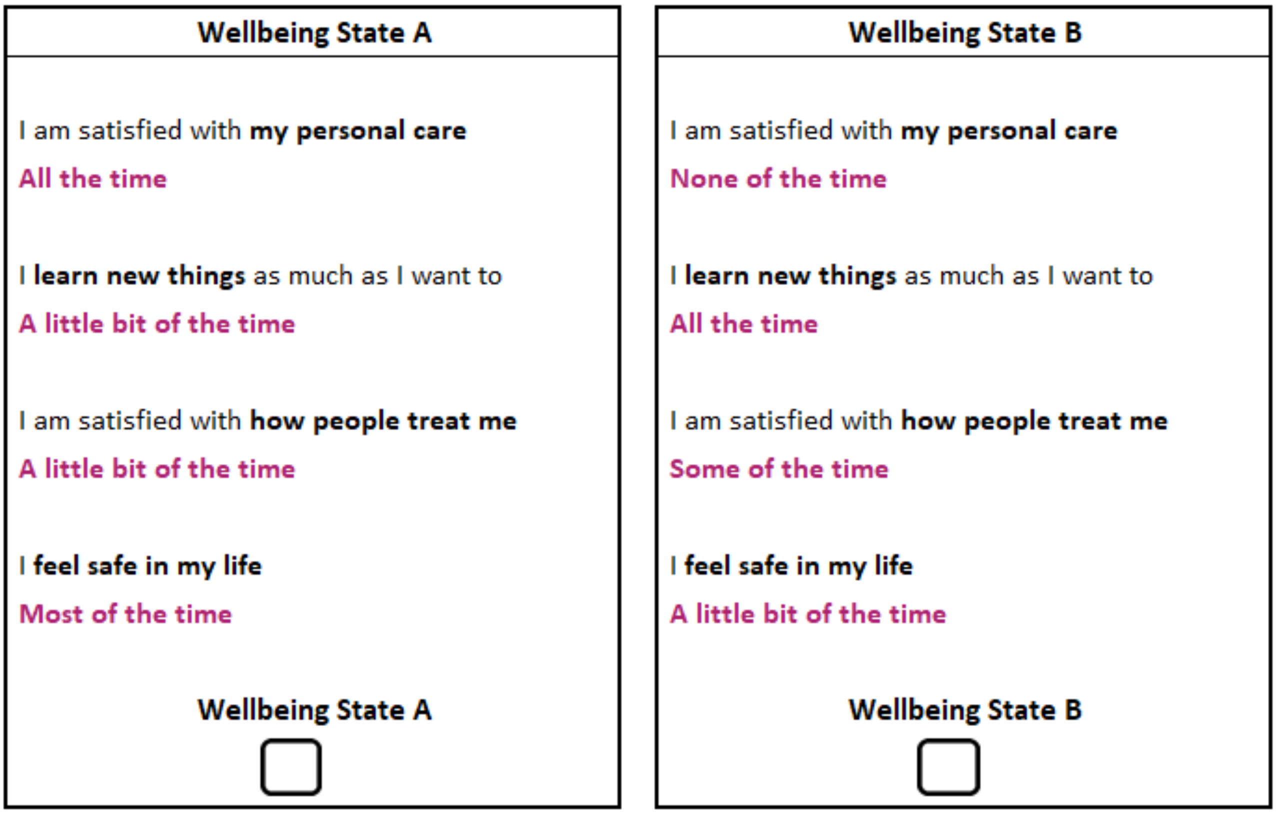


Wellbeing State A	Wellbeing State B
I am satisfied with **my friendships** None of the time	I am satisfied with **my friendships** All the time
I am satisfied with **my living situation** Most of the time	I am satisfied with **my living situation** All the time
I am satisfied with **my physical health** Some of the time	I am satisfied with **my physical health** A little bit of the time
I am satisfied with **how people treat me** Most of the time	I am satisfied with **how people treat me** All the time
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 4. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A	Wellbeing State B
I am satisfied with the way I get along with **people who support me** **A little bit of the time**	I am satisfied with the way I get along with **people who support me** **None of the time**
I am satisfied with **my living situation** **Most of the time**	I am satisfied with **my living situation** **None of the time**
I **feel safe in my life** **All the time**	I **feel safe in my life** **None of the time**
I am satisfied with **my work situation** (not working, doing paid or unpaid work) **Some of the time**	I am satisfied with **my work situation** (not working, doing paid or unpaid work) **Most of the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 5. Which of the following two wellbeing states is better? Please tick one box below:



Wellbeing State A	Wellbeing State B
I am satisfied with **my personal care** **All the time**	I am satisfied with **my personal care** **None of the time**
I **learn new things** as much as I want to **A little bit of the time**	I **learn new things** as much as I want to **All the time**
I am satisfied with **how people treat me** **A little bit of the time**	I am satisfied with **how people treat me** **Some of the time**
I **feel safe in my life** **Most of the time**	I **feel safe in my life** **A little bit of the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 6. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A	Wellbeing State B
I am satisfied with **my friendships** **A little bit of the time**	I am satisfied with **my friendships** **Some of the time**
I do **things in my life that are important to me** **Some of the time**	I do **things in my life that are important to me** **All the time**
I am satisfied with **my mental health** **All the time**	I am satisfied with **my mental health** **A little bit of the time**
I **feel safe in my life** **Most of the time**	I **feel safe in my life** **None of the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 7. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A	**Wellbeing State B**
I am satisfied with the way I get along with **people who support me** **None of the time**	I am satisfied with the way I get along with **people who support me** **Most of the time**
I am satisfied with **my physical health** **Most of the time**	I am satisfied with **my physical health** **A little bit of the time**
I am satisfied with **my mental health** **A little bit of the time**	I am satisfied with **my mental health** **Some of the time**
I am satisfied with **my work situation** (not working, doing paid or unpaid work) **A little bit of the time**	I am satisfied with **my work situation** (not working, doing paid or unpaid work) **All the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 8. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A	**Wellbeing State B**
I am satisfied with **my personal care** **A little bit of the time**	I am satisfied with **my personal care** **None of the time**
I am satisfied with **how people treat me** **Most of the time**	I am satisfied with **how people treat me** **A little bit of the time**
I have **enough money to meet my needs** **Most of the time**	I have **enough money to meet my needs** **Some of the time**
I am satisfied with **my work situation** (not working, doing paid or unpaid work) **A little bit of the time**	I am satisfied with **my work situation** (not working, doing paid or unpaid work) **None of the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

B10. How easy or difficult was it to complete the choice tasks? (tick one box)

- ○ Very easy
- ○ Easy
- ○ Neither easy nor difficult
- ○ Difficult
- ○ Very difficult

B11. Which of these statements best describes your thoughts about the choice tasks? (tick one box)

- ○ I completely understand what I was supposed to do.
- ○ I think I understood what I was asked to do.
- ○ I did not understand what I was asked to do.

Before completing this section, we want to know how various aspects of your life contribute to your overall wellbeing.

Please rate the importance of the following 14 life aspects.

Getting along with my family (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My friendships (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

Getting along with people who support me (tick one box)

(for example, support workers, allied health, counsellors)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My personal care (tick one box)

(for example, eating, bathing, dressing, toileting, with or without the help of others)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My day-to-day activities (tick one box)

(for example, shopping, cooking, cleaning, attending personal appointments, with or without the help of others)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

Doing things in my life that are important to me (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My living situation (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My physical health (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My mental health (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

Learning new things as much as I want to (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

How people treat me (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

Feeling safe in my life (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

Having enough money to meet my needs (tick one box)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

My work situation (tick one box)

(not working, doing paid or unpaid work)

- ○ Extremely important
- ○ Very important
- ○ Moderately important
- ○ Slightly important
- ○ Not important

Section C – Information about your disabilities

C1. Have you had your disability since birth or before you were 5 years old? (tick one box)

- ○ Yes [GO TO C3]
- ○ No
- ○ Unsure [GO TO C3]

C2. How long have you had a disability?

- ○ Less than 5 years
- ○ 6-10 years
- ○ More than 10 years
- ○ Unsure

C3. Is there someone in your household that provides care or support for you?

- ○ Yes
- ○ No

C4. How many hours of active daily support do you receive from paid or informal supporters?

(e.g., help and supervision to complete daily tasks like personal care, getting ready, cooking, eating, and drinking, cleaning, and doing chores)

- ○ None
- ○ 1 to 5 hours each day
- ○ 6 to 11 hours each day
- ○ 12 to 23 hours each day
- ○ 24 hours each day
- ○ Don’t know

C5. Do you currently receive a Disability Support Pension (DSP)?

- ○ Yes
- ○ No but I used to
- ○ No, I have never received a Disability Support Pension

C6. Are you currently an NDIS participant? (tick one box)

- ○ Yes
- ○ No, but I used to be
- ○ No, I have never been an NDIS participant

Section D – Personal background

D1. Are you of Aboriginal origin, or Torres Strait Islander origin or both?

- ○ No
- ○ Aboriginal
- ○ Torres Strait Islander
- ○ Both Aboriginal and Torres Strait Islander
- ○ Prefer not to say

D2. Do you speak a language other than English at home?

- ○ No, English only
- ○ Yes
- ○ Prefer not to say

D3. What is your home postcode? ________

D4. Which of these best describes your current marital status? (tick one box)

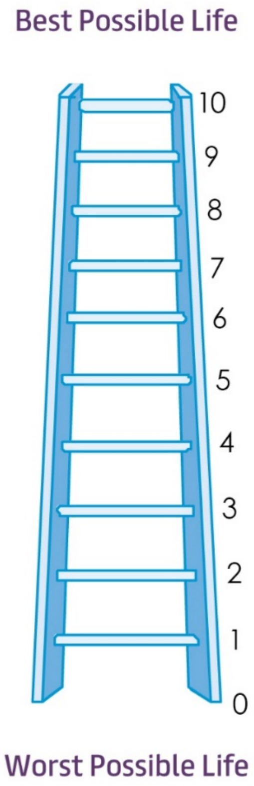
- ○ Married/De facto
- ○ Widowed
- ○ Single (never married)
- ○ Divorced/Separated
- ○ Prefer not to answer

D5. Satisfaction With Life Scale

Below are five statements that you may agree or disagree with. Indicate your agreement with each item by tapping the appropriate box, from strongly agree, to strongly disagree. Please be open and honest in your response.

	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
In most ways my life is close to my ideal	☐	☐	☐	☐	☐	☐	☐
The conditions of my life are excellent	☐	☐	☐	☐	☐	☐	☐
I am satisfied with my life	☐	☐	☐	☐	☐	☐	☐
So far, I have gotten the important things I want in life	☐	☐	☐	☐	☐	☐	☐
If I could live my life over, I would change almost nothing	☐	☐	☐	☐	☐	☐	☐

D6. Now, imagine a ladder with steps numbered from 0 at the bottom to 10 at the top.



Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder do you feel you stand at this time?__________

D7. In general, would you say your physical health is:

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

D8. In general, would you say your mental health is:

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

D9. What is the highest level of education you have completed?

