

Australian Cross Disability Alliance (ACDA)

Submission to NDIA *Information, Linkages and Capacity Building (ILC) Commissioning Framework – Consultation Draft*

22 April 2016

Australian Cross Disability Alliance (ACDA) *Submission to NDIA Information, Linkages and Capacity Building Commissioning Framework – Consultation Draft.* © Australian Cross Disability Alliance (ACDA), April 2016.



### Contact

Christopher Brophy

Australian Cross Disability Alliance

PO Box 407

Lenah Valley TASMANIA 7000

AUSTRALIA

E: [contact@crossdisabilityalliance.org.au](mailto:contact@crossdisabilityalliance.org.au)

W: <http://crossdisabilityalliance.org.au>

T: <http://www.twitter.com/DisAllianceAUS>

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About the Australian Cross Disability Alliance (ACDA)

The Australian Cross Disability Alliance (ACDA)[[1]](#footnote-1) is an innovative alliance of four national Disabled Person’s Organisations (DPO’s) in Australia. The ACDA is funded by the Australian Government as the national representative structure for all people with disability and is the recognised coordinating point between Government/s and other stakeholders, for consultation, engagement with, and advice regarding people with disability in Australia. The key purpose of the ACDA is to promote, protect and advance the human rights and freedoms of people with disability in Australia by working collaboratively on areas of shared interests, purposes and strategic priorities and opportunities. The four DPO’s that founded, and make up the ACDA are: Women With Disabilities Australia (WWDA)[[2]](#footnote-2); National Ethnic Disability Alliance (NEDA)[[3]](#footnote-3); First Peoples Disability Network Australia (FPDNA)[[4]](#footnote-4); and, People with Disability Australia (PWDA)[[5]](#footnote-5).

The Australian Cross Disability Alliance (ACDA) thanks the National Disability Insurance Agency (NDIA) for the opportunity to contribute this submission in regard to the NDIA Information, Linkages and Capacity Building Commissioning Framework – Consultation Draft paper.

**ILC Commissioning Framework - written feedback form**

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| **Date** | 22 April 2016 |
| **Organisation name (if applicable)** | Australian Cross Disability Alliance (ACDA) |
| **State/territory** | National |
| **Contact person** | Christopher Brophy |
| **Email address** | [contact@crossdisabilityalliance.org.au](mailto:contact@crossdisabilityalliance.org.au) |

