# ILC Commissioning Framework - written feedback form

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| **Date** | 22 April 2016 |
| **Organisation name (if applicable)** | People with Disabilities WA (PWdWA) and Developmental Disability WA |
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| 1. **The proposed outcomes for ILC and the best ways to measure them**   Questions you might like to consider:   * Do you agree with the nine outcomes outlined in the Consultation Draft? Is there anything else the Agency should consider? * Do the nine outcomes cover everything you would expect to see in ILC? * How should we measure each of the nine outcomes? * How can people with disability, their families and carers and the broader community stay involved in measuring outcomes as ILC rolls out? * Is there anything we should consider in setting up our data collection processes? * Is there anything else you would like to tell us? |
| In describing the use of outcomes in the consultation draft there is particular discussion on the need to be able to measure outcomes. In our view the outcomes that are outlined all sound like outcomes that might be good to have, but do not sound specific and measurable enough.  Outcome one talks about having the capacity to exercise choice and control for example rather than people with disability exercising choice and control. The difficulty here is that you might measure someone’s capacity by seeing if they are exercising choice. The capacity to make choices and be in control is reliant on a number of factors including the information that is available, the confidence a person has, the understanding or the support to work through options and consequences, and previous experience. A person may have the capacity to make choices but their previous experience of their choices never being allowed may mean that they do not exercise choice. The increasing of people’s capacity is something related to many aspects of life not just decision-making. Maybe this outcome might be better phrased as **people with disability have capacity to pursue their goals.** One measure of how the NDIA views capacity would be how many people with disability or disabled person’s organisations are funded in the ILC as specialists and expert’s.  The second outcome is very aspirational. Independence is yet another way of saying that people have self-determination as most people with disability covered under the scheme need some sort of support with the aim to provide the support, access, and inclusion which allows self-determination. It is possible that another outcome which highlights independence, self-determination, and choice and control is needed. Having that concept coupled with social and economic participation and the idea that it is promoted for everybody is very nice but not really what people want. PWdWA acknowledges that for people with disabilities the outcome is not that social and economic participation is promoted but rather that **social and economic participation is achieved.**  This outcome (2) is one of the most important under ILC and our concern is that given the emphasis on funding the development of community capacity building tools but no funding to the community to deliver and to use those tools, very little will happen. A whole pile of community development tools and programs will be developed by disabled person’s organisations on how community and commercial organisations and government departments can improve their practice to increase social and economic participation. But without any legal stick or financial carrot for those organisations to spend the money purchasing and delivering those tools and programs the impact of the investment will not be enough. Also by having the focus on people with disability being funded to develop the capacity building tools, it may result in an expectation that people with disability will deliver those programs for free.  The third outcome regarding the upholding and nurturing of informal support and care arrangements is very important for families and carers, however there needs to be an understanding that there may be people with disabilities who wish to leave unhealthy informal support arrangements. Due to this possibility we would suggest **removing the word upheld** as this makes it feel as if people must continue with their informal support. There must also be a recognition that informal supports change over time, and many parents are looking for security that there will be support for their son or daughter when they are no longer around. There is also an expectation from some of the people who provide informal support that the National Disability Insurance Scheme will provide them with an opportunity to engage in social and economic participation themselves. It is important that outcomes are not measured in a way which makes it look as if the outcome is not being achieved when family members are participating in work or other activities instead of providing support.  In outcome four it is unclear why individual funding is mentioned, unless it is discretionary funding outside of the funded packages of the NDIA that is being talked about. It is also very unclear what is meant by unfunded supports. We are assuming that unfunded supports means the supports that people should be getting from mainstream community services to participate in the community generally. So for example beach services should be able to support a person with a physical disability to use the beach wheelchair, schools should be providing education assistance, doctors and health services should be providing interpreters or extra time for appointments if required. Also by using the word participants this particular outcome seems as if it is only for people who are eligible for NDIA support, whereas the ILC is meant to be for all people with a disability. We believe that this outcome as it relates to the ILC should either be removed or changed to be saying that **people with disability can access all mainstream services with the appropriate support provided**.  