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**Gold Coast Recreation & Sport Inc.  
clients experiences of National  
Disability Insurance Scheme-  
program**

DEGREE PROGRAMME IN SOCIAL WORK  
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<p>The aim of the Disability Service Act is to promote the ability of people with disabilities to live and work on an equal footing with others, and to prevent and eliminate the disadvantages and barriers of disability. The National Disability Insurance Scheme (NDIS) program was developed in Australia and launched in 2016 as a part of their national disability service act. Gold Coast and Recreation &amp; Sport Inc. (GCRS) is organization South Queensland, providing daily programs for people with disabilities as part of their NDIS program. The aim of this Thesis was to investigate this NDIS program from Gold Coast Recreation &amp; Sport Inc (GCRS) clients' point of view. The research of this study was done in collaboration with Satakunta University of Applied Sciences Ltd., Finland and Gold Coast Recreation &amp; Sport Inc., Australia.</p> <p>To answer to the aims of this study semi-structured interview was used to collect the research material by interviewing the clients of GCRS. Semi-structured interview questions were divided into three main areas: participants backgrounds, questions related to GCRS and questions related to NDIS. In addition, these main areas included 12 questions in total. The semi structured interview included total of 13 interview concerning 13 clients from GCRS. One interview was excluded from the results due technical issues. 8 interviewees were actual clients and four were either staff members or parents representing the rest four clients.</p> <p>The age range concerning the clients varied from 1.5 years old to 49 years old and their diagnoses were either down syndrome(n=5), intellectual disability(n=5), autism(n=4), cerebral palsy(n=1), and/or spina bifida(n=1). The results concerning the GCRS indicated that, clients spent an average of 3 days a week at GCRS and the average program rate per week per client was 5. Furthermore, all twelve participants were extremely happy with GCRS, specifically with diversity and content of the programs and the high quality of the staff members. Clients also reported that with the help of GCRS, it was possible them to develop themselves and pursue goals they have set for themselves. Based on the questions concerning the NDIS, 11 clients from twelve joined the program as soon as it was launched at GCRS in 2018. Five of the clients knew what NDIS stands for and the remaining three clients could not define what it was. Based on the answers, NDIS provided transportation for 11 clients, carer support for 7, speech/physiotherapy for five, and two were provided with assistive aids by the NDIS program.</p> <p>To date, NDIS is still a new concept and has just recently extended across Australia. The main purpose of the NDIS program is help people with disabilities become more independent, to get more involved in the community and to exercise choice and control in the pursuit of their goals. Based on this study, it can be concluded, that NDIS program together with GCRS offers to the clients more freedom of choice and independence to decide their own affairs concerning their daily living. The NDIS program demands financial investigation from government level, but same time it creates new work possibilities on field. Therefore, it would be interesting to study, whether this program will have financial influences due participants possible improved quality of life.</p>		
<p><u>Key words</u> Disability, NDIS, Self-determination</p>		

# CONTENTS

1 INTRODUCTION .....	4
2 THEORETICAL BACKGROUND .....	6
2.1 People with disabilities .....	6
2.1.1 Intellectual disability .....	7
2.1.2 Autism .....	7
2.1.3 Down Syndrome .....	8
2.1.4 Cerebral Palsy .....	9
2.2 Self-determination from the perspective of people with disabilities .....	9
2.2.1 Client's freedom of choice .....	10
2.2.2 Disability Services Act .....	11
2.2.3 Disability Services Act in two different countries .....	12
2.3 Service system for people with disabilities in Finland .....	13
2.4 Service system for people with disabilities in Australia .....	14
2.4.1 Day service for people with disabilities in Australia .....	15
3 AIM AND OBJECTIVES OF THE THESIS .....	17
3.1 Aim of the Thesis and study objectives .....	17
3.2 Research methods of this study .....	17
3.2.1 Semi structured interview .....	17
3.2.2 Participants and requirements .....	18
3.2.3 Data collections and analysis .....	19
3.3 Proposed timeline .....	19
4 REPORTING THE RESULTS .....	21
4.1 Methods .....	21
4.2 Semi structured interview .....	21
4.2.1 Theme 1. Participant backgrounds .....	22
4.2.2 Theme 2. Questions related to the GCRS .....	23
4.2.3 Theme 3. Questions related to the NDIS-program .....	25
5 DISCUSSION .....	29
6 CONCLUSION .....	32
REFERENCES	
APPENDICES	

## 1 INTRODUCTION

In recent years, the client's right to self-determination and involvement has been emphasized in Disability Services. Everyone should have the ability to make decisions about own affairs or let someone close to them help with the decision if the person cannot make the decision by themselves. Client's self-determination should be a guiding principle of Social and Health Care. There are international and national laws which contribute to the self-determination for example the UN Disability Convention and Intellectual Disability Law. (Website of Tukiliitto 2020.)

The Law on the Status and Rights of the client of Social Care defines that the client must be given the opportunity to participate in and influence the planning and implementation of his services. The client's wishes and opinion must be taken in to account in the first place. (Laki sosiaalihuollon asiakkaan asemasta ja oikeuksista 22.9.2000/812, 1 luku 8§.)

In Australia, this new program called the National Disability Insurance Scheme (NDIS) meets these objectives by providing funding for people with disabilities to help them become more independent and to have more choices. It was introduced across Australia in 2016 and is now available in every state. 4,6 million Australians have some form of disability and need help in their everyday life. With this new program more and more people with disabilities get to decide which services they want and are able to control their affairs. (Website of NDIS 2020.)

The United Nations ranked Finland in "The World Happiness Report" three years in a row to be the happiest country in the world. The research is based on various criteria, for example, social security, economy, individual freedom, technology, politics, and citizens. (World Happiness Report 2020.) Still there are no programs in Finland like the NDIS, but there are many plans of how we can improve our Social and Health Care systems. SOTE-reform is a new reform for Social and Health Care services and

structures. It aims to ensure equal and high-quality social and health services for all Finnish people, improve the availability and accessibility of services, reduce welfare and health inequalities, secure access to skilled labor for social and health services, meet the challenges of aging and falling birth rates and curb rising costs. (Website of Soteuudistus 2020.)