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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? |
| 1. **Do you agree with the nine outcomes outlined in the Consultation Draft? Is there anything else the Agency should consider**   **General Comments**   * Overall, the ILC outcomes outlined in the Consultation Draft lack specific, concrete and measurable detail. The high-level ILC outcomes will have considerable influence over the direction and forms that ILC services and supports will take. As such, outcomes must, at a minimum, be articulated in ways that are specific, measurable, achievable, realistic and time-bound. * With the exception of Outcome 9, all ILC outcomes and related measures fail to address the specific needs and barriers facing subgroups within the broader population of people with disability. These subgroups include women and girls with disability, culturally and linguistically diverse people with disability (CaLD), Aboriginal and Torres Strait Islander people with disability, and people with disability who identify as sexuality, gender diverse an intersex. Without specifically addressing the needs and additional barriers facing these population groups of people with disability, the ILC outcomes risks reinforcing rather than addressing existing disadvantage. * Throughout the Consultation Draft there remains a tension between measuring outcomes versus placing an unnecessary burden on people with disability themselves to ‘prove’ outcomes. It is vital that while people with disability themselves are involved in all aspects of high-level outcomes setting, measurement and evaluation, this must include consideration of what constitutes necessary and important data collection and what is additional, excessive or could be collected in a non-invasive way. * There is a tension within the Consultation Draft, as there is within the broader ILC Framework, regarding a blurring of the distinction between people with disability themselves, families of people with disability and carers of people with disability. These are three distinct ILC groups, with distinct priorities, needs and desires. Outcomes and measures where possible, should reflect this distinction. * In addition to the above points, the ACDA has concerns about the lack of human rights language within the Consultation Draft. The CRPD and several human rights treaties are given effect by the NDIS Act, and the NDIS and ILC component are designed to align with the Convention on the Rights of Persons with Disabilities (CRPD).  1. **Do the nine outcomes cover everything you would expect to see in ILC?**   In this section the ACDA provides comment on each of the Outcomes as stated in the Consultation Draft.  **Outcome 1 (*Consultation Draft*, p. 39)**  ***Outcome***  *People with disability have the capacity to exercise choice and control in pursuit of their goals*  ***Outputs***  *The ILC provider has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.*  *The percentage of ILC assisted individuals and families report that they are informed about the range of services and supports that are available to them to meet their individual needs and goals.*  *The percentage of ILC supported families who understand what supports the NDIS offers and for whom.*  *[Repeated] The ILC provider has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.*  ***Measures of outcomes***  *The percentage of assisted individuals and families who are satisfied with the level of decision making they have in their lives.*  *The percentage of supported families who report they are able to advocate effectively for their family member with disability.*  **Comments**  In its current form, Outcome 1 lacks concrete detail and does not define nor clearly articulate how ‘capacity to exercise choice’ and ‘control in pursuit of goals’ could be demonstrated or measured. In the absence of clear definitions, these aspirational words are problematic.  While example outputs and measures are provided in the Consultation Draft, many of these outputs and measures are inconsistent with the stated outcome. The first output - “The ILC provider has a range of strategies…” - only measures whether an ILC provider has a documented strategy to support decision making. The presence of such a strategy does not provide detail about the quality of strategies nor the extent to which they are fit for purpose. In its current form, the output is related to ILC providers, not individuals with disability and their access to decision making. Importantly, it should also be noted that measurement of *access* to decision making opportunities is distinct from measurement of the *exercise* of decision making opportunities.  The second output – “The percentage of ILC assisted individuals and families” measures knowledge about ILC supports but does not measure the effectiveness, accessibility, appropriateness or relevance of those supports for the individual or family accessing the ILC.  The third output – “The percentage of ILC supported families…” - is clearly related to outcomes for families, not access for people with disability to meaningful decision making. In relation to this point, ACDA suggests that where possible, outcomes and measures related to families are separated from those related to individuals with disability. Engaging with families in regard to individual access to decision making, rather than the individual with disability themselves is both inadequate and paternalistic. While in some cases this may be necessary due to the specific needs of an individual with disability who is supported by their family, the NDIS and ILC components should use all available resources to ensure that outcomes data is collected from individuals with disability themselves, according to their needs and capacities, rather than deferring to proxies who cannot and should not speak for individuals with disability accessing ILC supports.  Consistent with the CRPD, the ACDA believes that access to meaningful decision making is a fundamental human right which must be maximised and supported at the individual, community and structural level. In order for people with disability to engage in decision making, they must be afforded opportunities for real and meaningful choices. The right to choose between two equally poor options does not amount to a fulfilment of the right to self-determination. In addition, not all people with disability have the same access to decision making opportunities. The articulation and measurement of outcomes in relation to individual’s capacities and opportunities for meaningful decision making must take into account the diversity within and between populations of people with disability. For example, how could outcomes accurately measure the differences in access to decision making in relation to ILC supports for Culturally and Linguistically Diverse (CaLD) people with disability living in a metropolitan area and those living in rural or remote areas?  