It is assumed that outcome five directly relates to the disability service sector. We would suggest a slight rewording to say**… Effective and efficient specific support for disability, is available…** This clearly shows that support may be provided by a number of organisations not necessarily those that are disability sector specific organisations, particularly in delivering ILC activities.  Outcomes 5,6, and 7 raises the issue of conflict of interest. In advocacy we are always concerned when people with disability have all their support, information and advice from direct service providers who are being paid to provide support. We believe it is important that if someone is receiving direct funded support from an organisation that they do not also receive independent advocacy, independent information and advice, and /or facilitation of peer support from the same organisation. We also think the evaluation and quality checking of services should be done through independent quality audits and programs like community visitors with this information being public. People with disability, their families and carers cannot know they are getting high quality services if they are not able to see and compare quality audits etc. Independent sites like Clickability are essential for the future knowledge base and should be supported.  In the current system, advocacy organisation like ours end up being an essential point of contact for information and advice. On average our organisation would take 300 phone calls a year from people with disabilities, families, carers and professionals looking for independent information, advice and/or referrals related to disability. On average a call will take 3 to 4 hours with time for listening to the issue, research, possibly a call back, and writing up the call. We are told this is not advocacy and should not be counted in our targets for advocacy, yet it is a vital service for people who often are not eligible for funded support but have a disability and can’t go anywhere else. We have LAC in WA and they are usually far too busy for this type of service, plus will not provide this service to people with mental health issues.  This raises the issue in Outcome 6 of who are **‘people with disabilities’** when you are talking about appropriate support in their lifetime. Does ILC support include everyone as defined under the Disability Discrimination Act? We think it should and therefore the provision of independent information and advice should also be funded for all people as defined which includes people with learning disabilities, mild intellectual disability, mental health conditions and mild physical disability.  Measuring the outcomes of people receiving appropriate support over their lifetime should be done at the individual level for the individual, and the systemic level. At a systemic level there needs to be recognition of the gaps between the general population and people with disabilities at different life stages. Similar to the ‘Close the Gap’ work for Aboriginal and Torres Strait Islander peoples, we need to know the gaps that need closing for people with disabilities and measure change over time.  Outcome 7 **People with disability, their families and carers shape supports and services**, and Outcome 9 **The interests of people with disability are faithfully represented in policy and infrastructure design** are the most important ones in our view. To reach these outcomes there must be work put into capacity building initiatives such as "partners in policy" and other capacity building initiatives which encourage the diversity of people with disability to be involved in co-design. We believe it is also very important that there needs to be more work done with government departments on understanding what co-design actually is.  One of the key measures for both of these outcomes will be how much engagement is had with a diversity of people with disability and their representative organisations. The first issue that we would like to raise is that people with disabilities are not a homogenous group and have very different needs and abilities amongst the diversity. To ensure that the diversity of people with disabilities is represented there should never be one person with a disability by themselves in any co-design or advisory type environment, and as well as people with disabilities themselves, there should also be people from Disabled People’s Organisations who can represent the diversity of disability.  The other way that people with disability can shape services and supports is by being on the governance bodies of service provision organisations. This means building the capacity of people with disabilities to be able to take on governance roles, as well as building the understanding of service provider organisations that they should have people with disabilities on their boards who can bring the direct lived experience to the governance and strategy of the organisation.  