- ○ Never attended school
- ○ Year 8 or below
- ○ Year 9 or equivalent
- ○ Year 10 or equivalent
- ○ Year 11 or equivalent
- ○ Year 12 or equivalent
- ○ Trade Certificate I-IV
- ○ Diploma or Advanced Diploma
- ○ Graduate Certificate or Graduate Diploma
- ○ Bachelor degree
- ○ Postgraduate degree (e.g., Masters, PhD)
- ○ Other, please specify _________
- ○ Prefer not to say

D10. What is your current employment status?

- ○ Full-time employed
- ○ Part-time employed
- ○ Unemployed
- ○ Retired/Pensioner
- ○ Home duties/home carer
- ○ Student
- ○ Laid off due to the COVID-19 (coronavirus) situation
- ○ Other, please specify ________
- ○ Prefer not to answer

D11. This is the end of the survey. If you have any comments on the survey, please let us know:

____

Thank you very much for taking the time to complete this survey!

APPENDIX 2: Disability Wellbeing Index Survey – Easy English version

Q1. Who is doing this survey? Please choose one.

○ I am an NDIS participant (also known the participant) and I am doing this survey by myself. [GO TO Q2]

○ I am an NDIS participant and I am doing this survey with support. [GO TO Q2]

○ I am doing this survey with an NDIS participant. [GO TO Q2]

If you are supporting an NDIS participant to do the survey, the answers you tell us need to be what the NDIS participant would say.

○ I am doing this survey for an NDIS participant. [GO TO Q1A]

If you are supporting an NDIS participant to do the survey, the answers you tell us need to be what the NDIS participant would say.

Q1A. How do you know the NDIS participant? Please choose the best answer.

○ I am the mother or father of the participant.

○ I am the brother or sister of the participant.

○ I am a child of the participant.

○ I am a family member of the participant.

○ I am a friend of the participant.

○ I am a support worker of the participant.

○ I am someone else.

Q1B. What is your gender?

○ Female

○ Male

○ My gender is__________

○ I do not want to say

If you have any difficulty while answering the questions, please contact us. You can send an email to dwi@monash.edu or contact Dr Gang Chen at 0425 811 029 or Dr Gozde Aydin at 03 9903 4363.

Q2. How old are you? _________ (years)

Q3. What is your sex?

○ Male

○ Female

○ My gender is_________

○ I do not want to say

Q4. Where in Australia do you live?

○ Australian Capital Territory (ACT)

○ New South Wales (NSW)

○ Northern Territory (NT)

○ Queensland (Qld)

○ South Australia (SA)

○ Tasmania (Tas)

○ Victoria (Vic)

○ Western Australia (WA)

Q5. Is it hard for you to do any of these things because of a health problem you have had or will have for a long time or a disability:

Daily Living Activities

These are things you do every day, like:
- washing, dressing
- walking,
- holding or lifting things
- speaking or using communication devices

○ Yes

○ No

Activities of independent living

These are things you do for yourself, like:
- shopping, cooking
- care for others
- make decisions, deal with stress
- learn things, fix problems
- have relationships with people

○ Yes

○ No

Activities of work, school and being in the community

These are things like:

- Going out with friends or family
- Work, school, or training

○ Yes

○ No

Q6. Can you tell us about your disability?

Please tick the boxes that tells us about your disability, you can tick more than one box.

○ **Sensory** like not being able to see or hear well

○ **Intellectual** like it being hard to learn or do everyday things

○ **Physical** like it being hard to breathe, always being in a lot of pain, falling over, having seizures, or not being able to use one or more of your arms or legs

○ **Psychosocial** like being worried or sad all the time, it being hard to make friends or needing support with your behaviour

○ **Head injury, stroke or acquired brain injury (ABI)**

○ **Autism**

○ **Other (please tell us)**

Section A – Subjective Wellbeing

These questions are about feeling safe.

If the questions make you feel worried or sad, you can call Lifeline to talk to someone. You can call any time. Phone: 13 11 14

National Relay Service (NRS): Chat Call link (https://nrschat.nrscall.gov.au/nrs/internetrelay), then ask for 13 11 14

A1. Disability Wellbeing Index (DWI)

Tell us how you feel about your life now. There are no right or wrong answers.

I am happy with the way I get along with my family.

○ Always
○ Most of the time
○ Sometimes
○ A little bit
○ Never
○ The things in this question are not part of my life

I am happy with my friendships.

○ Always
○ Most of the time
○ Sometimes
○ A little bit
○ Never
○ The things in this question are not part of my life

I am happy with the way I get along with people who support me. These could be people like support workers, doctors, Occupational Therapists, counsellors.

○ Always
○ Most of the time
○ Sometimes
○ A little bit
○ Never
○ The things in this question are not part of my life

I am happy with my personal care, like eating, showering, dressing, or going to the toilet. This could be with or without other people helping me.

○ Always

○ Most of the time

○ Sometimes

○ A little bit

○ Never

I am happy with the things I do, like shopping, cooking, cleaning, or going to appointments. This could be with or without other people helping me.

○ Always

○ Most of the time

○ Sometimes

○ A little bit

○ Never

I do things in my life that are important to me.

○ Always

○ Most of the time

○ Sometimes

○ A little bit

○ Never

I am happy with where I live and who I live with.

○ Always

○ Most of the time

○ Sometimes

○ A little bit

○ Never

Physical health is about how healthy my body is.

I am happy with my physical health.

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ A little bit
- ○ Never

Mental health is about what you think and how you feel, like happy or sad.

I am happy with my mental health.

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ A little bit
- ○ Never

If the questions make you feel worried, you can call Lifeline and speak to someone.

You can call any time.

Phone: 13 11 14
Text: 0477 13 11 14
On the computer use the National Relay Service link:
(https://nrschat.nrscall.gov.au/nrs/internetrelay) and then ask for 13 11 14

I learn new things as much as I want to.

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ A little bit
- ○ Never

I am happy with how people talk to and treat me.

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ A little bit
- ○ Never

I feel safe in my life.

○ Always
○ Most of the time
○ Sometimes
○ A little bit
○ Never

If you do not feel safe or if you are in danger call 000

You can also call:

1800RESPECT - 1800 737 732 to talk to someone if you have been abused or have seen it happen to someone else.

You can use the National Relay Service on 1800 555 677 and give the number 1800 737 732.

The National Disability Abuse and Neglect Hotline to tell someone a person with a disability is being abused or neglected. Phone: 1800 880 052.

Beyond Blue if you need support with your mental health and wellbeing. Phone: 1300 224 636

www.beyondblue.org.au

I have enough money to pay for things I need.

○ Always
○ Most of the time
○ Sometimes
○ A little bit
○ Never

The National Debt Hotline can help people who have problems with money.

Phone: 1800 007 007

Website: (add in web address)

I am happy with what I do for work.

This could be not working, doing work you get paid for, or doing work that you are not paid for, like volunteering.

○ Always
○ Most of the time
○ Sometimes
○ A little bit
○ Never

A2. How easy or hard was it to do this survey?

- ○ Very easy
- ○ Easy
- ○ Not easy or hard
- ○ Hard
- ○ Very hard

A3. If there is anything you want to say about **the Disability Wellbeing Index**, please tell us here:

____

Section B – Relative importance of wellbeing states

We are going to show you some examples of wellbeing. We are calling these Wellbeing States. We want you to tell us which one you would choose.

The survey you just did had questions about different parts of your life.

We call these different parts life areas.

Each of the life areas have a value but are not all the same. Value means how important something is.

Values for each life areas:

- Always
- Most of the time
- Sometimes
- A little bit
- Never

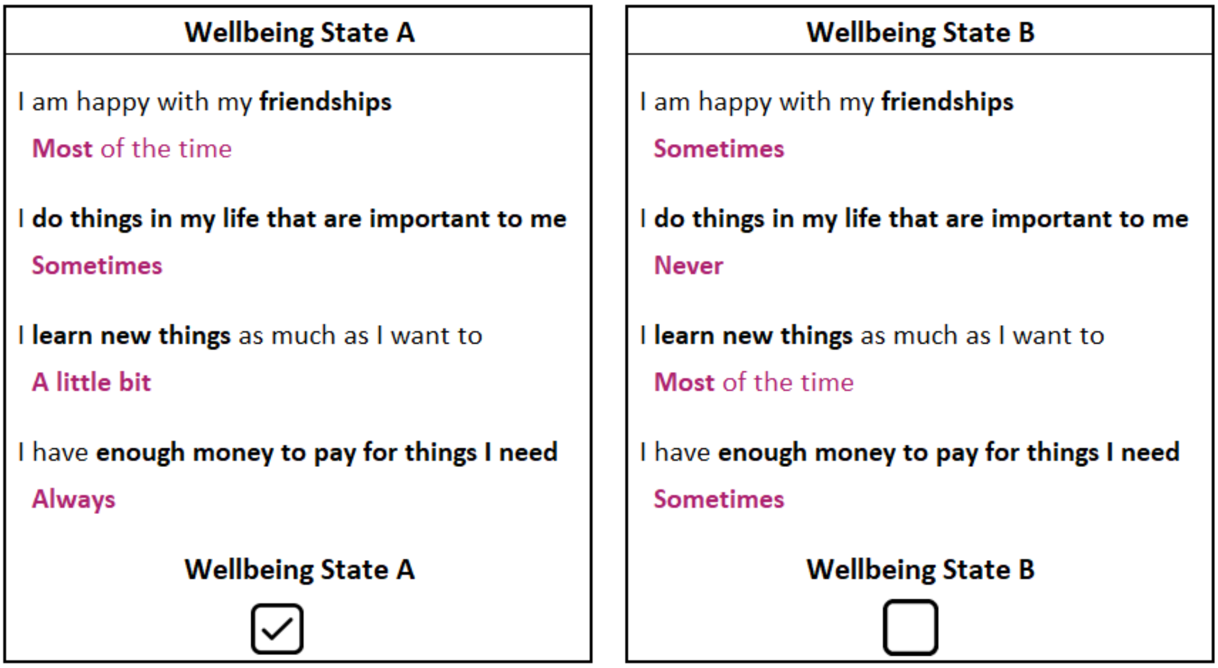
Each wellbeing state will be from 4 life areas. They have been picked by chance.

For each question, please tell us which state you think is best.

Here is an example of questions we will ask you.