Gold Coast Recreation & Sport Inc. is a day service for people with disabilities with all program based in the community and linking with community recreation & sports programs. GCRS has been operating as a local area coordination partner in the NDIS-program since 2018. (Website of NDIS 2020.) Satakunta University of Applied Sciences and Gold Coast Recreation & Sport Inc. (GCRS) have been in co-operation since 2010. Every year two to five Health and Welfare students from degree programmes in Social Services, Physiotherapy and Nursing complete an internship in Australia.

The aim of this Thesis is to investigate Australia's NDIS-program and the Gold Coast Recreation and Sport Inc. clients' experiences of the NDIS-program by interviewing their clients and staff members. This Thesis focuses on the issues related to the right to self-determination and freedom of choice of people with disabilities. Also, in the theoretical part the differences in disability services between Finland and Australia will be examined.

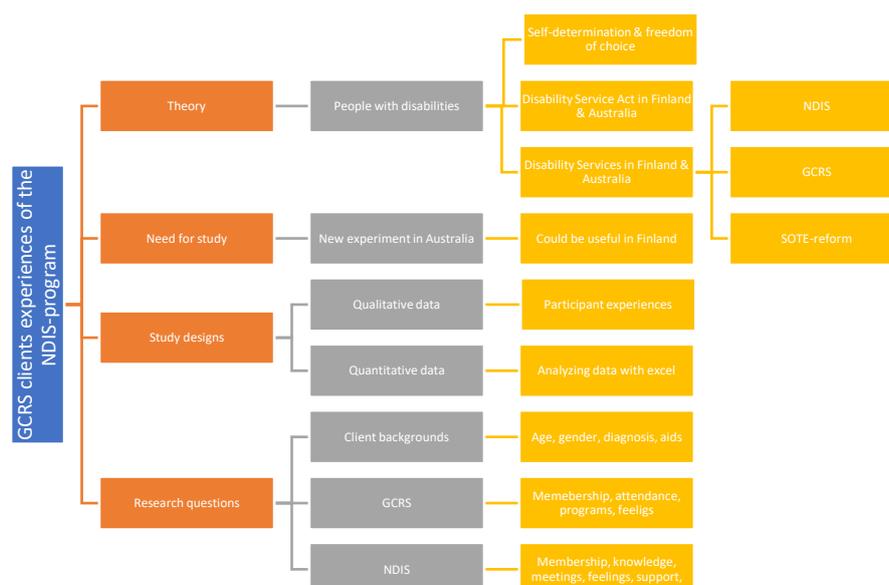


Figure 1. Overview of this study including theory, need for study, study designs and research questions.

## 2 THEORETICAL BACKGROUND

### 2.1 People with disabilities

There are over one billion people in the world who have some form of disability. Many of these people do not have equal access to health care and education and they do not receive the disability-related services they require. (World Report on Disability 2011.) The Convention on the Rights of Persons with the Disabilities by United Nations defines disability as some form of long term or permanent physical, mental, intellectual or sensory impediment which causes difficulties for the person to the extent that they cannot participate fully in society on an equal footing with others. (Seppälä 2017, 9.) There are many different definitions for the meaning of people with disabilities and for example Disability Services Act defines disabled persons as people who, due to an injury or illness, have long-term difficulties in performing normal life activities. (Laki vammaisuuden perusteella järjestettävistä palveluista ja tukitoimista 3.4.1987/380, 2§.)

A large part of this population group ends up being invisible and lost somewhere in the margins of society. It is not because they have disabilities, or they are different. Exclusion from the workforce and information society and a lifetime of poverty causes even bigger everyday problems and obstacles of inclusiveness than limitations of learning, understanding and functional ability. (Seppälä 2017, 10.)

This Thesis deals with the experiences of Gold Coast Recreation & Sports Inc. clients and therefore this work is limited to a specific group of people with disabilities. Theory material is related to people with disabilities, their services, needs, and rights. The next four sections explain further about four different forms of disability and how it relates to the target group from Gold Coast Recreation & Sports Inc. in Australia.

### 2.1.1 Intellectual disability

Intellectual disability is a multi-dimensional and ambiguous phenomenon. Only 10% of people with intellectual disability are severely disabled and need help around the clock. Most people only have mild disability and can communicate and function almost normally. What is true for both ends of the spectrum is that they all need care and support in their everyday life. (Seppälä 2017, 9-10.) An intellectual disability is defined as a condition in which the development of mental performance is impeded or incomplete. People with intellectual disability have insufficiently developed cognitive, linguistic, motor, and social skills. Intellectual disability occurs alone or in combination with any mental or physical condition. Intellectual disability can be classified into different degrees of severity. The classification of the degree is based on current operational capability. It can be measured by the intelligence quotient obtained by psychological tests. (Kaski, Manninen & Pihko 2012, 16-17.) Below Table 1. measures degrees of intellectual disability according to the WHO.

Table 1. Degrees of Intellectual Disabilities

<b>Degree of intellectual disability</b>	<b>Intelligence quotient</b>
Mild	50-69
Moderate	35-49
Advanced	20-34
Severe	under 20
Other specification	-
Undefined	-

### 2.1.2 Autism

Autism is a form of intellectual disability and it is defined as a neurobiological developmental disorder of the central nervous system. It affects interaction and communication and how a person sees and senses the world. It is usually diagnosed in children, at the stage of development at which one should begin to learn interaction skills. (Website of Autismliitto 2020.) One in 160 people have Autism worldwide

which is 1% of the whole population. Autism is not often visible to the outside world so people can misinterpret the behavior. Autism manifests itself differently in each individual and some people can live their whole life with no external help needed, but others may need life-long help and support. (Website WHO 2020.) All people who fall into the autism spectrum have common and visible traits related to their behavior. Most of them have sensory sensitivities related to sounds, light, touch, smells, tastes, and colors. People with autism have difficulties interacting and communicating with other people. For example, making eye contact or listening to people. Usually they have some points of interest of which they know almost everything about, and they like to talk about it even if it does not interest the person they are speaking to. Facial expressions and movements which do not match what is being said or “robot-like” tone of voice are normal behavior for people with autism. (Autism spectrum disorder, 2018.)