Our concern again is the point raised earlier about people with disabilities not being exploited for their expertise by being expected to represent themselves and other people with disabilities in a volunteer capacity. The same is true for Disabled People’s Organisations. As peak consumer organisations both PWDWA and DDWA network with a wide number of disability service organisations and often collaborate with other bodies to provide evidence and recommendations on systemic issues. Many organisations are directed to us for advise and support on issues about disabilities because of our expertise and close links with our network. We have been able to offer our support and input to these organisations many of which are Government Departments, often providing independent advice and/or representing the needs of people with disability. Some examples of representational work we have recently undertaken include:   * Providing Independent advice – to Tenancy WA on people with disabilities who may be in boarding and lodging situations; meeting with the Perth International Arts Festival regarding access issues; advising a government consultant regarding Electronic voting trial for people with disabilities as potential for larger rollout; advising a consultant regarding the Department of Planning Social Analysis of Perth and Peel; meeting with the Office of Road Safety regarding Cycling on Footpaths * Attendance at forums/ consultation events - National Employment Framework Consultation Melbourne, ILC framework consultation * Representation on Committees and working groups - NDIS Hills Advisory Group, WA NDIS My Way reference group, Enhanced Spinal Cord Injury Services Steering Committee, NDIS Planning Alliance Steering Group, NDS Safer Services Steering Committee, Disability Health Network, etc.   These are just some examples, and are all considered as unfunded work, which is however supported by systemic advocacy funding. With reductions in funding this work becomes harder to do with paid and experienced staff (many who are people with disability, their families or carers) who have cross disability knowledge. For the interests of people with disability to be faithfully represented in policy and infrastructure design, people with disability must be the ones to shape supports and services and this must be resourced for involvement to be meaningful at the systemic levels as well as the individual planning level.  It is going to be difficult to measure Outcome 8 **Increased community/mainstream awareness of how to support people with disability** unless you measure actual social and economic participation rates as is done for the ATSI population in “Close the Gap” and use the Survey of Disability, Aging and Carers with some reworked questions. Currently there is a strong disconnect and lack of understanding by the community and many people with disability, their families and carers of the United Nations Convention on the Rights of People with Disability (UNCRPD) and the Disability Discrimination Act and Standards. This lack of understanding means that people in the community as well as people with disability, their families and carers may talk about how to support people in ways which are no longer contemporary or ways which do not meet the aspirational standard set by the UNCRPD. So for example, a person with a physical disability may tell a building that it's okay to just put a small portable ramp which does not meet the standards in place so that they can access that building. This does not show the building owners or the organisation in the building what is required under the Disability Discrimination Act standards for access, and it does not provide a safe accessible entrance for a variety of people with disability. We see the same thing happen when it comes to providing resources in easy English for people with intellectual disability, where even within the disability sector people say that they don't need to provide that resource because a person is going to talk someone through a document. Again, this means that that document is not available in easy English for people with a range of communication disabilities not just the stereotypical view of a person with an intellectual disability. At the worst, it means that institutional or segregated methods of support are still supported by many people, even when research shows that those methods do not provide the best outcomes. For example, a government Minister wanting to rebuild, albeit at a smaller scale, a segregated facility for people with high level spinal cord injury who, in his opinion, require a level of support that they would not be able to get in the community.  Outcome 9, **The interests of people with disability are faithfully represented in policy and infrastructure design**, has been partly addressed above. We believe that there needs to be specific measures included like increased universal access, Auslan in schools as a second language, all politicians offices are accessible etc. In terms of policy, people with disability need to be recognised and included through processes like every local government and government department or authority (plus any organisation they fund) having a Disability Access and Inclusion Plan in place which is accounted for each year in measuring outcomes. |

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| 1. **How to prepare the sector for outcomes-based performance measurement**   Questions you might like to consider:   * What are the biggest challenges for organisations moving to outcomes based funding? * What can the Agency do to help organisations meet those challenges? * What can people with disability, their families and carers do to help organisations get ready? * Is there anything else you would like to tell us? |