An additional concern in relation to Outcome 1 and its associated outputs and measures is that it does not take into account nor address the structural and systemic barriers to decision making that people with disability frequently face. The current wording of the outcome vaguely implies that people with disability do not already have capacity to make meaningful decisions, which ignores the ways in which people with disability are frequently excluded from self-determination due to a range of historical, social, cultural, gendered and political structural barriers.  People with disability, as individuals and in communities, will have increased opportunity to exercise choice and control, as demonstrated by increasing (over time) participation in and take up of an increasing diversity of services (mainstream, disability specific, alternative), and activities (educational, recreational, social).  **Outcome 2 (*Consultation Draft*, p. 40)**  ***Outcome***  *Independence and social/economic participation of all people with disability is promoted*  ***Measures of quality and effectiveness***  *The percentage of assisted non-participants who report unmet support needs after intervention by ILC.*  ***Measures of outcomes***  *The percentage of assisted individuals who:*   * *feel like they belong to a community group* * *have friends outside of family* * *are more independent than they were two years ago* * *are involved in a community group in the last 12 months* * *volunteer* * *are in open employment* * *are not in open employment and can see a pathway to open employment* * *would like more work* * *take part in mainstream play groups.*   *The percentage of assisted parents whose children:*   * *attend age appropriate, community, cultural and religious activities whose families feel they are welcomed and actively included* * *perceive their child shows evidence of self-determination in his/her life.*   **Comments**  Similar to Outcome 1, Outcome 2 is aspirational but does not, in and of itself, offer a concrete and measurable outcome. The ‘promotion’ of social and economic participation of people with disability does not necessarily lead to increased social and economic participation, but rather, risks promoting a problematic and individualistic discourse that increases pressure on people with disability to participate socially and economically, without considering or addressing the extent to which opportunities for social and economic participation are accessible, meaningful, desirable and available to people with disability. As with Outcome 1, this outcome does not account for the systemic and structural barriers to social and economic participation that people with disability face, nor does it acknowledge or record the ways in which people with disability already participate socially and economically.  Some of the stated measures for this outcome are problematic. While measures of belonging and social connectivity are good measures of social outcomes, they rely on baseline data which may or may not be available. A broader question remains in regard to how relevant and realistic baselines will be determined for individuals and groups across diffuse social, economic, cultural and geographic locations and spaces. For example, how does ‘having friends outside of family’ apply differently across different cultural contexts and definitions of biological and chosen family?  Across all of the ILC outcome areas, measures must effectively and consistently measure the quality of outcomes, rather than simply the presence or achievement of outputs. For example, being in open employment is a reasonable measure of economic participation, but needs to be broadened significantly in order to capture the quality of that employment for the individual with disability. Open employment one day a week is quite different to having three or five days of employment per week.  Outcome 2 and its associated outputs and measures could be strengthened by incorporating an additional focus on measurable changes in regard to structural and systemic barriers to social and economic participation for people with disability.  **Outcome 3 (*Consultation Draft*, p. 41)**  ***Outcome***  *Informal support and care arrangements are upheld and nurtured*  ***Outputs***  *The number and percentage of assisted carers who identified as having low level support needs who receive referral or assistance.*  ***Measures of quality and effectiveness***  *The percentage of assisted people with disability who report that they are supported to maintain the connections they want with family and friends.*  *The percentage of Aboriginal and Torres Strait Islander peoples, or people from culturally and linguistically diverse backgrounds, who are assisted to maintain and strengthen their cultural, spiritual and language connections.*  ***Measures of outcomes***  *The percentage of individuals who:*   * *have someone outside their home to call on for emotional assistance* * *have someone outside their home to call on for practical assistance* * *often feel lonely* * *feel socially isolated.*   **Comments**  The ACDA is broadly satisfied with the articulation of this outcome. It is encouraging to see specific mention of Aboriginal and Torres Strait Islander peoples and CaLD peoples as priority groups. Priority groups should be mirrored across all ILC outcome indicators and measures.  **Outcome 4 (*Consultation Draft*, p. 42)**  ***Outcome***  *People with disability have appropriate support during their lifetime, including early intervention*  ***Outputs***  *The number and percentage of referrals received by the ILC provider of individuals or families with a recent diagnosis of a disability.*  *The percentage of people with disability who are supported or linked to support without making an access request.*  ***Measures of quality and effectiveness***  *Percentage of individuals and families who have a better understanding about their diagnosis/condition after ILC assistance.