### 2.1.3 Down Syndrome

Down Syndrome is a congenital syndrome that is usually caused when a person has one extra chromosome which is known as the trisomy of chromosome 21. This cell division disorder occurs when the germ cells of either parent divide. (Marder, Newton, Puri, 2015, 3-4.) The risk of having a child with the Down Syndrome increases with the mother’s age. Down Syndrome occurs in 1 in 2000 children with mothers under the age of 25, while it is found in 1 in 25 children with mothers over the age of 45. Children with Down Syndrome have common characteristics related to body function as well as appearance. For example, small head, flat facial features, oblique eyelids, short stature, small mouth, and throat. They also have poor muscle tone and increased risk of heart failure and developmental disorders. The development of children with Down Syndrome is delayed and there are deficiencies especially in speech and language production. Sign language is used with a lot of children with Down Syndrome. Down Syndrome is usually associated with a moderate intellectual disability and they need more support than average in their development. Early swimming exercises, active movements, and physiotherapy support motor development. (Hiekkanen & Skog, 2014, 4-9.)

#### 2.1.4 Cerebral Palsy

Cerebral Palsy is a damage to the brain that makes it difficult to control the voluntary movements in the body and limbs. It occurs before, during, or after birth and it affects the child's motor system which causes poor coordination, poor balance, and/or abnormal movement patterns. People with Cerebral Palsy may have other health issues including epilepsy, intellectual disability, learning disabilities and/or attention deficit-hyperactivity disorder. (Miller & Bachrach 2006, 3.) Brain damage in Cerebral Palsy is not progressive in nature, but its symptoms change as a person grows and develops. People with Cerebral Palsy need multi-professional rehabilitation throughout their whole lives to maintain their functional ability. (Website of CP-liitto 2020.) There are different types of functional defects that are related to Cerebral Palsy. One such defect is Hemiplegia. This is when there is unilateral muscle tension, meaning one side of the body is functioning normally, but the other side of the body experiences abnormal muscle tension and movements. It can also cause learning disabilities, vision deficiency and epilepsy. Diplegia indicates difficulty in leg function and there are often limitations in the functioning of the hands as well. It can cause difficulties in learning, using functional vision, and in perceiving the body. Quadriplegia is often mistaken for diplegia. Quadriplegia is damage that causes functional limitations on both sides of the body in the hands and legs. It can cause limbs to be either stiff or limp. (Miller & Bachrach 2006, 5-6.)

#### 2.2 Self-determination from the perspective of people with disabilities

Self-determination plays big role in the lives of people with disabilities. It affects their everyday lives, their choices, and opportunities. This next chapter explains the definition of self-determination and its impact to the lives of people with disabilities.

Everyone has the right to self-determination. The United Nations Disability Convention declares in the third article paragraph a) that the principles of the convention are respecting the inherent dignity of the individual, for individual sovereignty, including the freedom to make one's own choices and independence. (Yleissopimus vammaisten henkilöiden oikeuksista 27/2016, 3§.) Self-determination

defines the rights of the person to control their own life and make choices. It is about using the power. The fulfilment of self-determination requires contribution from other people and concrete support. Some people are in a position where they are completely dependent on other people and they cannot clearly express their needs and opinions. In situations like this close people are in a key position to act as their voice. (Website of tukiliitto 2020.)

In Social and Health Care client's self-determination is their main goal and it should be valued. The client has the right to be heard in matters concerning themselves and their decisions should always be respected. According to the Act on the Status and Rights of Social Welfare Clients the client must always be given the opportunity to participate in the planning and implementation of their services. In some functional units of Social and Health Care self-determination can be erroneously limited. (Website of Valvira 2018.)

On the 10<sup>th</sup> of December 1948, The United Nations approved the Universal Declaration of Human Rights. This declaration serves as a common guide for all people and nations. Its first article says that all people are born free and equal in value and rights. They are given reason and conscience, and they must act towards one another in the spirit of brotherhood. (Universal Declaration of Human Rights, 1948.) In 2006, The United Nations approved the Convention of the Rights of Persons with Disabilities and it came into effect internationally in 2008. The Convention supplements existing UN agreements on human rights and reaffirms all human rights and fundamental freedoms also for people with disabilities. This Convention is one of the most comprehensive agreements of the 21<sup>st</sup> century. (UN Convention of the Rights of Persons with Disabilities and Optional Protocol to the Agreement, 2016.)

### 2.2.1 Client's freedom of choice

In Finland client's freedom of choice refers to the individual's right to choose the place of care and the health care professional. It is limited to public health care and it has been taken further in health care services than in social care. (Website of THL 2020.) The Health Care Act seeks to improve the position of the client by giving the

opportunity to choose a place of care, improving the quality of care, and guaranteeing equal access to services. Since 2014, a client's freedom of choice was expanded to cover health centers and specialist care units throughout the country. (Kaski, Manninen & Pihko 2012, 268-269.)

Clients of the NDIS have access to funds allocated to them. Clients have freedom of choice to choose which services they want to use their fund. It can be for example, transport, home modification, aids, therapies. (Website of NDIS 2020.)

### 2.2.2 Disability Services Act

The rights of people with disabilities are fundamentally a question of their human rights. It is justifiable to recall the basic idea of human rights implementation requirement and related fundamental principles. The United Nation approved Universal Declaration of Human Rights on the 10<sup>th</sup> of December in 1948 as a common guide to be sought by all people and all nations. By the Universal Declaration of Human Rights all people were born free and equal in value and rights. (Kuosma 2009, 8.)

Services and Assistance for the Disabled Act promotes the conditions of a person with a disability to live and work as an equal member of society and prevents and eliminates the disadvantages and obstacles caused by the disability. As per this law disabled person means a person who, due to an injury or illness, has long-term difficulties in performing normal life activities. (Laki vammaisuuden perusteella järjestettävistä palveluista ja tukitoimista, 2§.)

Although the purpose of the Disability Services Act is largely the same worldwide, the content still varies from country to country. The following sections provide a more detailed overview of the Finnish and Australian disability services laws.

### 2.2.3 Disability Services Act in two different countries

In Finland, this law includes twenty-three legal Sections about how to improve the life of people with disabilities. Here are some examples of what this law includes and how Finland improve the life of people with disabilities.

Municipalities must ensure that all the services and supports for people with disabilities will be organized in terms of content and quality as required by the municipality's needs. When person with disabilities, his legal representative or relative, another person or authority has contacted municipal authority responsible for social services to receive services, a service plan must be drawn up without delay. The Social Welfare Board and other municipal authorities must promote and monitor the living conditions of people with disabilities and prevent the occurrence of ill-treatment and eliminate disadvantages that limit the opportunities and participation of people with disabilities. Municipalities must take care that all public services are suitable for people with disabilities. Municipality must organize reasonable transportation, daytime activities, personal help, and assisted living for the people with disabilities, should a person require these services to perform ordinary daily activities because of their illness or disability. (Laki vammaisuuden perusteella järjestettävistä palveluista ja tukitoimista.)