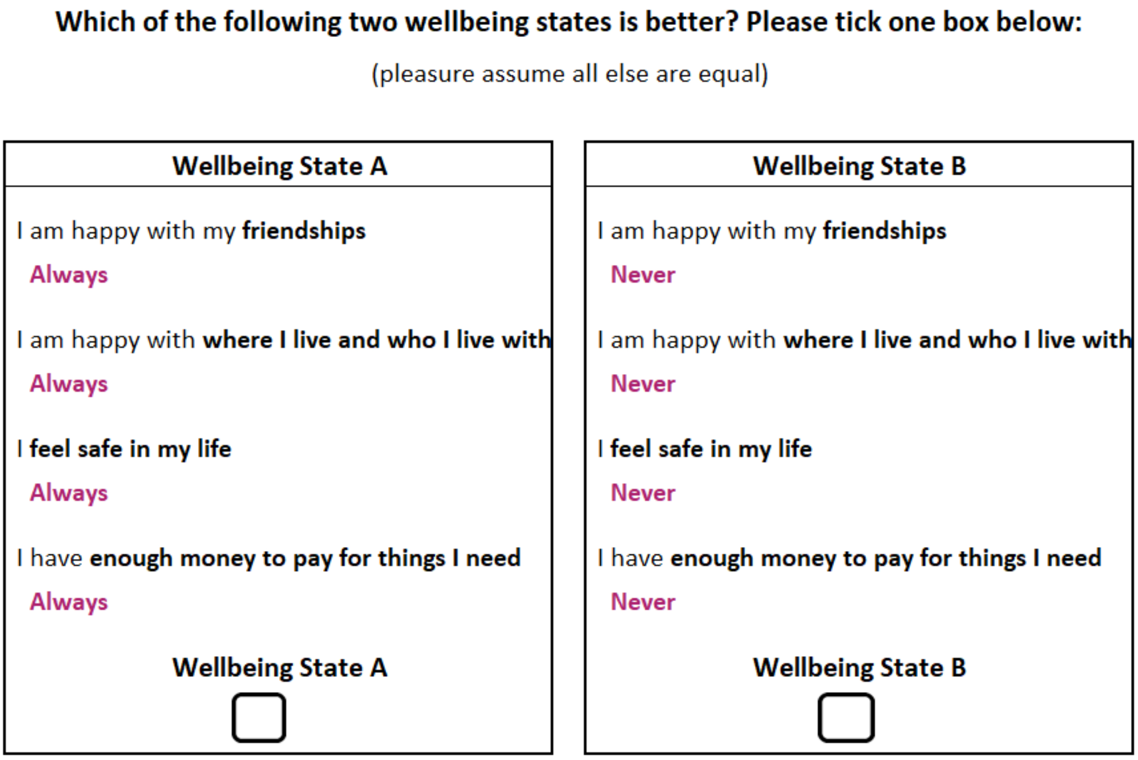
When you choose the Wellbeing State that you think is better, tick the box at the bottom.

In this example the person thinks Wellbeing State A is better.



Wellbeing State A	**Wellbeing State B**
I am happy with my **friendships**	I am happy with my **friendships**
Most of the time	**Sometimes**
I **do things in my life that are important to me**	I **do things in my life that are important to me**
Sometimes	**Never**
I **learn new things** as much as I want to	I **learn new things** as much as I want to
A little bit	**Most** of the time
I have **enough money to pay for things I need**	I have **enough money to pay for things I need**
Always	**Sometimes**
Wellbeing State A ☑	**Wellbeing State B** ☐

B1. Let’s try this question:



Which of the following two wellbeing states is better? Please tick one box below:

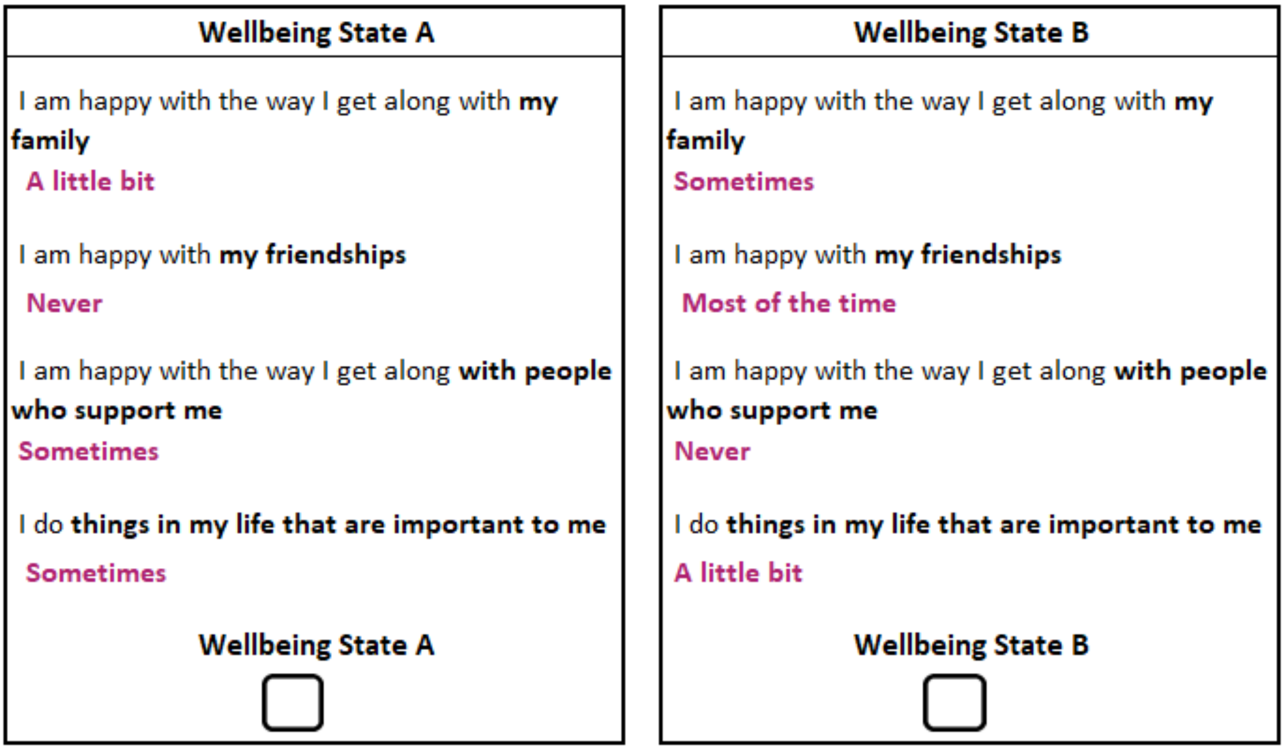
(pleasure assume all else are equal)

Wellbeing State A	Wellbeing State B
I am happy with my **friendships** Always	I am happy with my **friendships** Never
I am happy with **where I live and who I live with** Always	I am happy with **where I live and who I live with** Never
I **feel safe in my life** Always	I **feel safe in my life** Never
I have **enough money to pay for things I need** Always	I have **enough money to pay for things I need** Never
Wellbeing State A ☐	**Wellbeing State B** ☐

For the next 8 questions, please choose the wellbeing state you think is better.

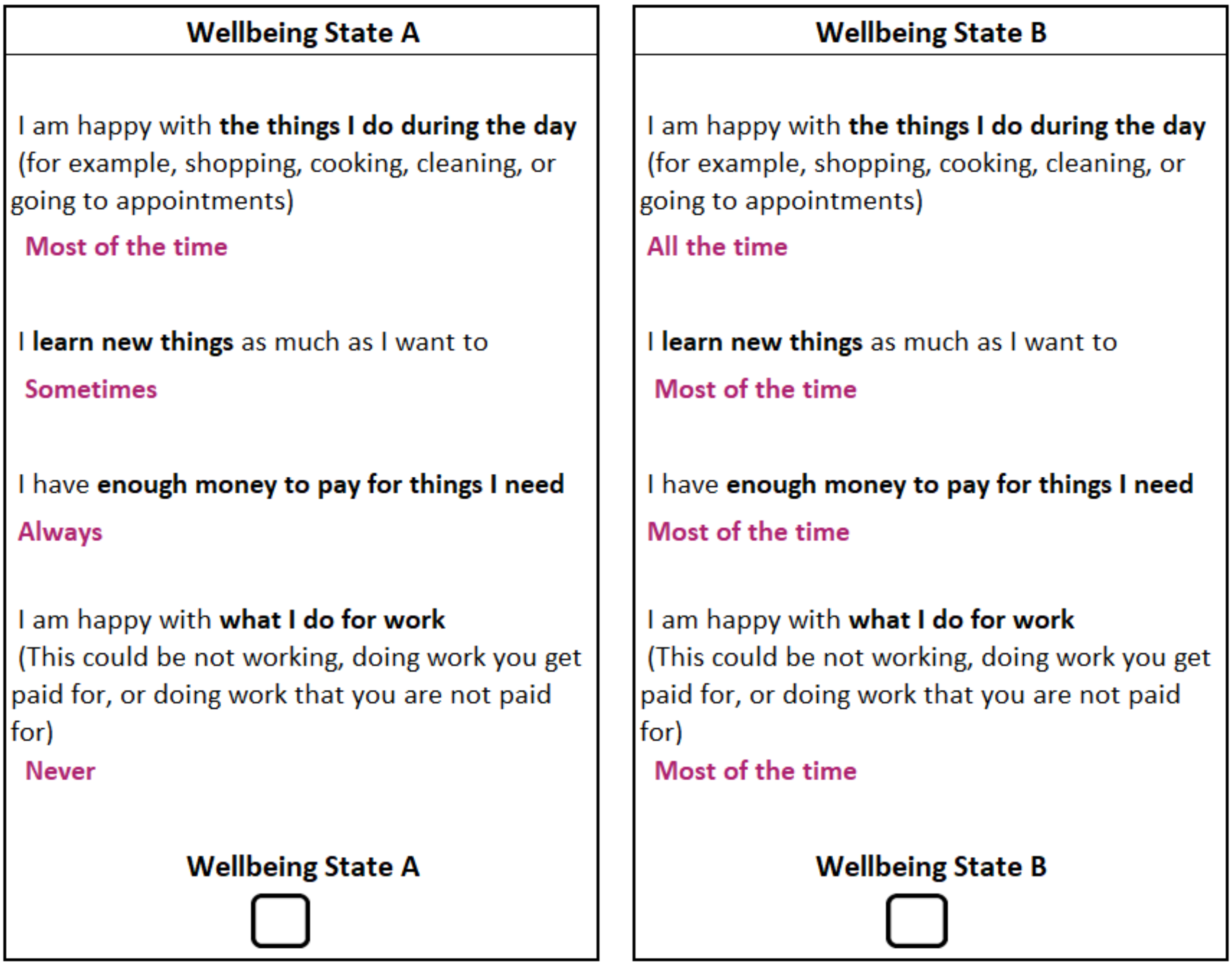
There are no right or wrong answers.