| It is well documented that building community capacity is important, enabling communities to respond to emerging issues, raise awareness and empower people with disability. Support for capacity building is important because ‘well organized and empowered communities are highly effective in determining their own needs, and are capable of making governments and the private sector accountable for the consequences of their policies and practices’ (World Health Organization, 2005). Yet it can be difficult to justify investment in community capacity-building strategies when measuring community capacity building itself or the outcomes of this investment can be inconsistent and challenging.  The biggest challenge for organisations delivering outcomes under a ILC framework will be the nature of funding. The outcomes identified in the framework are based on capacity building, community relations and peer support. The development of these networks take time and both the human and financial resources required to achieve outcomes are generally needed at the beginning of the process. If the financial incentive is at the outcome stage, then many smaller organisations may not be able to cover the set up and ongoing costs. This will ultimately affect the overall choice for the individual. Likewise, if ILC is awarded on a grant basis which is time limited, it may be difficult to measure the success of outcomes that may take a long time to achieve.  It is important the agency recognises the resource implications particularly for small organisations delivering ILC framework outcomes. PWdWA is not averse to an outcome driven culture particularly when it ensures an individual’s needs or a community’s needs are met. However, it can be very time consuming to continually collect data such as ‘number of clients seen’, ‘number of people attending x workshop’, ‘number of hits on website’, when it is not clear how these outputs necessarily link to our desired outcomes. It takes a lot of time away from actually doing the work to achieve the outcomes when there is continual reporting on these small pieces of a much larger picture. PWdWA recommends that the move to outcomes means that instead of spending time collecting so much data that may or may not be relevant; there is a focus on collecting the data that is relevant, and finding the most appropriate data to evidence the achievement of particular outcomes.  Outcomes are also tricky in that it might be easy for an individual to say what they got out of something but that may be harder to fit into a broad framework.  In WA, PWdWA supports a capacity building project through developing peer support organisations. This project is entering its second year and a number of recommendations can be made to exemplify the challenges faced by potential capacity building projects that follow an outcome driven focus.  It is important that the costs of collecting data is incorporated into an outcome driven system. Capacity building projects such as local support groups do not have the financial resource to implement an evaluation tool that may be used by large service providers who may have administration budgets. Likewise, there is often no dedicated administration resource to capture the data required. One solution may be to use research grants to do evaluations so that outcomes are measured by an external evaluator without impacting on the time and resources of the individuals and programs.  It is also important to ensure the nature of the data captured is fit for purpose, for example gathering information from meetings may be intrusive and inappropriate. It should also be acknowledged that different types of meetings will require different levels of funding. Funding for people with complex needs, in regional areas will require a greater resource than those groups with low support needs situated in the metropolitan areas.  In terms of best practice models, capacity building projects should be run by people with disability for people with disability. The nature of disability is diverse and so too are the support needs. This level of diversity and complexity needs to be factored into funding streams, for example reporting mechanisms for people with an intellectual disability need to be accessible in Easy English and will require a certain level of support, and a group with diverse needs may need interpreters, travel, personal care, and easy English.  With the onset of digital technology and social media as legitimate forms of communication and connection, it is crucial that the ILC framework reflects these forms of engagement and support. Peer support is often channelled through online assistance and this needs to be recognised as a growing market and resourced appropriately as it still requires facilitation. It must also be recognised that there are still large numbers of people with disability in poverty who do not have access to the internet or data through phones, so these methods cannot be the sole form of engagement.  A major learning from the peer support project is that peer support with the diversity of disability does not happen in neat facilitated groups that can be evaluated. So evaluation needs to be thought of creatively. |

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| 1. **How to grow social capital in the sector, particularly volunteering**   While there are many different definitions of social capital, in this context social capital means things like volunteering or the relationships that organisations have with others in the community that contribute to the work of the organisation and help people with disability and their families.  Questions you might like to consider:   * The Agency would like to see things like volunteering grow in ILC. What can the Agency do to make sure that happens? * What barriers might there be to growing social capital? * What types of activities work well when delivered by volunteers? * Is there anything else you would like to tell us? |