In Australia, this law was enforced on the 1<sup>st</sup> of May 2018 and it is a compilation of in addition to Disability Services Act 1986. Act and its purpose are to assist people with disabilities to receive necessary services and to help them to be members of the community with full participation. It aims to promote and complement available services that people with disabilities can better integrate in the community. It ensures positive outcomes for people with disabilities such as employment opportunities, increased independence, and integration into the community. The Act promotes a positive image of people with disabilities in the community and enhances their self-esteem. The outcomes already achieved by persons with disabilities when granting financial support to services for people with disabilities should be noted. (Disability Services Act 1986.)

### 2.3 Service system for people with disabilities in Finland

In Finland, organizing the disability services is a complex ensemble and a person with disabilities can receive services from many different parties and with many different laws. Housing services can be arranged for a person with disabilities in accordance with, for example, the Developmental Disabilities Act or the Disability Services Act. Other forms of support are for example family care support (Caregiving Act), transport services (Services and Assistance for the Disabled Act), aids (Services and Assistance for the Disabled Act), and personal help (Services and Assistance for the Disabled Act). (Vammaispalvelujen käsikirja 2020.) A person with disabilities can receive a disability benefit through the Social Insurance Institution of Finland which is a disability allowance for persons under 16 years old, disability allowance for persons aged 16 years or over and care allowance for pensioners. The Social Insurance Institution of Finland can also provide aid for demanding medical rehabilitation for example various therapies, adaptation training courses and individual institutional rehabilitation. (Website of Kela, 2020.)

Social and Health Care (SOTE)-reform is a new reform for social and health care services and structures in Finland. Preparations for the reform began in fall 2019 and it aims to ensure equal and high-quality social and health services for all Finnish people, improve the availability and accessibility of services, reduce welfare and health inequalities, secure access to skilled labor for Social and Health services, meet the challenges of aging and falling birth rates and curb rising costs. (Website of soteuudistus, 2020.)

In Finland, every person is valuable, and the country promotes human rights and welfare economy. There is more equality now than ever before and the position of people with disabilities has improved. Still there are many things that have not improved enough and with the help of the new SOTE-reform things are moving in as better direction. (Website of Valtionneuvosto 2020.)

In SOTE-reform the focus is on developing public services such as social care services, outpatient health care, hospital services, oral health care, mental health and substance abuse services, child welfare, disability services, senior housing services and home

care. The state and municipalities finance these services with taxes. In disability services, more consideration for individual needs is one of the new goals. At the same time, the personal budgets of people with disabilities are in a trial phase. (Website of soteuudistus, 2020.)

#### 2.4 Service system for people with disabilities in Australia

The National Disability Insurance Scheme (NDIS) is a new approach to help and give support to people with disabilities, their families and carers in Australia. The NDIS - program provides funding for support and services for people with disabilities. (Website of NDIS 2020.)

The NDIS-program was first introduced on the 1st of July 2013 by the Gillard Labor Government with a trial phase. Later, in July 2016 it was implemented across Australia and now (April 2020) it is available in every state. It is funded by Australian and participating states and territory governments. (Website of Parliament of Australia 2020.) The NDIS is described as one of the most important social reforms in Australian history, which provides people with disabilities a possibility of choice and control. Also to drive economic improvements by creating new business and employment opportunities. (Website of Australian Government Department of Social Services 2020.)

In Australia there are about 4,3 million people who have disabilities. The NDIS-program will facilitate the everyday life of the people with disabilities. It supports people so that they may become more independent, to get more involved in the community, providing reasonable and necessary support and to exercise choice and control in the pursuit of their goals. The NDIS provides various types of funding support, for example: personal activities, transportation, therapeutic support, home modification, mobility equipment. (Website of NDIS 2020.)

To be eligible for the NDIS-program the person needs to:

- be under 65 years old
- be Citizen of Australia, permanent resident, or Visa holder

- meet the disability or early intervention requirements (intellectual, sensory, physical, cognitive, and psychosocial disability)

The NDIS have three partners who helps people to access and to better understand the NDIS. National Disability Insurance Agency (NDIA) make the decisions regarding a person's eligibility for the NDIS-program and how much funding they will receive. Early Childhood Early Intervention Partners (ECEI) help children under six years old and their families to access support and services. Local Area Coordination Partners (LAC) will help people to understand what the NDIS is and how they can gain access to it. (Website of NDIS 2020.)

#### 2.4.1 Day service for people with disabilities in Australia

Gold Coast Recreation & Sport Inc. (GCRS) is a community-based organization which was established in 1979 and they provide sporting and recreational opportunities for people with disabilities. GCRS is a local area coordination partner with NDIS and they help people to understand and access to NDIS-program and to deliver services. Their purpose is to help people with disabilities to be part of the community, have fun, enjoy sports, and enhance the quality of life. GCRS offers more than 180 programs every week that are based on sports, recreation, and lifestyle. All programs are designed to be age and ability specific so everyone can develop their skills and achieve their goals. These programs are separated into four different categories which are:

- Creative activities (for example drama, photography)
- Indoor activities (for example fitness, martial arts, dance)
- Outdoor activities (for example sensory programs, tennis)
- Water activities (for example swimming, surfing)

Every client will set goals for themselves together with the family and the staff members to reach their goals and improve their social skills and physical skills.

From July 1<sup>st</sup>, 2018 Gold Coast Recreation & Sports Inc. has been a part of the NDIS-program. They offer workshops for people with disabilities, their families and carers to better understand how the new system will work and how to prepare. The NDIS helps people with disabilities to find organizations like GCRS where they will have

access to many services from one place for example transportation, one on one care, and of course whole variety of different activities. (Website of GCRS 2020.)

GCRS is open seven days a week and there are multiple morning and afternoon programs and weekend activities and camps to choose from. The programs take places all over the Gold Coast area and GCRS has many community partners to help with the programs. Each client will get an individual plan for which programs and services they would require, and their yearly fee depends on how many days they will come to GCRS, how many different programs they choose and what other services they require such as transportation or one on one care. (Personal statement, 2019.)