TASK 1. Which of the following two wellbeing states is better? Please tick one box below:



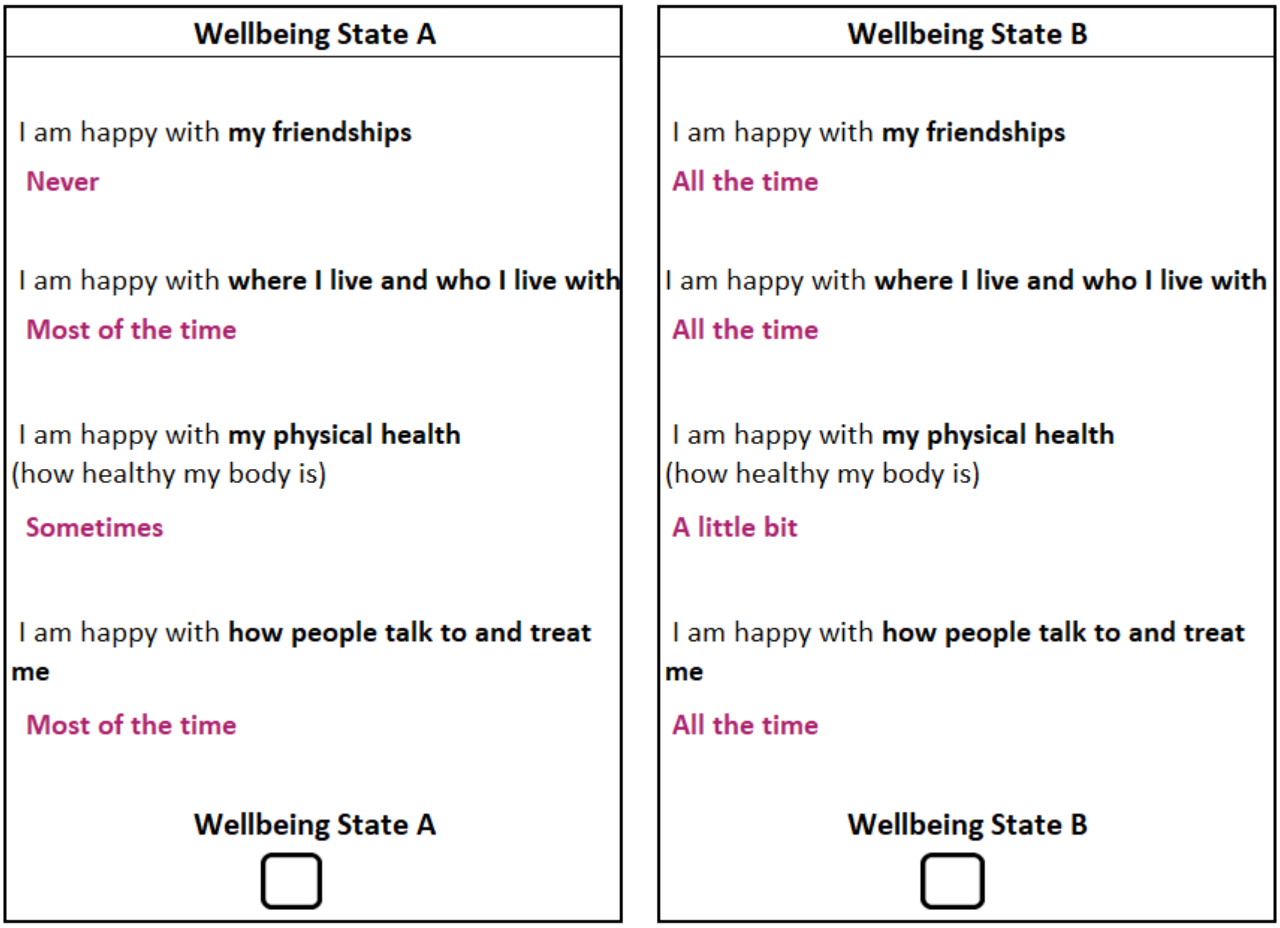
Wellbeing State A	Wellbeing State B
I am happy with the way I get along with **my family** A little bit	I am happy with the way I get along with **my family** Sometimes
I am happy with **my friendships** Never	I am happy with **my friendships** Most of the time
I am happy with the way I get along **with people who support me** Sometimes	I am happy with the way I get along **with people who support me** Never
I do **things in my life that are important to me** Sometimes	I do **things in my life that are important to me** A little bit
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 2. Which of the following two wellbeing states is better? Please tick one box below:



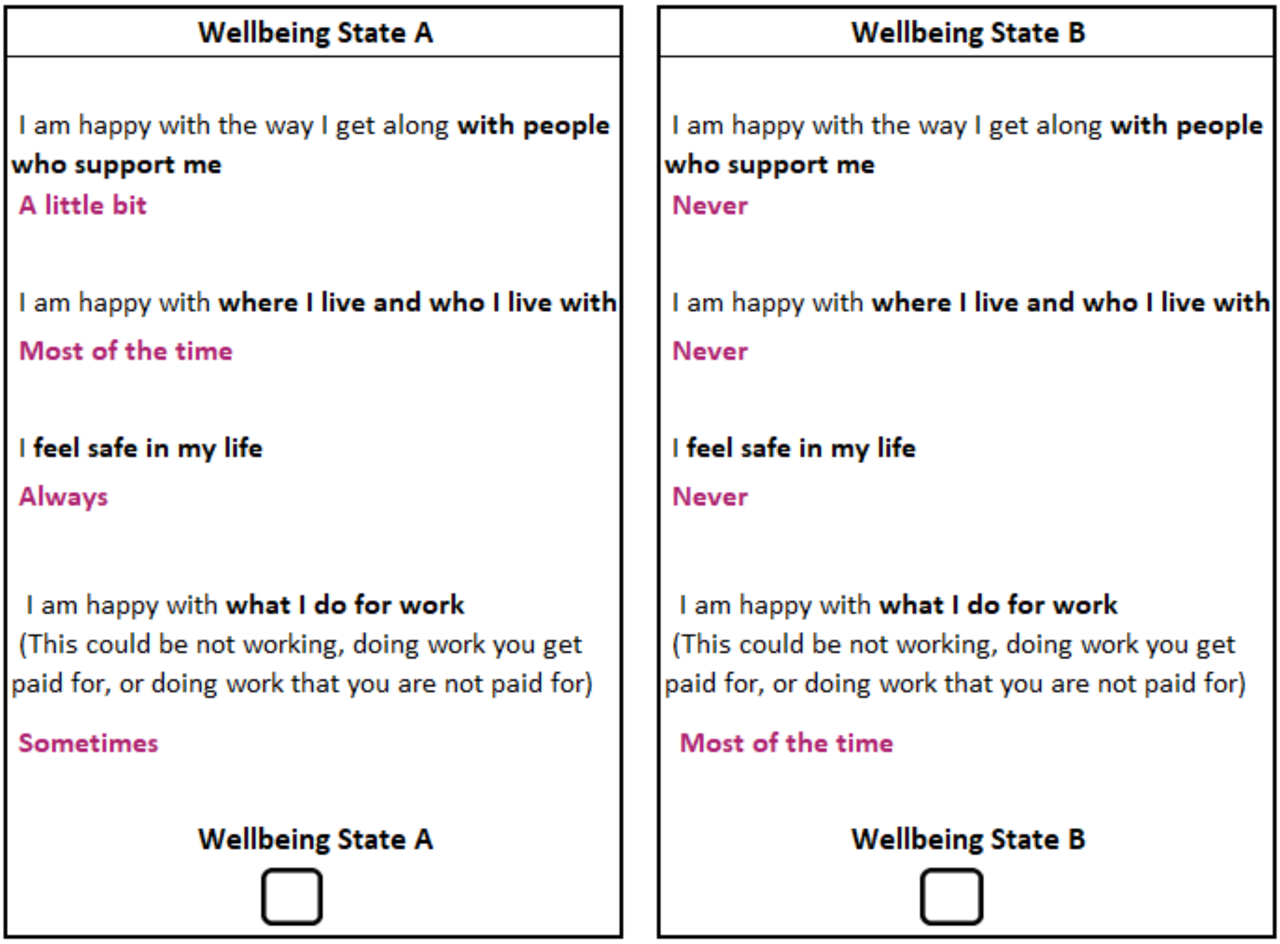
Wellbeing State A	Wellbeing State B
I am happy with **the things I do during the day** (for example, shopping, cooking, cleaning, or going to appointments) **Most of the time**	I am happy with **the things I do during the day** (for example, shopping, cooking, cleaning, or going to appointments) **All the time**
I **learn new things** as much as I want to **Sometimes**	I **learn new things** as much as I want to **Most of the time**
I have **enough money to pay for things I need** **Always**	I have **enough money to pay for things I need** **Most of the time**
I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) **Never**	I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) **Most of the time**
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 3. Which of the following two wellbeing states is better? Please tick one box below:



Wellbeing State A	Wellbeing State B
I am happy with **my friendships**	I am happy with **my friendships**
Never	All the time
I am happy with **where I live and who I live with**	I am happy with **where I live and who I live with**
Most of the time	All the time
I am happy with **my physical health** (how healthy my body is)	I am happy with **my physical health** (how healthy my body is)
Sometimes	A little bit
I am happy with **how people talk to and treat me**	I am happy with **how people talk to and treat me**
Most of the time	All the time
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 4. Which of the following two wellbeing states is better? Please tick one box below:



Wellbeing State A	Wellbeing State B
I am happy with the way I get along **with people who support me** A little bit	I am happy with the way I get along **with people who support me** Never
I am happy with **where I live and who I live with** Most of the time	I am happy with **where I live and who I live with** Never
I **feel safe in my life** Always	I **feel safe in my life** Never
I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) Sometimes	I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) Most of the time
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 5. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A

I am happy with **my personal care** (for example, eating, showering, dressing, or going to the toilet)

Always

I **learn new things** as much as I want to

A little bit

I am happy with **how people talk to and treat me**

A little bit

I **feel safe in my life**

Most of the time

Wellbeing State A

☐

Wellbeing State B

I am happy with **my personal care** (for example, eating, showering, dressing, or going to the toilet)

Never

I **learn new things** as much as I want to

Always

I am happy with **how people talk to and treat me**

Sometimes

I **feel safe in my life**

A little bit

Wellbeing State B

☐

TASK 6. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A

I am happy with **my friendships**

A little bit

I do **things in my life that are important to me**

Sometimes

I am happy with **my mental health**
(what I think and how I feel, like happy or sad)

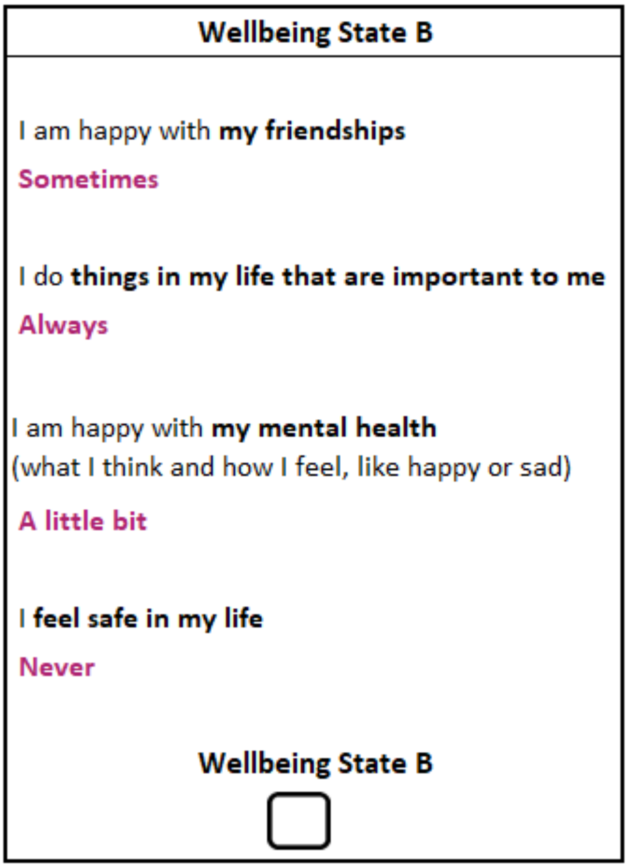
Always

I **feel safe in my life**

Most of the time

Wellbeing State A

☐



Wellbeing State B

I am happy with **my friendships**

Sometimes

I do **things in my life that are important to me**

Always

I am happy with **my mental health**
(what I think and how I feel, like happy or sad)