| Creating new volunteer opportunities for people with disabilities requires resources, funding and skilled staff. The agency should invest in:   * **Promotion of volunteering opportunities to both people and organisations.** This can be achieved through creating positive images in the community of people with disability volunteering with effective and targeted marketing in accessible formats. * **Support for the volunteer.** This can be achieved through Interviewing the volunteer who has a disability at an arranged time, looking for volunteer roles for that person, advocating to the potential volunteer-involving organization on behalf of the volunteer, identifying skill level of volunteer, assessing skill requirements of volunteer roles, establishing what sort of mentor/carer support is required, supporting the person in their volunteer role in initial stages, providing volunteers with relevant training, obtaining feedback from the volunteer and the volunteer-involving organisation on the success or lack of, of the placement. * **Recruitment and placement for the volunteer.** This can be achieved through establishing if there is funding available for the role, supporting volunteer programs, providing the volunteer-involving organisation with training.   Barriers to growing social capital:  PWdWA is concerned that volunteering is seen as an additional resource that compliments the ILC framework and not the main mechanism for the way projects are delivered. It is important that people who are trained as technical specialists, and people whose experience makes them experts are renumerated as in any other sector and the expectation is not to provide expert services by people with disabilities (eg. Access advice) for free – this is exploitation and PWdWA does not support this.  PWdWA recommends that the NDIA acknowledges and apportions appropriate resources enabling people with disability to volunteer. A prime example of this is our own Committee of Management. All our Committee have a disability and support PWdWA in strategic matters. The costs of hosting a meeting are considerably higher as people’s support needs are addressed such as interpreters, transport and accessible formats. It is important the NDIA recognises that there needs to be this type of investment enabling people to volunteer.  It has been accepted that some people lack the confidence, knowledge and skills set to volunteer and/or perform certain tasks within that role. However, with the right support and training many of these issues can be overcome. For example, PWdWA recently provided accessible mentoring and training for a member of our Committee of Management to develop and deliver Strategic Planning so that in the future this task can be completed in house by a person with disability.  The number and quality of volunteering opportunities is dependent on organisational culture and whether it has inclusive policies around volunteering. PWdWA believe that the NDIA has a role in developing organisational opportunity around volunteering by providing financial incentives for support needs, promotional activities and training opportunities for people with disability to be engaged in volunteering activity. |

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| 1. **How to prepare the sector for the requirements of the ILC sourcing process**   The Agency is moving to a nationally consistent framework for ILC. Funding will be provided to organisations through an open competitive grants process.  Questions you might like to consider:   * What are the biggest challenges for organisations moving to competitive grant funding? * What can the Agency do to help organisations meet those challenges? * Is there anything else you would like to tell us? |
| The biggest challenges for organisations moving to competitive funding include:   * the size of grant, * the detail required for the application form, * the focus of a programme and * the speed of funding decisions.   Smaller organisations are at a definite disadvantage in this area.  Many smaller organisations do not have the technical expertise and financial resource that will enable them to access and apply for grants. However, it should be recognised that these organisations are valuable for the important voice they bring to the table as advocates and the critical partnership role they play both with public sector agencies as well as with larger not for profit organisations.  NDIA needs to ensure that these smaller organisations are able to access the grants and are able to compete with their larger counterparts. Many of these organisations will still be developing, with crude financials systems, informal infrastructure and limited capacity. They are often doing impactful and innovative work but may not yet have the formal evaluation tools to demonstrate measurable outcomes. On paper these groups might not appear conventionally competitive as other applicants. It is important that NDIA allows the growth of these organisations to flourish by allow greater risk enabling innovation and ultimately choice to continue.  The agency can help organisations in several ways:   * ensuring there is no ambiguity in eligibility criteria for grants * simplifying the application process * improving accessibility for a broader range of groups * encouraging collaboration between organisations to submit grant applications * Provide free training and workshops enabling organisations to upskill their staff in the grant application process * Provide free ongoing technical support and assistance   As the grant process is a new entity for everyone concerned, it is vital that lessons are learnt and these lessons are incorporated into the system to streamline bureaucracy and improve efficiency and support small not for profit organisations. The agency is best equipped to do this ongoing engagement with consumers by conducting surveys, listening to issues and focus groups, this will enable NDIA to better understand the perspective of these organisations in relation to the grants process. |