GCRS employs more than 120 people from all around the world. The staff is professional and knowledgeable, and the age range is wide. The GCRS volunteer program is very popular and in high demand with approximately 20 people permanently on a waiting list to volunteer. (Personal statement, 2019.)

For client to access GCRS services they need to be part of the NDIS-program where support coordinator will guide them to the support and services needed. Clients can use their funds provided by NDIS only to the services that are approved by NDIS. (Website of NDIS 2020.)

### 3 AIM AND OBJECTIVES OF THE THESIS

#### 3.1 Aim of the Thesis and study objectives

The aim of the Thesis is to investigate Gold Coast Recreation & Sports Inc. clients' experiences of the new National Disability Insurance Scheme -program which has just been launched. The research wants to highlight the impact that the NDIS-program has had on the lives of clients and what it has been so far. The research also aims to ask clients' opinions about GCRS and their satisfaction with the operation and availability of the place.

#### 3.2 Research methods of this study

This Thesis will include interviewing the clients and their experiences about the NDIS and GCRS. This study will consist of both qualitative and quantitative research. The qualitative research aims to understand the quality and meaning of the subject. The quantitative research information will be studied numerically, and the data will be grouped in numerical form. (Heikkilä, 2014, 8-12.) Aiming for statistical generalizations is not the purpose of this research. By establishing the values, attitudes, needs and expectations of the target group, valuable information for the research will be acquired. There are multiple options for collecting this data, for example traditional form interview, group discussion or in this case semi structured interview. It is important to interact with the interviewees to achieve diverse knowledge and increase the understanding. Qualitative research is usually limited to a small number of subjects and the goal is to understand each subject rather than focusing on the quantity of subjects. (Heikkilä, 2014, 16-18.)

##### 3.2.1 Semi structured interview

In this study, both qualitative and quantitative data are collected through a semi structured interview. A semi structured interview was chosen for the purpose of this study,

as the thoughts, knowledge, and experiences of the target group is the main objective. Personal observing plays a large role in this process and it is important that there will be active participation during this research project.

Interviewing is one of the most used methods of data collection. The semi structured interview is used in this study since it enables the interviewer to interact directly with the subject and sign language can help to understand the meanings of the answers in a different way. During the interview, the researcher is also able to ask additional questions to deepen the available information. (Hirsjärvi & Hurme 2015, 34-35.) An interview can be defined as a discussion with a predetermined purpose. In the discussion and interview both parties influence on each other. However, the interview aims to gather information while discussion may have a mere coexistence function. (Hirsjärvi & Hurme 2015, 42.)

In semi structured interview, all the questions will be the same for every participant, but the interviewer can change the order and reformulate the questions. The interview will be built around a few key themes and all participants will have similar experiences related to the themes. (Hirsjärvi & Hurme 2015, 47-48.) When designing the interview framework, it will be important to plan the themes in order to gather data and to draw a reliable conclusion about investigative phenomena. (Hirsjärvi & Hurme 2015, 66.)

All interviews will be recorded, which allows a natural and free conversation to arise and the interviewer does not have to worry same time about writing the notes. Recording the interview will ensure that the interviewer does not miss any detail while analyzing the results. From the recording the interviewer can analyze the tone of voice, pauses and inducements. (Hirsjärvi & Hurme 2015, 92.)

### 3.2.2 Participants and requirements

This Thesis will be done in collaboration between Satakunta University of Applied Sciences, Finland, and Gold Coast Recreation & Sports Inc. The aim of this Thesis is to interview GCRS clients and some of their relatives working there about their experiences of NDIS-program and GCRS. The goal is to collect a group of ten to

fifteen people who would like to participate in the research. The purpose is to interview people of different ages, genders, and different degrees of disability to get as diverse answers as possible. Participating in the research is optional and the leader of the Gold Coast Recreation & Sport Inc. will be pointing out who would be good clients and employees to ask to participate. All participants will read and sign an information sheet and consent form. The form can be found in the appendices. The form will explain the research project, how the interview will happen, what will be asked and that all the information provided by participants is confidential and will be stored on a password protected computer and in a locked filing cabinet.

### 3.2.3 Data collections and analysis

For collecting the data material there will be ten to fifteen interviews about the participants' experiences of the NDIS-program and GCRS. The interviews will be conducted at GCRS premises. During the interview, a semi structured interview structure will be used with three different key themes. Before starting the interview, every participant will read and sign the information sheet and consent form. All interviews will be recorded so the interviewer can focus entirely on interaction and observation. After the interviews, all material will be transcribed which means that everything will be written down as heard in the recording. Transcribing is easy when interviews are short, and when there are not too many interviews. (Hirsjärvi & Hurme 2015, 136-138.) After that, the transcribed material will be placed in an excel spreadsheet thematically which will help the author transfer them into results.

### 3.3 Proposed timeline

The proposed timeline of this Thesis was made with the supervisor and collaboration party. The process started in Spring 2019 by planning and presenting the thesis plan and sending the proposal to the GCRS manager. In Fall 2019 agreements were signed by all parties and the interviews were held in Australia by interviewing the clients of GCRS and the NDIS. In winter 2019 all the interviews were transcribed; data was analyzed, and conclusions were made. The theoretical part of the thesis was written in

Winter/Spring 2020. Maturity exam will be in late Spring/Summer 2020. Below, Table 2. shows proposed timeline and tasks of the Thesis.

Table 2. Proposed timeline and tasks of the Thesis

<b>TIMELINE</b>	<b>TASK</b>
SPRING 2019	Thesis plan and presentation.
SPRING 2019	Proposal of Thesis.
FALL 2019	Interviews
WINTER 2019	Transcription
WINTER 2020	Data Analysis
WINTER/SPRING 2020	Theory
SPRING/SUMMER 2020	Maturity exam

## 4 REPORTING THE RESULTS

### 4.1 Methods

All the material for this research was collected in Gold Coast Recreation and Sport Inc. in Queensland, Australia. Thirteen participants were interviewed and recorded, and they were all connected to the Gold Coast Recreation and Sport Inc. and the NDIS. One of the recordings had some technical issues and was therefore excluded from the data analyses. The final number of the interviews used in this Thesis is twelve (n=12), concerning thirteen (n=13) clients. All participants volunteered to be part of this research and they signed a contract that their interviews can be used as research material in this section.