A little bit

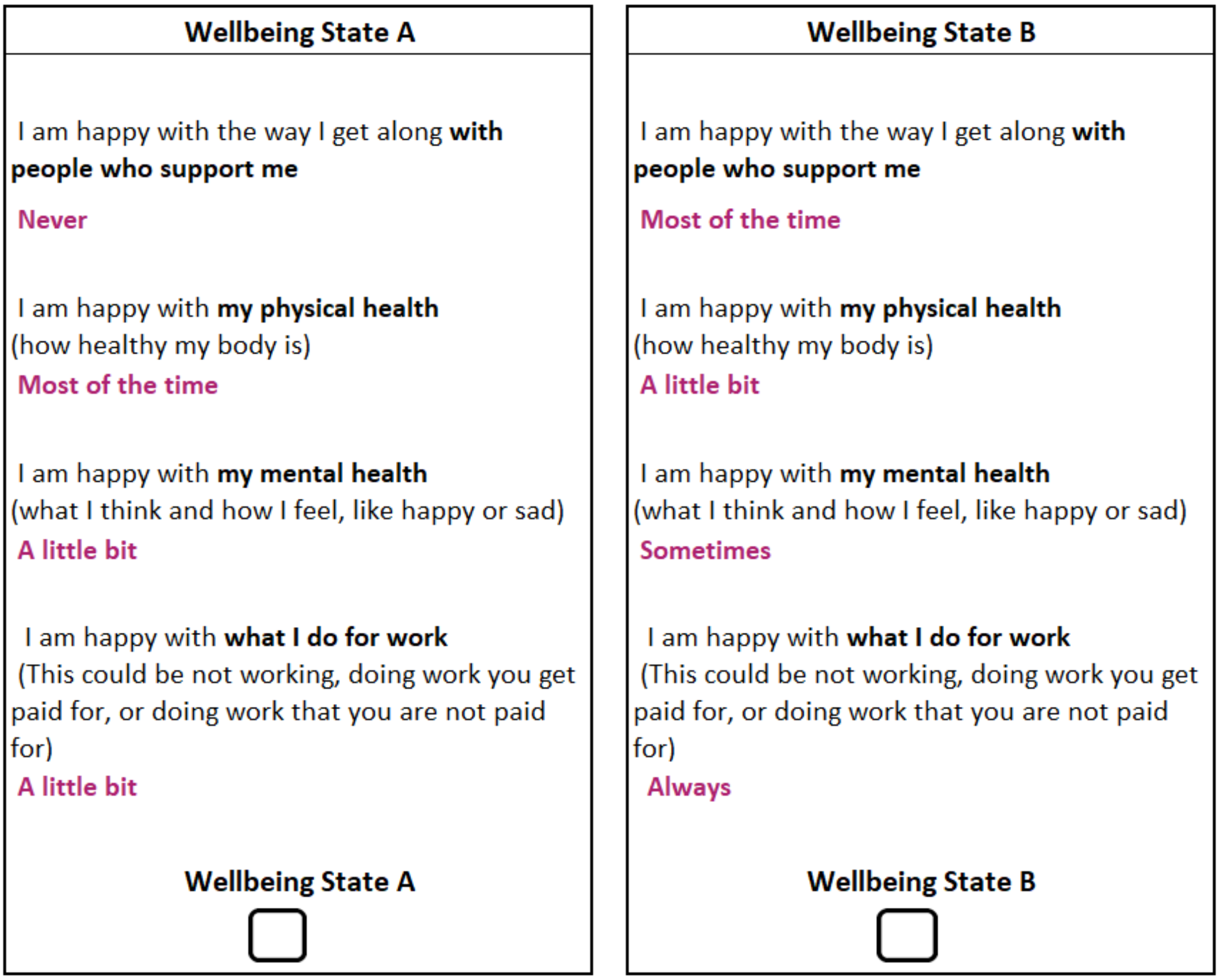
I **feel safe in my life**

Never

Wellbeing State B

☐

TASK 7. Which of the following two wellbeing states is better? Please tick one box below:



Wellbeing State A	Wellbeing State B
I am happy with the way I get along **with people who support me** **Never**	I am happy with the way I get along **with people who support me** **Most of the time**
I am happy with **my physical health** (how healthy my body is) **Most of the time**	I am happy with **my physical health** (how healthy my body is) **A little bit**
I am happy with **my mental health** (what I think and how I feel, like happy or sad) **A little bit**	I am happy with **my mental health** (what I think and how I feel, like happy or sad) **Sometimes**
I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) **A little bit**	I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) **Always**
Wellbeing State A ☐	**Wellbeing State B** ☐

TASK 8. Which of the following two wellbeing states is better? Please tick one box below:

Wellbeing State A	Wellbeing State B
I am happy with **my personal care** (for example, eating, showering, dressing, or going to the toilet) A little bit	I am happy with **my personal care** (for example, eating, showering, dressing, or going to the toilet) Never
I am happy with **how people talk to and treat me** Most of the time	I am happy with **how people talk to and treat me** A little bit
I have **enough money to pay for things I need** Most of the time	I have **enough money to pay for things I need** Sometimes
I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) A little bit	I am happy with **what I do for work** (This could be not working, doing work you get paid for, or doing work that you are not paid for) Never
Wellbeing State A ☐	**Wellbeing State B** ☐

B10. How easy or hard was it to answer the questions?

○ Very easy
○ Easy
○ Not easy or hard
○ Hard
○ Very hard

B11. What do you think about the questions?

○ I know what I was doing.
○ I think I know what I was doing.
○ I did not know what I was doing.

We want to know what other things help you to feel good about yourself and your life.

We want to know how important things are to you. Please choose one answer for each of these questions.

Getting along with my family.

○ The most important

○ Very important

○ Important

○ A little bit important

○ Not important

My friendships.

○ The most important

○ Very important

○ Important

○ A little bit important

○ Not important

Getting along with people who support me.

These could be people like support workers, doctors, Occupational Therapists, counsellors.

○ The most important

○ Very important

○ Important

○ A little bit important

○ Not important

My personal care.

This could be things like, eating, showering, dressing, or going to the toilet. This could be with or without other people helping me.

○ The most important

○ Very important

○ Important

○ A little bit important

○ Not important

The things I do during the day.

These could be things like shopping, cooking, cleaning, or going to appointments. This could be with or without other people helping me.

○ The most important
○ Very important
○ Important
○ A little bit important
○ Not important

Doing things in my life that are important to me.

○ The most important
○ Very important
○ Important
○ A little bit important
○ Not important

Where I live and who I live with.

○ The most important
○ Very important
○ Important
○ A little bit important
○ Not important

My physical health – how healthy my body is.

○ The most important
○ Very important
○ Important
○ A little bit important
○ Not important

My mental health - what I think and how I feel, like happy or sad.

- ○ The most important
- ○ Very important
- ○ Important
- ○ A little bit important
- ○ Not important

Learning new things as much as I want to.

- ○ The most important
- ○ Very important
- ○ Important
- ○ A little bit important
- ○ Not important

How people talk to and treat me.

- ○ The most important
- ○ Very important
- ○ Important
- ○ A little bit important
- ○ Not important

Feeling safe in my life.

- ○ The most important
- ○ Very important
- ○ Important
- ○ A little bit important
- ○ Not important

Having enough money to pay for the things I need.

- ○ The most important
- ○ Very important
- ○ Important
- ○ A little bit important
- ○ Not important

What I do for work.

This could be working or not working, doing paid or unpaid work.

○ The most important
○ Very important
○ Important
○ A little bit important
○ Not important

Section C – Information about your disabilities

C1. Did you have a disability when you were born or before you were 5 years old?

○ Yes [GO TO C3]
○ No
○ I do not know [GO TO C3]

C2. How long have you had a disability?

○ Less than 5 years
○ 6-10 years
○ More than 10 years
○ I do not know

C3. Do you get care and support from someone you live with?

○ Yes
○ No

C4. Active daily support is help to do things every day like personal care, getting dressed, cooking, eating, drinking and cleaning

How many hours of active daily support do you get from support workers or other people?

○ None
○ 1 to 5 hours each day
○ 6 to 11 hours each day
○ 12 to 23 hours each day
○ 24 hours each day
○ I do not know

C5. Do you get the Disability Support Pension (DSP)?

- ○ Yes
- ○ No but I used to
- ○ No, I have never got the Disability Support Pension

C6. Are you currently an NDIS participant? (tick one box)

- ○ Yes
- ○ No, but I used to be
- ○ No, I have never been an NDIS participant

Section D – Your background

D1. Are you Aboriginal or Torres Strait Islander or both?

- ○ No
- ○ Aboriginal
- ○ Torres Strait Islander
- ○ Both Aboriginal and Torres Strait Islander
- ○ I do not want to say

D2. Do you speak a language other than English at home?

- ○ No, English only
- ○ Yes
- ○ I do not want to say

D3. What is the postcode where you live? ________

D4. Are you

- ○ Married or living with your partner
- ○ Widowed (my partner died)
- ○ Single (never married)
- ○ Divorced/Separated
- ○ I do not want to say

D5. How Happy are You With Your Life Scale

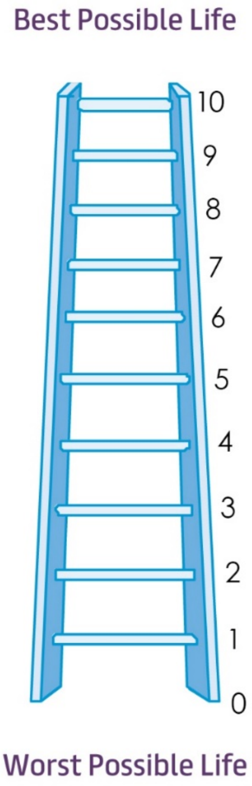
In the box below we have written 5 things that you might agree or disagree with.

Tell us how much you agree or disagree by clicking on your answer.

	Agree a lot	Agree	Agree a little bit	Do not agree or disagree	Disagree a little	Disagree	Disagree a lot
My life is the best it could be	○	○	○	○	○	○	○
My life is really good	○	○	○	○	○	○	○
I am happy with my life	○	○	○	○	○	○	○
I have the important things I want in life	○	○	○	○	○	○	○
If I could live my life again, I would not change anything	○	○	○	○	○	○	○

D6. Look at the picture of a ladder.

If 10 is the best life you could have and 0 is the worst life you could have, which number on the ladder are you? _______



D7. Physical health is how healthy your body is.

Is your physical health:

○ Excellent
○ Very good
○ Good
○ Okay
○ Not very good

D8 Mental health is about what you think and how you feel, like happy or sad.

Is your mental health:

○ Excellent
○ Very good
○ Good
○ Okay
○ Not very good

D9. When did you stop going to school?

○ I didn't go to school
○ Before year 8
○ Year 8
○ Year 9
○ Year 10
○ Year 11
○ Year 12
○ Trade Certificate I-IV
○ Diploma or Advanced Diploma
○ Graduate Certificate or Graduate Diploma
○ Bachelor degree
○ Postgraduate degree (e.g., Masters, PhD)
○ Other, please tell us _________
○ I do not want to say

D10. What kind of work do you do?