*  **Comments**  In its current form, Outcome 4 is an aspirational statement but lacks sufficient concrete detail to make it a workable, realistic and measurable outcome. The outputs and measures of quality and effectiveness described in the Consultation Draft are inconsistent with the aim of the outcome – to measure access and appropriateness of support that people with disability receive throughout their lifetime. The number and percentage of referrals to ILC providers would not provide an indication of whether support was actually received nor would it measure the appropriateness of such supports. Similarly, the extent to which an individual or family has knowledge about their disability is not an indication of whether appropriate support has been received.  Notwithstanding the vague articulation of Outcome 4 in its current form, more appropriate outputs and measures of quality and effectiveness would focus on engaging with people with disability themselves in regard to the quality and appropriateness of any supports they receive through ILC supports. If the intent is to measure outcomes across the life-course, outputs and measures would at a minimum, need to be longitudinal in focus and use a range of quantitative and qualitative methodologies to collect relevant output and outcomes data.  **Outcome 5 (*Consultation Draft*, p. 42)**  ***Outcome***  *Participants can access unfunded supports and individual funding is provided at the optimal time*  ***Outputs***  *The percentage of access requests from referred individuals or families that are accepted.*  ***Measure of outcomes***  *The relative percentage of individuals who make access requests in the early stages of their condition.*  *The relative cost of plan management support in ILC assisted participant plans.*  **Comments**  Outcome 5 appears to be a double-barreled articulation of two related but distinct outcomes: (1) access to unfunded supports, and (2) funding provided at the optimal time. These outcomes need to be treated distinctly, with distinct identification of outputs and quality measures.  Because of the lack of detail in regard to what will and will not be funded within the ILC program, - both within the Consultation Paper and the ILC Policy Framework - it is difficult to comment extensively on this outcome. However, in relation to (1), the ACDA notes that many people with disability already access ‘unfunded’ supports in their daily lives. It is unclear how supports that are not funded under the ILC could be considered outputs and measurable outcomes of the ILC. In relation to (2), Outcome 5 does not articulate what an optimal time for provision of support may be, nor offer any indication of how that might be determined. The stated outcome measures begin to articulate this however they are problematic. The first outcome measure – “The relative percentage of individuals…” - appears to assume that disability is acquired rather than preexisting, in addition to unnecessarily medicalising the presence of disability (“condition”). The second outcome measure – “The relative cost of plan management support…” – appears to be an economic measure of the ILC program, rather than of participants’ access to ILC supports.  **Outcome 6 (*Consultation Draft*, p. 42)**  ***Outcome***  *High quality, efficient and effective disability support, is available including ILC activities*  ***Measures of quality and effectiveness***  *ILC providers have a clear and accessible point of contact.*  *ILC provider staff have an appropriate professional qualification and/or experience.*  *The percentage of ILC-assisted individuals and families who express that they receive quality supports.*  ***Measures of outcomes***  *The percentage of ILC-assisted participants who achieve their goals.*  **Comments**  Outcome 6 is excessively broad and would be difficult to measure if the words ‘high quality’, ‘efficient’ and ‘effective’ are not clearly defined and operationalised. It is unclear from the Consultation Draft how this outcome is informed by or related to the broader NDIS Quality and Safeguarding Framework. The first stated measure does not sufficiently relate directly to the outcome statement. Whether an ILC provider has a clear and accessible point of contact is not a measurable indication of the quality, efficiency or effectiveness of the ILC support they provide. The second measure goes someway to measuring the quality of support provision, though qualification or training does not always equate to quality service delivery. The third measure is a useful and important measure of quality; however, feedback on quality of ILC supports should once again take into consideration that families and individuals may be distinct users of ILC supports and as such, should be separated into two distinct measures.  **Outcome 7 (*Consultation Draft*, p. 43)**  ***Outcome***  *People with disability, their families and carers can shape supports and services*  ***Outputs***  *The number of people with disability, their families and carers who have increased their capacity to advocate for themselves.*  ***Measures of outcomes***  *The percentage of assisted families who report they are able to gain access to desired services, programs and activities in their community.*  **Comments**  The ACDA strongly endorse this outcome, though note that people with disability, families and carers are distinct groups who may have different priorities and interests. The stated output – while important - does not appear to directly relate to the outcome statement, which is focused on control over ILC supports and services. This output may be a better fit under Outcome 1.  Additional measures that could assist with measuring this outcome could include participation of people with disability and Disabled People’s Organisations in ILC governance, evaluation and setting the direction of strategic priorities at all levels.  **Outcome 8 (*Consultation Draft*, p. 43)**  ***Outcome***  *Interests of people with disability are faithfully represented in policy/infrastructure design*  ***Measure of outcomes***  *The percentage of assisted individuals who:*   * *feel able to have a say on community issues that are important to them* * *were prevented from doing a course they wanted to do.