### 4.2 Semi structured interview

In total, there were twelve (n=12) main questions and then depending on the client, sub-questions were used to help the client understand the question better or to help the interviewer better understand what the client meant. There were three (n=3) main themes in the questions which were 1) questions about participant backgrounds, 2) questions related to GCRS and 3) questions related to the NDIS. The questions in the first theme were related to age, gender, diagnosis and use of assistive aids. In the second theme all questions were related to GCRS, length of membership, number of days of attendance, programs participated in, and positive aspects of GCRS. The questions in the last theme were related to the NDIS, length of membership, knowing the meaning, feelings about the meetings, support received from the NDIS, life changes after the NDIS and feelings about the NDIS. It was anticipated that each interview would take approximately 15 minutes, however, this would vary according to the person being interviewed. The shortest interview lasted two minutes and fifty-five seconds whereas the longest one lasted twelve minutes and forty-four seconds. The average length of the interviews were six minutes and eighty seconds.

For this section all the answers were transcribed from the interviews. The participants answers have been utilized in the results to give a more accurate description about the subject.

#### 4.2.1 Theme 1. Participant backgrounds

Of the twelve (n=12) interviewees eight of them were existing clients in the Gold Coast Recreation & Sport Inc. Three of the interviewees were relatives of clients working at the GCRS, speaking on behalf of the clients. Two relatives were speaking on behalf of one client each and one relative was speaking on behalf of two clients, as they were siblings. The last interviewee was working at the GCRS, but his child was only a toddler. He was however part of the NDIS-program. Therefore, there were total of twelve interviews, concerning thirteen clients. All the material that was collected from the interviews was about the clients which means that the four relatives were speaking on behalf of the clients, not about themselves. The only exception was when they were asked for their own opinion.

##### *Age and gender*

The average age between the clients is 31.8 years old (range 1.5-49 years). The youngest client was only 1.5 years old and the oldest one was 49. Since the client aged of 1.5 years is not part of the GCRS, the youngest client related to both GCRS and the NDIS was 19 years old. Out of thirteen clients as one relative was speaking behalf of two clients, there were eight males and five females. Which means that 61.54% of the clients were males and 38.46% were females.

##### *Diagnosis and assistive aids*

Four (n=4) of the clients were diagnosed as Down Syndrome, three (n=3) of the clients had an Intellectual Disability other than Down Syndrome, two (n=2) of the clients had Autism, and one (n=1) had Spina Bifida. The remaining three (n=3) clients had more than one diagnosis. One (n=1) had Down Syndrome and Autism, one (n=1) has Autism and an Intellectual Disability other than Down Syndrome, and the final client has

Cerebral Palsy and Intellectual Disability. Customers diagnosis can be found from Figure 2.

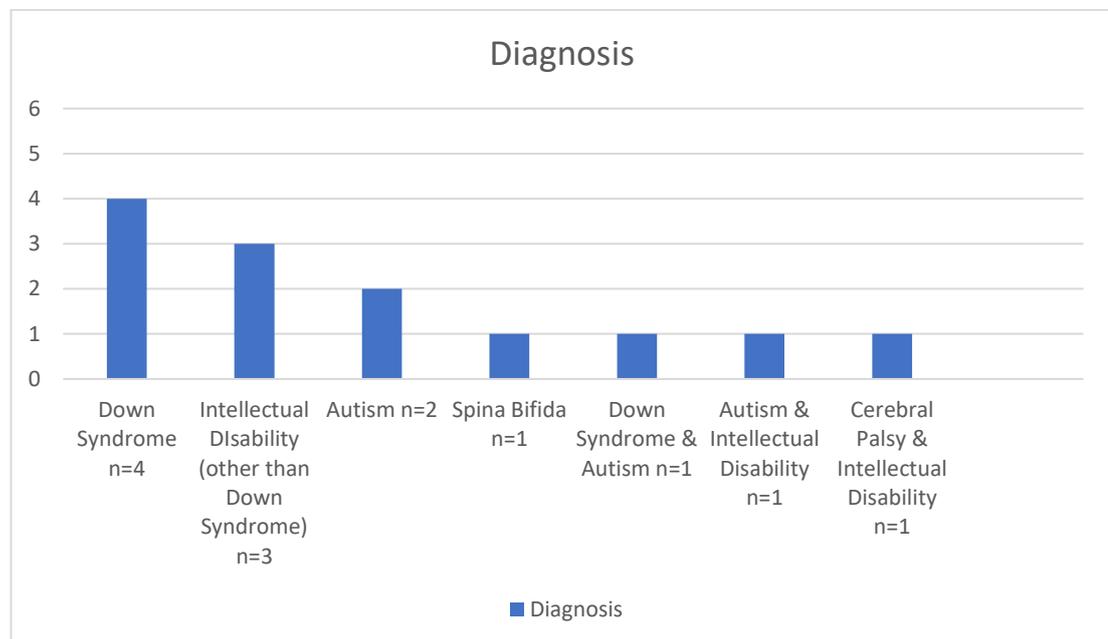


Figure 2. Clients diagnosis

Four (n=4) of the thirteen (n=13) clients were using some form of assistive aid in their everyday life. Two (n=2) of them were using only hearing aids. One (n=1) of them was using a hearing aids, scooter, and a walker. And the last one (n=1) was using a wheelchair and crutches.

#### 4.2.2 Theme 2. Questions related to the GCRS

##### *Association with GCRS and membership*

All the interviewees were associated with the Gold Coast Recreation & Sport Inc. either as clients or employees. Out of the thirteen clients, two clients had been part of the GCRS for over thirty years. Two had been members for over twenty years and other two had been members between eleven to fifteen years. One client had been part of the GCRS between six and ten years and two clients between one and five years. One client recently joined, under a year ago. Two clients were not sure how long they have they been members of GCRS, and the one toddler was not a client.

### *Days of attendance per week at GCRS*

GCRS is open from Monday to Sunday and each client has a personalized schedule stating how many days per week they will participate. Two of the clients attended five days a week and one client attended four days a week. Five of them participated three days per week and one of them two days per week. One of the clients went only one day a week and there was no response received from three of the participants.