- ○ Full-time
- ○ Part-time
- ○ I don’t work
- ○ Retired/Pensioner
- ○ I look after my home
- ○ I go to school
- ○ I lost my job because of COVID-19 (coronavirus)
- ○ Other, please tell us ________
- ○ I do not want to say

Thank you very much for doing this survey!

D11. This is the end of the survey.

If you want to say anything about the survey, please tell us:

____

APPENDIX 3: Guidelines for support time with Auslan users

Checklist for support time to complete DWI survey

To meet the diverse needs of NDIS participants, survey respondents can request a member of the research team support them to complete the online survey in a zoom meeting or telephone call. Whilst some Auslan users will be comfortable completing the standard version of the survey in English, others may prefer to complete the survey using Auslan. The aim of this support time is to give the person an opportunity to understand and respond to survey items using Auslan. Both the person using Auslan as well as the interpreter may also require clarification of the meanings of certain items.

It is recommended to use the **Easy English version** during support time with Auslan users. Make sure to arrange time with the interpreter prior to the support time with the survey respondent, to ensure they understand the purpose of the survey and are familiarised with the specific tasks, particularly the DCE.

There will likely be a need to adjust the way certain survey items are delivered to accommodate the unique nature of Auslan. Auslan often relies on specific examples, rather than general concepts. Interpreters generally provide examples to make an extremely general concept a narrower one that the person can focus on, and then assist the person to think more generally about the concept by asking for an overall rating of their feelings for that life area. There is no need to be concerned that Auslan users will focus too much on a narrow context; this simply reflects how Auslan works and is a mechanism required to help Auslan users properly conceptualise the underlying concepts.

- For example, for the item "I am satisfied with my living situation", an interpreter may want to add, "For example, I am content with where I live, I like who I live with. Overall, how satisfied are you with your living situation?"
- For the item "I feel safe in my life", the interpreter may want to add, "For example, I feel safe when I am out in the community by myself, I feel safe when I am at home. Overall, how safe do you feel in your life?"

WHEN ARRANGING SUPPORT TIME TO COMPLETE SURVEY	
Email/text the person to identify if they have a preferred interpreter, and ask for their contact details if possible. Ask them to let you know when they are available for a zoom interview to complete the survey, providing several convenient times if possible.	
Once you have received the person's reply, contact their preferred Auslan interpreter and make a booking for Auslan interpreting. If the person does not suggest any particular interpreter, contact one of the following interpreters: **Deaf Connect** interpreting@deafconnect.org.au, cc: info@deafaustralia.org.au Or book online at: https://bookings.deafconnect.org.au/#/authenticate/logout **Sweeney Interpreting** 0427 755 753 bookings@sweeneyinterpreting.com.au	

Ensure that the interpreter is booked in for 10-15 min prior to the support time. This allows time to speak individually with the interpreter and prepare them for the survey.	
Send zoom invite to the participant and Auslan interpreter.	

BEFORE SUPPORT TIME TO COMPLETE SURVEY	
Have on hand the National Crisis Numbers handout. This includes national helplines and crisis numbers for each state. In particular, note: • Lifeline (131114) • Beyond Blue 24/7 line (1300 224 636) Make sure you have on hand the person’s phone number or email address.	
During 1:1 time with the Auslan interpreter, help familiarize them with the survey: • Using the share screen function in zoom, display the PDF file that displays the various screenshots of the survey. • As you move through the document, explain the overall purpose of the survey, including the purpose of the DWI as well as the DCE items. • Let the interpreter know that there may be times where we need to adjust the way items are interpreted so that we can accurately convey the intended meanings. Encourage them to let you know if at any time through the survey they notice this. • When explaining the DCE items, point out that they use the same life area statements that have just been presented in the previous section. However, in this section, they are presented differently and require the respondent to choose which set of conditions they prefer. Highlight that an example choice question is given, followed by a “warm-up” question and a set of 8 items. • Let the interpreter know that we will watch out for any signs of fatigue or distress in the respondent, and that we will suggest the person takes a break if necessary. Encourage the interpreter to let you know if they see any signs that the respondent might need a break. It might be helpful to suggest that the person takes a break once they have completed the DCE questions.	

DURING SUPPORT TIME TO COMPLETE SURVEY	
Explain to the person that you are there only to support them to complete the survey. Tell the participant: *“If you feel you need to stop and take a break at any time, just let me know. As you go through the survey, if there is a question you don’t understand, let me know. I will explain it. If there is a question you don’t want to answer, please just move on to the next question.”* Use the share screen function in zoom so that the interpreter and survey respondent can see the survey, as well as the other participants attending the zoom meeting.	
Be alert for signs of fatigue. It might be helpful to suggest that the person takes a break once they have completed the DCE questions.	

Be alert for signs of discomfort and follow the distress protocol:

- If the person appears to become uncomfortable, ask:
  "Are you OK? Would you like to take a short break now?"
- Wait for response. If they remain upset and don't respond, a useful approach is to say: *"I am happy to wait a few minutes if that would help*."
- If the person is still distressed and there is no change for the better, a helpful approach is to say: *"Would you like to move on to the next question?"*
  If yes, continue onto the next question.
- If the person does not want to, or is unable to continue to the next question, say: *"I think perhaps it might be best to stop the survey, and that's fine with me."*
- If the person begins to display marked distress or continues to be distressed as above and seemingly unlikely to continue, then:
  - a. Ensure they have appropriate strategies in place to deal with the distress. For example, ask: *"Is there someone you can talk to now?"*
  - b. If you feel concerned that the person is still not really listening or is too distressed, ask them: *"Would you like me to call someone for you, perhaps a friend, or family member of support workers?"*
  - c. Provide the person with the numbers for Lifeline or Beyond Blue if necessary.
  - *d.* Reassure the person that it is OK to finish the session. Let them know you will check in with them later. Say: *"It's fine to finish now. I would like to call in around 30 minutes however, just to check you are OK."*

Let the person know that you will check in with them later at a time that suits them.

AFTER SUPPORT TIME

If arranged during the support time, contact the person as agreed.

Ask them how they are feeling and whether their distress has resolved. Say: *"How are you going? I am just checking in. Are you OK?"*

If there is a clear unmet need for support, encourage the person to contact a counselling service, such as Lifeline or Beyond Blue. Provide these numbers again, if necessary.

If the person wishes to continue the survey, offer to complete it with them at a mutually convenient time.

APPENDIX 4: Guidelines for dealing with participant distress

Checklist for support time to complete DWI survey

To meet the diverse needs of NDIS participants, survey respondents can request a member of the research team support them to complete the online survey in a zoom meeting or telephone call. The aim of this support time is to provide only as much assistance as the respondent requires, for example, by reading questions out aloud, providing clarification as necessary, whilst staying in the background as much as possible.

We know that certain items may be triggering for some people. Some may also become fatigued by the length of the survey. By providing support time with a researcher, we aim to minimise any potential negative impact of the research on the respondent. If a respondent does become distressed, our role is to offer support at the time as well as connect the person with external sources of ongoing support. This means the researcher needs to watch out for signs of fatigue or distress in the respondent throughout the support time and respond sensitively by offering helpful suggestions to manage this.

BEFORE SUPPORT TIME TO COMPLETE SURVEY	
Have on hand the National Crisis Numbers handout. This includes national helplines and crisis numbers for each state. In particular, note: • Lifeline (131114) • Beyond Blue 24/7 line (1300 224 636) Make sure you have on hand the person’s phone number or email address.	

DURING SUPPORT TIME TO COMPLETE SURVEY	
Explain to the person that you are there only to support them to complete the survey. Tell the participant: *“If you feel you need to stop and take a break at any time, just let me know. As you go through the survey, if there is a question you don’t understand, let me know. I will explain it. If there is a question you don’t want to answer, please just move on to the next question.”*	
Be alert for signs of fatigue. It might be helpful to suggest that the person takes a break once they have completed the DCE questions.	
Be alert for signs of discomfort and follow the distress protocol: • If the person appears to become uncomfortable, ask: *“Are you OK? Would you like to take a short break now?”* • Wait for response. If they remain upset and don’t respond, a useful approach is to say: *“I am happy to wait a few minutes if that would help.”*	

- If the person is still distressed and there is no change for the better, a helpful approach is to say: *"Would you like to move on to the next question?"*
  If yes, continue onto the next question.
- If the person does not want to, or is unable to continue to the next question, say: *"I think perhaps it might be best to stop the survey, and that's fine with me."*
- If the person begins to display marked distress or continues to be distressed as above and seemingly unlikely to continue then:
    - e. Ensure they have appropriate strategies in place to deal with the distress. For example, ask *"Is there someone you can talk to now?"*
    - f. If you feel concerned that the person is still not really listening or is too distressed, ask them: *"Would you like me to call someone for you, perhaps a friend, or family member of support workers?"*
    - g. Provide the person with the numbers for Lifeline or Beyond Blue if necessary;
    - *h.* Reassure the person that it is OK to finish the session. Let them know you will check in with them later. Say: *"It's fine to finish now. I would like to call in around 30 minutes however, just to check you are OK."*
    - i. Let the person know that you will check in with them later at a time that suits them.

AFTER SUPPORT TIME

If arranged during the support time, contact the person as agreed.

Ask them how they are feeling and whether their distress has resolved. Say: *"How are you going? I am just checking in. Are you OK?"*

If there is a clear unmet need for support, encourage the person to contact a counselling service, such as Lifeline or Beyond Blue. Provide these numbers again, if necessary.

If the person wishes to continue the survey, offer to complete it with them at a mutually convenient time.

APPENDIX 5: Frequently Asked Questions

QUESTIONS ABOUT THE PURPOSE OF THE STUDY **Many of these questions will be covered in the explanatory statement*	
What is the purpose of this study?	We want to develop a new instrument to measure the wellbeing of people with disability. This instrument is called the Disability Wellbeing Index. The DWI will give us a way to measure whether services, such as those provided through the NDIS, are making a difference in the lives of people with disability. In this survey, you will help us understand more about which life areas are more important to the wellbeing of people with a disability, and which areas are less important.
Will this affect my NDIS package?	No, completing the survey will not affect your NDIS plan, your Disability Support Pension or any other services you use. Your individual responses to the survey will not be provided to the NDIA, or to any other organisation.
Why does NDIS want to assess our wellbeing? **How will NDIS participants benefit by having this DWI?**	The DWI will give us a way of measuring whether services, such as those provided through the NDIS, have helped you to achieve wellbeing. The disability wellbeing index will be used repeatedly over several years to see how your wellbeing is going.
How is research data, including my personal details, stored?	All the information you provide will remain confidential and be seen only by the researchers involved. Your individual responses will not be provided to the NDIA, or to any other organisation, and they will not know whether or not you have completed the survey. Only anonymous, de-identified data will be made available to NDIS. Your personal details and answers to the survey will be stored securely on the servers at Monash University. Your personal details will only be stored for the study period. Once the research is complete, it will be permanently deleted.