*   **Comments**  The ACDA strongly endorses this outcome and would expect this outcome to be included at a minimum. It is noted that the example measure of outcomes and quality appear to be incomplete. In addition, it is unclear how this outcome relates to and is distinct from the previous outcome. As stated previously, an effective measure of this outcome would include participation of people with disability and Disabled People’s Organisations in ILC governance, evaluation and setting the direction of strategic priorities at all levels.  **Outcome 9 (*Consultation Draft*, p. 43)**  ***Outcome***  *Increased community/mainstream awareness and knowledge of how to support people with disability*  ***Outputs***  *The percentage of referrals by ILC to mainstream services that are accepted by the mainstream agency.*  *The number of referrals to other ILC services.*  *The percentage of mainstream or community organisation staff who report awareness of Aboriginal/CALD interpretations of disability.*  ***Measures of quality and effectiveness***  *The contracted organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.*  *The percentage of mainstream or community organisation staff that report increased confidence to interact with people with disability, carers and family following work with ILC provider*  ***Measures of outcomes***  *The percentage of local employers that report appreciation of the potential benefit from employing a person with disability.*  *The percentage of assisted individuals who:*   * *are involved in a community group in the last 12 months* * *attend mainstream childcare programs* * *take part in mainstream co-curricular activities* * *take part in mainstream extra-curricular activities* * *attend mainstream holiday programs* * *take part in mainstream education and training* * *feel increased confidence to interact with mainstream services and activities.*   **Comments**  The ACDA strongly endorses the wording and intent of this outcome. In addition to measuring the participation of ILC users in mainstream programs and activities etc., it would be important to assess and measure any increase/decrease in the accessibility of mainstream venues, activities and programs; in addition to measuring the quality and inclusiveness of those mainstream services.   1. **Do the nine outcomes cover everything you would expect to see in ILC?**   The current outcomes do not include outcomes or measures focused on the capacity of mainstream services and organisations in regard to their accessibility, appropriateness and inclusiveness of people with disability wishing to access them. This seems an odd omission given that the ILC is focused quite broadly on ensuring people with disability can access unfunded mainstream services and supports on an equal basis with individuals without disability. While outcomes that focus primarily on the experience and supports provided to individuals with disability are important, outcomes focused on fostering change within mainstream services is vital. Outcomes which facilitate good direction and place clear obligations and accountability requirements on organisations and service providers are essential to a successful ILC.  As noted throughout the comments in relation to the nine stated outcomes, ILC outcomes must take into account and measure systemic and structural change. As currently articulated, the outcomes focus almost exclusively on individuals at the expense of considering and taking account of broader social and structural issues and barriers that affect all people with disability.  In addition to the need for outcome focused on mainstream organisations and service providers, as well as outcomes focused on systemic and structural change, outcomes must include intersectional consideration of social, cultural, linguistic, gender, sexuality and disability diversity. While necessarily broad, outcomes and measures must take into account diversity within disability populations and how different forms of intersectionality affect the achievement and appropriateness of outcomes and measures. At a minimum, outcomes measures should specifically address the needs and particular circumstances of priority populations including CaLD, Aboriginal and Torres Strait Islander peoples, women and girls with disability, and people with disability who identify as gay, lesbian, bisexual, transgender, intersex and otherwise sex, sexuality and gender diverse.   1. **How should we measure each of the nine outcomes?**   In addition to comments on each of the outcomes stated above, measurement should, at a minimum, specific, measurable, achievable, realistic and time-bound measures. Where possible, multiple methodologies should be used to assess whether an outcome has been achieved. For example, point-of-time disaggregated data collection, a range of qualitative and quantitative measures, short term and longitudinal measures, policy analysis and program level analysis. Measurement of outcomes should be triangulated and offer a range of ways for individuals, organisations and other relevant stakeholders to provide input. In addition, measures should be regularly evaluated for their effectiveness and appropriateness; take account of gender, cultural and linguistic diversity, including acknowledgment that different methodologies may be more appropriate within different sectors of the population.  As previously stated, measurement of outcomes within ILC should give due consideration to the different needs, priorities and experiences of individuals with disability in contrast to that of families or carers.  It remains unclear how the NDIS Quality and Safeguarding Framework intersects or informs ILC outcomes commissioning and this should be articulated as a priority.   1. **How can people with disability, their families and carers and the broader community stay involved in measuring outcomes as ILC rolls out?**   Extending what has already been stated, possible ways that people with disability could remain included could include:   * Independent panel of people with disability, representatives of DPOs (Disabled Persons Organisations), and a lesser number of associates, (headed by a person or person with disability, majority members to be people with disability) to assess, monitor, feedback on ILC. * Consultation and seeking of feedback at all levels from participants – without this becoming burdensome on participants. * Development of awards for excellence in mainstream services – awards should be developed and administered by an independent body made up of people with disability, DPOs and a lesser number of associates. |