### *Programs done during the week in GCRS*

There are more than 180 different programs in GCRS. Each client gets a personalized schedule where they plan together with the NDIS, GCRS and their family which programs would be good for them. Eleven participants were able to answer which programs they did during the week. One gave no answer, and one was not a client at GCRS. The most popular program found in this research was drama which was in six of the participants' weekly schedule. Gym was second with clients', followed by swimming & dance which both had three clients attending weekly. Figure 3. below show all the programs among the target group starting from most popular programs on the top row and the least popular on the bottom line.



Figure 3. GCRS clients' weekly programs.

### *The clients' satisfaction with the GCRS*

All twelve participants were extremely happy with GCRS. All the eight clients were happy with the programs, staff members, making friends and having enjoyable experiences. The four staff members were happy with seeing notable differences in their relative's behavior, the philosophy and leadership of the GCRS, and the commitment of their fellow coworkers. Direct answers from the participants can be found below from the Table 3.

Table 3. Participants direct answers about what is making them happy at GCRS.

“The staff is really good.”
“When my brother started coming here, the difference in him was huge. He is so happy, he is getting his routines done, and he is signing more.”
“We like their philosophy, the leadership, commitment by the staff and obviously our leader Anna. We have taken some incredibly challenging people and I could show you them today, they are socially acceptable, and you can take them out into society. “
“I'm happy with range of activities I get to do.”
“Getting to do cool experiences like the Commonwealth Games and the Gala.”

#### 4.2.3 Theme 3. Questions related to the NDIS-program

##### *Starting with the NDIS and knowing what it stands for*

All thirteen clients were part of the NDIS-program which was launched in Australia in 2016. As the NDIS was launched in Gold Coast 2018, people joined immediately. Eleven of the clients from this study had been with the NDIS 1-2 years, one started 0 to 6 months ago and one could not remember the starting date.

It was important to established whether the clients could understand what the NDIS means and what it does. Five of the clients knew what NDIS stands for and the

remaining three clients could not. The four staff members obviously knew what it means as their relatives are part of it. Table 4. shows exact answers from the clients, and their understanding of the meaning of the NDIS.

Table 4. Clients exact answers of understanding the NDIS.

“I believe it’s like NDIS is about helping people to understand, giving them opportunities to try something new and give them a voice.”
“NDIS basically help you to access community and gives you funding to do what you would like to do in your life.”
“It’s just an insurance for people with disabilities to help them to live a comfortable life.”

#### *Clients experiences of the personal NDIS meetings*

Six of the eight clients had been in their own NDIS meetings and two of them had not. All the four relatives had been in the NDIS meetings with their relatives.

Three of the twelve participants felt that the meetings were good, one of them felt that the meetings only gave him negative feelings and the remaining eight participants stated that the meetings gave them mixed feelings. They said there were many positive elements, however, they also had some negative feelings toward the meetings.

All the participants could explain what happens in the NDIS meetings and what they spoke about in the meetings. Below, Table 5. shows the exact answers regarding the client’s thoughts of the NDIS meeting.

Table 5. Participants exact answers of NDIS meetings

“Everything, they talk about everything. They go from his whole life from birth to now and they talk about his whole life.”
“Basically, my day to day life what supports I have and what goals I have to myself.”
“So, they stepped through all of his goals and what our goals are for him and what milestones we would like to see him achieve in the next year.”

*Experiences of the support provided by NDIS*

The NDIS provides all the clients that participated in this research access to the Gold Coast Recreation and Sport Inc. The only one who was not part of the GCRS was the one-and-a-half-year-old toddler, as clients of GCRS are all older than 16. All these GCRS clients had transportation provided by the NDIS. Seven of the clients had carer support, five of the clients had speech/physiotherapy, and two of them had assistive aids provided by the NDIS.

*Experiences how NDIS has changed clients lives*

Ten of the participants thought that the NDIS has changed their lives. One stated that he could not tell, as he has not known life without the NDIS as his son has been part of the NDIS from the day he was born. Two of the participants could not give a definite answer. Table 6. below show the exact answers of the participants.

Table 6. Participants exact answers of NDIS changing their lives

“It has made me more confident person around with my friends.”
“I think it saved their lives.”
“It actually made me better person.”

*Positive and negative aspects of the NDIS.*

All the participants answered that they are happy with the NDIS, but three of them thought that there were still several things they are not happy about. Participants were happy of the amount that the NDIS provides for them, services they get and the choices they have. Below table 7. show exact answers from the participants about positive and negative aspects with of the NDIS.

Table 7. Participants exact answers of positive and negative aspects of the NDIS.

“The way it’s structured to access things as long as they approve. But just for him to be able to benefit from accessing things that we would not otherwise know about.”
“I guess being able to have more choice.”
“It’s pretty much just giving opportunities.”
” I am happy with the amount of money and the amount of services that my boy will be able to access to get him on a good start in his life, to set him up for his future.”
“If you are trying to get extra funding or you’re trying to change a support with the NDIS, it takes up to 6 weeks for that change to happen.”

## 5 DISCUSSION

### *Discussion about the result*

The purpose of this thesis was to investigate Gold Coast Recreation and Sports Inc. clients and their experiences of the NDIS-program. Having a chance to work 10 weeks in this organization and observe their working process and meet these people in real life, was necessary for this Thesis. The use of this Thesis is ideal for citizens of Australia who have disabilities or who have family or friends with disabilities. This study will provide help to these people to understand how to benefit from the NDIS - program and GCRS co-operation. Organizations in Finland who also work with people with disabilities could find this thesis beneficial. They could acquire more knowledge of how to improve the situation of people with disabilities and services and support for them. NDIS-program is new and was recently launched, and there is limited information on the subject. Therefore, NDIS official website was used a lot in this study.

The results showed that the clients and staff members who were part of my research were absolutely satisfied with this new NDIS-program. Most clients understood what the NDIS-program is and what it means for their lives. With this new program they get all the funds for themselves and they get to decide on which services and aids and things related to their disability they want to spend it. With the help of NDIS they have more freedom of choice which will reflect to their self-esteem, independency and, their everyday life. On the downside, clients felt that changing the NDIS-program in the middle of the season was time consuming. Also, NDIS meetings gave negative feelings for the participants being stressful and emotionally hard. Being part of GCRS they will get many services from one place with wide range of programs. According to the results all participants were super happy with the commitment of the staff and the leader of GCRS and their philosophy. Together with the NDIS and GCRS these clients will have opportunities to achieve their goals, have a voice and access to the community.