QUESTIONS ABOUT WELLBEING QUESTIONS	
What if my current wellbeing is not typical? My answers right now might not reflect my regular wellbeing.	In this wellbeing index we are asking you to think about your wellbeing right now.
Questions about the specific scope or meaning of items *[e.g., What does “living situation” mean?]*	This question can mean different things to different people, such as *[how happy you are with where you live, or who you live with]*. In this question, we are asking you to think overall how satisfied you are with *[life area]*.
What is a discrete choice experiment?	In this section, we use an approach known as a Discrete Choice Experiment (DCE) to find out your preferences for different states of wellbeing. The survey you just did had questions about different parts of your life. In this section, we will show you two different examples or states of wellbeing. Each example will have 4 life aspects. We want you to tell us which one you would choose. There are no right or wrong answers and this is not a test. We are only interested in your opinion about which state you would choose. This might not be a perfect state for you. Just choose which one you think is better than the other.
Why are we asking you these DCE questions?	The survey you just did had questions about 14 different aspects of your life. We want to know which of these life areas are more important to people with a disability, and which areas are less important. We ask a great many people with a disability to choose between different situations, or states of wellbeing. This way we can work out the relative importance of each statement in determining overall wellbeing. For example, what weight should be assigned to “being satisfied with your friendships” *relative to* “learning new things as much as you want to”. Remember making these choices is an imaginary exercise only. There are no right or wrong answers, and this is not a test. We are only interested in which of the two wellbeing states in each question you think is better than the other.

QUESTIONS ABOUT DEMOGRAPHIC AND DISABILITY QUESTIONS	
Why do you need to ask about my age, postcode, and other personal details?	This information will help us understand if people with different backgrounds have different preferences about wellbeing.
“How long have you had a disability?” What does this mean?	This question does not want you to say when you were first diagnosed; it is asking you how long you have had difficulty doing daily activities, activities of independent living, or activities of work, education and community life, due to a health problem or disability.

APPENDIX 6: ‘Heads-up’ audit report from Centre for Accessibility Australia

Centre For Accessibility Australia

‘Heads-up’ audit report
for the
The University of Sydney

November 2023

About CFA Australia & a note of thanks from the CEO

Accessibility is more than just compliance: it's about people.

The disability-led CFA Australia is an award-winning not-for-profit organisation that works to promote digital access throughout Australia. Our focus is to support the incorporation of accessibility into work processes through advocacy, training services, auditing services, and celebrations such as our National Accessibility Awards.

The digital world is a rapidly changing environment that all of us increasingly rely upon. The reality is, for people living with disability, much of the internet remains inaccessible. One of the common barriers to accessibility, as seen through our work, is the ability to provide affordable, ongoing support for organisations. We know that accessibility is not static – it continues to evolve and change.

As this audit represents your support of this inclusive journey, we thank you for partnering with us to support your digital access processes. Your work directly contributes to our mission and the support of employment of our highly skilled disability-led team.

Dr Scott Hollier

CEO, Centre For Accessibility Australia

Contents

1.0 Executive Summary

The Disability Wellbeing Index Survey for University of Sydney has been assessed using automated tools, screen readers, multiple web browsers on desktop and mobile operating systems and visual checks. Based on the tests undertaken, the score of the webpages provided is: **Amber.**

The key recommendations for addressing the issues include:

- There are multiple issues to be addressed regarding identifying content and navigating the survey.
- Inputs and controls that do not include the keyboard or mouse do not function properly.
- Some text has errors that make it confusing to hear or read.
- There are a few issues regarding how some pages of the survey are operable by different technology.
- There is a page that does not contain a previous page button, making backtracking to previous questions impossible.
- Aria attributes that are coded into the assorted buttons are broken and can cause issues.

In addition, it is strongly recommended that the ICT staff involved in the creation of these webpages undertake digital access training so as to better incorporate accessibility into their work practices.

2.0 About this audit

This is a brief audit conducted against the thirteen World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.1 standard. The WCAG 2.1 At A Glance lists the guidelines as follows:

Perceivable:

- Provide text alternatives for non-text content.
- Provide captions and other alternatives for multimedia.
- Create content that can be presented in different ways, including by assistive technologies, without losing meaning.
- Make it easier for users to see and hear content.

Operable:

- Make all functionality available from a **keyboard**.
- Give users **enough time** to read and use content.
- Do not use content that causes **seizures**.
- Help users **navigate and find content**.
- Make it easier to use **inputs other than** keyboard.

Understandable:

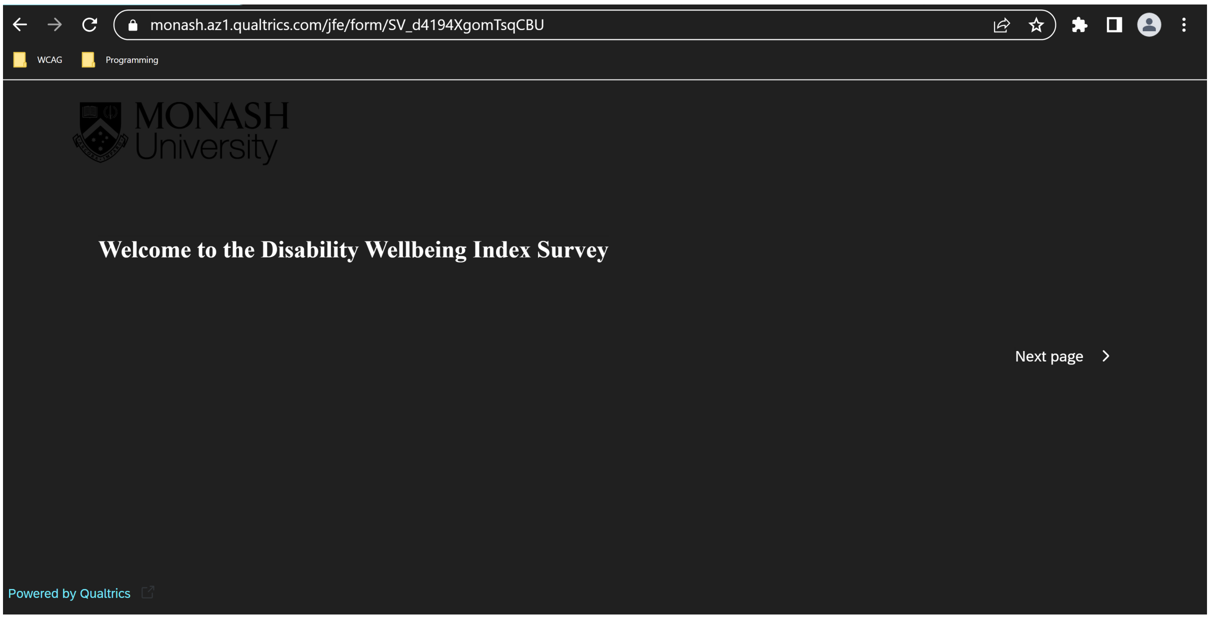
- Make text **readable and understandable**.
- Make content appear and operate in **predictable** ways.
- Help users **avoid and correct mistakes**.

Robust:

- Maximize **compatibility** with current and future user tools.

The baseline will focus on the major accessibility issues identified in a broad assessment based on WCAG 2.1 guidelines with tests including screen readers, web browsers and automated testing tools across both desktop and mobile operating systems. Visual checks were also conducted to assess issues such as colour contrast and other visual information.

The screenshot below (Figure 2.1) is an example of how the home page renders using a high contrast black colour theme. It is a good way of demonstrating that the way in which a user experiences a website is likely to be different for many people.



Welcome to the Disability Wellbeing Index Survey

Figure 2.1: Home page of Monash University Disability Wellbeing Index Survey in high contrast.

The sample page selection for this audit is as follows.

Monash University “Disability Wellbeing Index Survey”

- Page 1
- Page 2
- Page 14
- Page 17
- Page 18
- Page 24
- Page 25
- Page 26
- Page 27
- Page 46

NOTE: This is not intended to be a comprehensive audit tested against all WCAG success criteria. The purpose of a ‘heads-up’ audit is to provide key staff within an organisation a broad overview of the most significant accessibility issues present as a starting point for managers to consider the appropriate accessibility direction required.

If a full audit across all WCAG success criteria is required based on these results, a full audit can be provided at an additional charge. Alternatively, internal ICT staff can be trained in how to conduct an audit in accordance with the Website Accessibility Conformance Evaluation Methodology (WCAG-EM) 1.0. Please contact CFA Australia for a full range of training and auditing services along with associated pricing.

3.0 Assessment against the WCAG 2.1 guidelines

3.1 Provide text alternatives for non-text content.

Text alternatives for non-text content is present within the sample page selection.

3.2 Provide captions and other alternatives for multimedia.

There was no multimedia found within the sample pages.

3.3 Create content that can be presented in different ways, including by assistive technologies, without losing meaning.

All content does not lose meaning on changes and events.

3.4 Make it easier for users to see and hear content.

Text and form fields work well with display changes and screen reader technology.

3.5 Make all functionality available from a keyboard.

Navigation and operation by keyboard are fully functionable.

3.6 Give users enough time to read and use content.

There does not appear to be any time-sensitive relevant content in the webpages provided for this assessment.

3.7 Do not use content that causes seizures.

There does not appear to be any content that flashes on the screen more than three times a second. As such, it appears the website passes this requirement.

3.8 Help users navigate and find content.

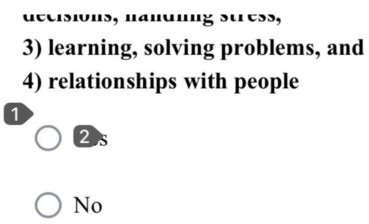
Issue: When a page is loaded the "page title" is available via keyboard shortcuts to help users find content and orient themselves. Specifically, ensuring that each Web page has a descriptive title. Titles should identify the current location without requiring users to read or interpret page content.
Page: All pages
Recommendation: Individually title all pages.

Issue: There is no navigation menu within the survey, to reach certain questions you must cycle through all questions and back again.
Page: All pages.
Recommendation: Import a navigation menu that assists easier guidance to certain pages and questions.

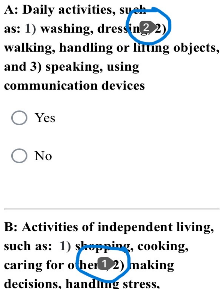
Issue: There is no consistent heading hierarchy on one page of the survey.
Page: Page 24.
Recommendation: Apply heading hierarchies in HTML standard with one h1 per page and others following in order (h2, h3, h4, etc.).

3.9 Make it easier to use inputs other than keyboard.

Platform: iOS Voice Control
Issue: Answering 'tap Yes' or 'tap No' questions will activate a button selection of '1' and '2' to narrow the selection further. However, in examples found, selection 'tap 1' is redundant or is empty (does not have an action) and 'tap 2' selects the number 2 listed items in both the question itself and the question below.
Page: Page 14 – Background info: participation difficulties due to disability.
Recommendation:
Screenshot:



decisions, handling stress,
3) learning, solving problems, and
4) relationships with people



A: Daily activities, such as: 1) washing, dressing 2) walking, handling or lifting objects, and 3) speaking, using communication devices

B: Activities of independent living, such as: 1) shopping, cooking, caring for others 2) making decisions, handling stress,

3.10 Make text readable and understandable.

Issue: Text is broken into two parts on the last sentence on Android TalkBack.
Page: 25.