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| 1. **Rural and Remote**   The Agency would like to make sure that ILC meets the diverse needs of people with disability across the country.  Questions you might like to consider:   * What does the Agency need to consider when rolling out ILC in rural and remote areas? * How can we encourage and support growth in ILC type activities in rural and remote areas? * What things work well in supporting organisations working in rural and remote areas? * Is there anything else we need to consider? * Is there anything else you would like to tell us? |
| For the purposes of this submission the focus is on WA with an illustration of a number of projects that are being delivered in our regional communities that would come under the remit of the ILC framework. In the South West region of WA there is currently a project entitled ‘Most Accessible Regional City in Australia’ (MARCIA). Bunbury Council has adopted the aspirational goal of becoming the Most Accessible Regional City in Australia by 2020. The City of Bunbury recognises it has a pivotal role in engaging more strongly with other stakeholders in the government, community and business sectors to ensure that Bunbury as a whole works collaboratively towards creating a more accessible and inclusive future for all - including people with disabilities, people from multicultural backgrounds and seniors.  We recommend that the agency considers this project under the broad umbrella of the ILC aims and how the project addresses the fundamental principles of providing information, referral and capacity building support and building partnerships with local communities and mainstream services to improve access and inclusion for people with disability. In striving towards becoming the most accessible regional city in Australia, many of the mechanisms for engaging the community, providing information, gathering information and using this intelligence constructively may be considered as a best practice model for capacity building and partnership development in the future.  In relation to the MARCIA project, the City of Bunbury has developed and implemented a highly effective Disability Action and Inclusion Plan (DAIP) <http://www.bunbury.wa.gov.au/pdf/Community/City%20of%20Bunbury%20DAIP%202012%20-%202017.pdf>  It is a requirement of the Disability Services Act (1993) in WA that all Local Governments develop and implement a Disability Access and Inclusion Plan (DAIP) that outlines the ways in which they will ensure that people with disability have equal access to its facilities and services. Other legislation underpinning access and inclusion includes the Western Australia Equal Opportunity Act (1984), the Commonwealth Disability Discrimination Act 1992 (DDA) and the United Nations Convention on the Rights of Persons with a Disability.  We strongly recommend that linkages between DAIPs and the ILC commissioning frameworks are established. Local authorities and in particular those in rural and remote areas are well placed to connect communities together through their community engagement programmes. Bunbury for example has an Access Committee and an Access Officer whose remit is to ensure that the community is an accessible and inclusive community for people with disability, their families and carers.  PWdWA is concerned that it has been proclaimed that the ILC commissioning framework will provide funding to develop capacity but will not provide the funds to help deliver and implement capacity building. For example, The ILC may provide the funds to train a person with disability to provide awareness raising of disability but then will not provide funding for this type of training to be delivered. Providing the tools to build capacity is vital and important however PWdWA and DDWA strongly urge the NDIA to invest in the implementation stage as there is a real fear that it just won’t happen without this type of funding. It takes time for people and organisations to build rapport, as the benefits of this investment grow and become embedded in organisation culture will organisations make significant contributions to this type of investment. PWdWA believe that by **only providing the tools to capacity build and not the delivery mechanism will severely reduce the impact of the ILC investment**  In WA there is a network opportunity to build the ILC through the nine regional areas each serviced by a Regional Development Commission. Each region has produced a blueprint that prioritises actions and investment opportunities.  They are plans for growth developing the region's economic base through the development of its competitive advantages, workforce and community. We encourage the NDIA to explore options with these commissions to ensure the ILC framework is a part of this ongoing development and that people with disability are considered, included and participate in the activities to encourage both economic and social growth in the regions. |