### *Limitations of this study*

The aim of the study was to examine clients of different ages, genders, diagnoses, and different aids in order to obtain a more comprehensive result. The number of the interviewees participating for this research at Gold Coast Recreation & Sports Inc. was low (n=13) out of which one participant had to be excluded from analysis of collected data due the technical issues with the recordings. The group studied was only a small proportion of GCRS clients, so the results cannot be generalized. They are indicative, but they cannot be used to generalize the area studied. Also, since English is not the first language of the author, interpreting the interviewees was not fluid. Because the interviews were conducted in Australia and data analyses in Finland, therefore it is not possible to ascertain things from the interviewees when analyzing the results. The average length of the interviews was six minutes and eight seconds. In six minutes, there was no time to get such a broad response as had been desired. Some clients responded with just a few words, as others responded with many sentences. In future it would be better to add more sub-questions to help the interviewee to participate more on the conversation.

### *Strengths of this study*

The subject of this Thesis is new and there are no other Thesis regarding this area of study yet. It adds a certain value for the Thesis when writing for the first time about a subject. After spending three months at GCRS and observing and talking with the clients, staff members and the leader of the GCRS, there is completely new perspective on this subject. It also provided better understanding about the NDIS when so many different persons were explaining it from their perspective. When doing the interviews, it was recorded and later transcribed, which was incredibly helpful, as English is not my first language.

### *Topic selection and professional growth*

Last fall I had a chance to do my 10 week practical training in Australia and I wanted to do my Thesis in English and therefore I thought it would be a great opportunity if I could do it there. My supervisor contacted my place of training and they agreed I could

do it at their facility. I have been working mostly in Kindergartens, Schools and Child Welfare Facilities thus for my Thesis I wanted to take a deeper look into the field of Social Work and challenge myself to orientate for something I am not that familiar with yet.

Being able to do sports, do things independently and enjoy just doing normal things are things I have always taken for granted; however, this is not the case for everyone. That is why it is important to me that my Thesis handles the subject where being able to do sports, learning new skills and making friends should be possible for each and everyone. I wanted to explain among the real-life experiences why people should join the NDIS-program and choose to become part of Gold Coast Recreation and Sports Inc. and how they can get so many services from the same place. I pushed myself to extreme limits doing this Thesis in English since it is not my first language, but in the end, I will benefit from it for example when looking for international work options.

In order to achieve as diverse results as possible I interviewed people with different disabilities, different ages, different genders, and different need in term of help needed and services. I recorded all the interviews, and later transcribed all the recordings. While doing this research it opened up my perspectives as future Bachelor of Social Services. I broaden my vision towards the field of Social Services and learned a lot of working with people with disabilities. I can now better understand how different services and laws work and that how each country can learn and promote its own well-being towards disability by learning about services and activities of other countries.

## 6 CONCLUSION

This study opens the definition of the NDIS-program and what does it mean to special groups. The NDIS gives them a chance to reach their goals and places like GCRS make those goals reachable. It was incredibly fascinating to hear from the staff members of the GCRS how much a place like GCRS can change a person's life. Many of the clients start with a state where they do not talk or participate, or they get anxious in a large group. Then after having seen them in the program for some time, they are surrounded by their new friends, talking, and laughing together despite the fact that someone only signs and the other does not understand, they still manage to communicate. Some learn surf and swim and even though before becoming a client at GCRS they were afraid of water and would not go near it. One client was terribly violent towards others and himself and now he is hugging everybody and helping others.

The new NDIS-program definitely benefitted those who participated on this research. Having access to the funds allocated to them gives a certain freedom of choice and independence to decide which services they want to use the fund. It would be beneficial to Finland to have a similar type of program for people with disabilities and also take replicate the model of bringing services together in one place like GCRS. In future, it would be interesting to study, what would be the benefits of NDIS in whole national level concerning the financial resources. This program demands financial investigation from government level, but same time it creates new work possibilities on field. Furthermore, it will be interesting to see, whether this program will have financial influences due participants possible improved quality of life.

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## Interview form

Participant ID Code	
Date	

### Participant Characteristics

Age	
Gender	
Diagnoses/ disability	
Physical functioning: using assistive aid Yes / No If yes, what kind of aid: Walker, manual wheelchair, powered wheelchair, hearing aid, walking stick, other?	
1. How long have you been a customer at GCRS?	
2. Do you know about NDIS and when did you start?	
3. Have you attended the meetings about NDIS and if so, who went with you and how did you feel about this?	
4. What did they talk about in these meeting/s?	
5. How would you define or describe NDIS in your own words?	
6. What kind of support does NDIS provide to you now and to your everyday life?(personal activities, physiotherapy, speech therapy, help with managing my emotions, transportations, home modification, mobility equipment, work)	
7. What do you do with GCRS with your NDIS funding? (Describe your week). And how has GCRS helped you with your own NDIS program?	
8. What does NDIS mean to you and how has NDIS changed your life?	
9. What kind of things are you happy with your NDIS program?	
10. What things you are not happy with your NDIS program and how would you improve your NDIS program?	
11. What kind of things are at happy about with GCRS in relation to NDIS program and is there something you would like to improve or change?	
12. Is there anything else you would like to say?	

**Participant Information Sheet and Consent Form**

**Thesis Title:** Gold Coast Recreation & Sports Inc. clients experiences of the NDIS-program.

**Investigator:** Milla Kallio

**Contact Person:** Kati Karinharju

Thank you for your interest in participating in our project. If you decide that you would like to participate, please complete the consent form.

**Why are you being asked to be in this research project?**

You are being asked to be in this project as you are part of the National Disability Insurance Scheme (NDIS) and you are a client of Gold Coast Recreation & Sports Inc.

**What will you be asked to do?**

You will be asked to answer some questions. It will take approximately 15 minutes.

**Your rights as a participant.**

Any information provided by you and material recorded will remain confidential. Any information you provide will be stored on a password protected computer and/or in a locked in a filing cabinet. This project has been submitted and approved by the Satakunta University of Applied Sciences and Gold Coast Recreation & Sport Inc.

**PARTICIPANT CONSENT:**

- I have read the Participant Information Sheet and any questions I had have been answered by a member of the research team.
- I understand the content of the study, what is required of me if I choose to participate and the equipment that will be used.
- I understand that any information that I provide will be kept confidential.

Understanding all of the above, I consent to take part in this study.

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Name

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Signature

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Date