Recommendation: Allow for seamless reading of an element to avoid confusing the user.

3.11 Make content appear and operate in predictable ways.

Issue: Windows Narrator does not show highlighted focus for radio buttons only.
Page: All pages.
Recommendation: Allow for focus to be visible and well contrasted for all focusable elements.

Issue: Upon inputting the answers for 'Wellbeing State A' or 'Wellbeing State B', the focus of the screen reader jumps backwards into the text above.
Page: Page 27 – DCE Question 1

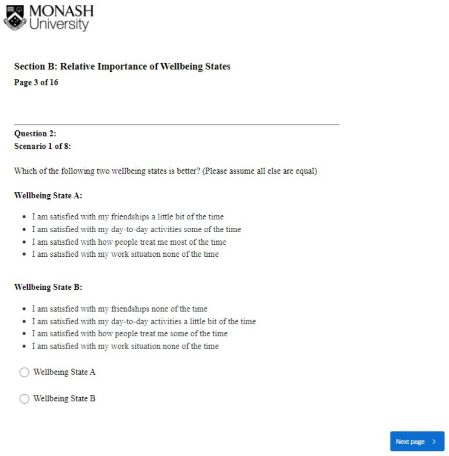
Recommendation: Allow for focus to navigate consistently through the page.

3.12 Help users avoid and correct mistakes.

Issue: As a ‘previous’ button is missing on page 27 this results in no ability to review, check, or confirm the answers before the user submits test responses and finishes the survey, from that specific point on. This also results in the sample question and section instructions being separated (page 26 is not accessible when page 27 is entered)

Page: Page 27. DCE question 1

Recommendation: Add a ‘previous’ button.
Screenshots:



MONASH University

Section B: Relative Importance of Wellbeing States
Page 3 of 16

Question 2:
Scenario 1 of 8:

Which of the following two wellbeing states is better? (Please assume all else are equal)

Wellbeing State A:

- I am satisfied with my friendships a little bit of the time
- I am satisfied with my day-to-day activities some of the time
- I am satisfied with how people treat me most of the time
- I am satisfied with my work situation none of the time

Wellbeing State B:

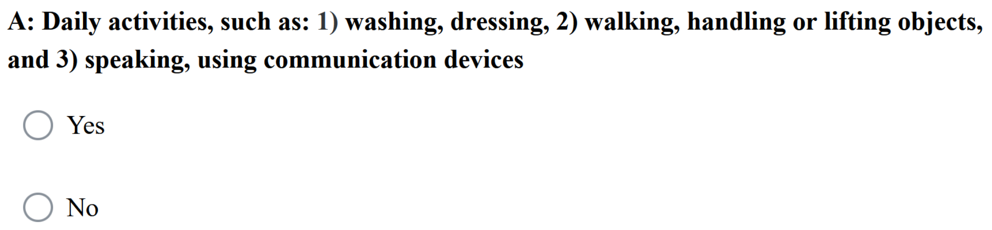
- I am satisfied with my friendships none of the time
- I am satisfied with my day-to-day activities a little bit of the time
- I am satisfied with how people treat me some of the time
- I am satisfied with my work situation none of the time

○ Wellbeing State A

○ Wellbeing State B

3.13 Maximize compatibility with current and future user tools.

Issue: Attribute aria-labelledby for radio buttons are broken.
Pages: Page 14, page 18, page 24, page 26, and page 27.
Code: <input aria-invalid="false" aria-labelledby="choice-display-QID104-1 **exclusive-choice-label-QID104-1**" id="mc-choice-input-QID104-1" name="QID104" role="radio" type="radio">
Recommendation: Target id for aria-labelledby and aria-describedby must have a value that is identical in both attribute value fields. Target id value must exist if it is to be inputted as an aria-labelledby value.
Screenshot:



A: Daily activities, such as: 1) washing, dressing, 2) walking, handling or lifting objects, and 3) speaking, using communication devices

○ Yes

○ No

There is a global issue that pages do not validate correctly to the declared coding requirements. As a result, assistive technologies such as screen readers will behave erratically. This can cause difficulties in functionality such as navigation and cursor focus not landing in the correct place.

Please ensure that all web content conforms to the appropriate HTML standard. Additional guidance on specific issues can be found in Appendix A.

4.0 Scorecard and recommendations

This audit scores this website based on the following ratings:

Green: The pages that were tested indicate that the website either has no accessibility issues or there are some minor issues which can easily be addressed.

Amber: The pages that were tested indicate that there are some substantial issues that need to be addressed as a matter of urgency. Additional training is recommended for staff associated with web content.

Red: The pages tested reveal that there are fundamental flaws in the accessibility of the website and serious consideration should be given to replacing the website.

Based on the tests undertaken, the score of the webpages provided is **Amber**

The key recommendations for addressing the issues in this website are as follows:

- Allow for consistent easy navigation of all content.
- Make all components of the survey operable by keyboard and non-keyboard inputs.
- Allow for text and content to appear and be operable in predictable ways.
- In the case of a mistaken field input, allow quick and easy access to previous questions and errors.
- When implementing ARIA, make sure all attributes and values are correct.

Appendix A – raw data

The raw data contained in this report represents the output of the SortSite automated evaluation tool. While this data does not contain an assessment against all aspects of WCAG 2.1, it can be useful to ICT professionals as evidence of the issues discussed in the body of the report.

A.2 Page 1

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	▌	1 pages with quality issues
Accessibility	▌	1 pages with accessibility problems
Standards	▌	1 pages have W3C standards issues
Totals		210 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Level A
2 issues on 1 pages

Document must have a title.

For HTML pages add a `title` element. For Office documents and PDF documents produced from Office, fill in the Title in Document Properties before saving as PDF.

WCAG 2.1 A 2.4.2 Matterhorn 1.02 06-003

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 1

Use the `lang` attribute to identify the language of the page.

In HTML add a `lang` attribute containing a language code to the `html` tag, and in PDF set the language using Document Properties in Acrobat. This allows screen readers to pronounce words correctly.

WCAG 2.1 A 3.1.1 Matterhorn 1.02 11-001

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 2

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
1 issues on 1 pages

> Element `style` not allowed as child element in this context.
>
> [HTML5]()
>
> https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

Informative
These messages are for information only and do not indicate errors or conformance problems.

> Property or at-rule is vendor specific.
>
> Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.
>
> CSS Validation
>
> `-ms-overflow-style`
> https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 180

A.3 Page 2

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	🟥	1 pages with quality issues
Accessibility		0 pages with accessibility problems
Standards	🟥	1 pages have W3C standards issues
Totals		226 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards

This section shows pages that do not comply with W3C standards.

Priority 1
1 issues on 1 pages

> Element `style` not allowed as child element in this context.
>
> HTML5
>
> https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

Informative
These messages are for information only and do not indicate errors or conformance problems.

> Property or at-rule is vendor specific.
>
> Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.
>
> CSS Validation
>
> `-ms-overflow-style`
> https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 180

A.4 Page 14

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	🟥	1 pages with quality issues
Accessibility	🟧	1 pages with accessibility problems
Standards	🟥	1 pages have W3C standards issues
Totals		228 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Level AA
1 issues on 1 pages

Radio buttons with very generic labels need to be enclosed in a `fieldset` with a `legend` explaining the label.

Legend text is announced along with the label text for radio buttons inside a fieldset, which makes it easier for a screen reader user to understand what the radio button does. For example: `<legend> Fries with your burger: </legend> <label> Yes </label> <label> No </label>`

WCAG 2.1 AA 2.4.6

Label text: https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 788 796 828 836 868 ...

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
1 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

Priority 2
1 issues on 1 pages

The `radio` role is unnecessary for element `input` with `type=radio` .

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 788 796 828 836 868 ...

Informative
These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.

CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.5 Page 17

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality		1 pages with quality issues
Accessibility		0 pages with accessibility problems
Standards		1 pages have W3C standards issues
Totals		227 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
1 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

Informative
These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.

CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.6 Page 18

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	🟥	1 pages with quality issues
Accessibility		0 pages with accessibility problems
Standards	🟥	1 pages have W3C standards issues
Totals		227 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
2 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

The `font` element is obsolete. Use CSS instead.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 732

Priority 2
1 issues on 1 pages

The `radio` role is unnecessary for element `input` with `type=radio` .

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 787 795 803 811 819 ...

Informative

These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.

CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.7 Page 24

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	1 pages with quality issues
Accessibility	0 pages with accessibility problems
Standards	1 pages have W3C standards issues
Totals	228 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
1 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

Priority 2
1 issues on 1 pages

The `radio` role is unnecessary for element `input` with `type=radio` .

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 741 749 757 765 773

Informative
These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.

CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.8 Page 25

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	1 pages with quality issues
Accessibility	0 pages with accessibility problems
Standards	1 pages have W3C standards issues
Totals	228 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
2 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

The `font` element is obsolete. Use CSS instead.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 733 796

Informative
These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.

CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.9 Page 26

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	1 pages with quality issues
Accessibility	0 pages with accessibility problems
Standards	1 pages have W3C standards issues
Totals	227 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
2 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

The `font` element is obsolete. Use CSS instead.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 732

Priority 2
2 issues on 1 pages

Section lacks heading.

Consider using `h2` - `h6` elements to add identifying headings to all sections, or else use a `div` element instead for any cases where no heading is needed.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 812 838

The `radio` role is unnecessary for element `input` with `type=radio` .

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 792 800

Informative
These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.

CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.10 Page 27

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	▌	1 pages with quality issues
Accessibility		0 pages with accessibility problems
Standards	▌	1 pages have W3C standards issues
Totals		227 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
2 issues on 1 pages

Element `style` not allowed as child element in this context.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

The `font` element is obsolete. Use CSS instead.

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 735

Priority 2
1 issues on 1 pages

The `radio` role is unnecessary for element `input` with `type=radio` .

HTML5

https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 822 830

Informative

These messages are for information only and do not indicate errors or conformance problems.

> Property or at-rule is vendor specific.
>
> Properties and at-rules prefixed by a dash or underscore, the zoom property and the expression() function are vendor specific and only work on one browser engine.
>
> CSS Validation
>
> `-ms-overflow-style`
> https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268

A.11 Page 46

Site quality report for https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU produced on November 2, 2023.

Overall Quality	1 pages with quality issues
Accessibility	0 pages with accessibility problems
Standards	1 pages have W3C standards issues
Totals	229 URLs checked

Accessibility
This section shows accessibility issues, indicating problems for older users, people with disabilities or accessibility needs. Automated testing cannot detect all accessibility issues, so should be used alongside human testing.

Standards
This section shows pages that do not comply with W3C standards.

Priority 1
1 issues on 1 pages

> Element `style` not allowed as child element in this context.
>
> HTML5
>
> https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 36 38 74 76 87

Informative
These messages are for information only and do not indicate errors or conformance problems.

Property or at-rule is vendor specific.

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CSS Validation

`-ms-overflow-style`
https://monash.az1.qualtrics.com/jfe/form/SV_d4194XgomTsqCBU line 268