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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? |
| 1. **What are the biggest challenges for organisations moving to outcomes based funding?**   While much of the social services sector has transitioned to outcomes based funding models, and in some cases, results based accountability, many smaller community agencies often lack a basic understanding of the model. Smaller organisations and providers may be disadvantaged in regard to having the skills, knowledge and experience to engage with outcomes based funding models and may need additional support around this.  Key issues and challenges that can emerge from outcomes based funding models can include:   * Inconsistency of outcomes and definitions across jurisdictions and conversely, social value and impact indicators or outcomes that become problematic when applied universally across cultural, social and regional settings. * A dearth of user-friendly outcome definition and measurement tools and frameworks * Ambiguity in relation to what constitutes a positive outcome (and who defines such outcomes). * Exclusion of service users from input into the definition of outcomes and quality measures * Rushed development of outcome measures and outputs that result in inappropriate, incomplete and inadequate measures * Shifting the burden of measurement to organisations with already limited resources that may impact their willingness to engage with a framework such as the ILC * Multiple policy and political agendas that create uncertainty * Collecting unnecessary, excessive or invasive data in order to demonstrate outcomes * Outcomes measures do not take into account gender, cultural and linguistic diversity. * Development of outcome measures privilege measurement of ‘easy’ outcomes at the expense of measuring more meaningful and local outcomes.  1. **What can the Agency do to help organisations meet those challenges?**  * Provide education and resources to smaller organisations to enable them to compete with more well resourced organisations * Advertise all tenders and EOI processes well ahead of closing date, to give smaller organisations a fair chance of preparing a suitable application * Ensure advertising reaches local, community organisations and not just the very large established organisations * Develop and distribute educative packages and application templates based on outcomes within communities and to applicants well ahead of tender time.  1. **What can people with disability, their families and carers do to help organisations get ready?**  * People with disability and their associates can be encouraged to join DPOs and peer support groups to engage actively with the directions of organisations * All organisations should be encouraged to consult meaningfully with people with disability.  1. **Is there anything else you would like to tell us?**  * Outcomes based funding can risk being overly prescriptive and reducing innovation and creativity in organisations. * Outcomes need to be reviewed regularly, modified if necessary, to respond to the needs of participants and the ILC. * Design of outcomes should reflect and encourage ILC supports that are consistent with relevant human rights instruments and a critical social model of disability more broadly. |

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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? |
| 1. **The Agency would like to see things like volunteering grow in ILC. What can the Agency do to make sure that happens?**   Any intention or expectation of the Agency to increase social capital via volunteerism must be met by additional provision of resources and supports. Volunteering is not free, at its worse can be exploitative and should not be seen as a cheap alternative to paid employment of people with disability.   1. **What barriers might there be to growing social capital?**   The concept of social capital is not unproblematic, particularly when it is applied uncritically within the context of CaLD and Aboriginal and Torres Strait Islander peoples and communities. What can or should be defined as social capital is contested and varies across cultural, social and historical contexts. While the concept of volunteering makes sense in some cultural spaces, in others it does not. In addition to this, volunteering has a particularly problematic history within the disability communities and histories where it has often been associated with pity or charity, or as an exploitative alternative to paid work for people with disability. The use of volunteers can also devalue the roles and skills of paid staff and their contributions. |

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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? |
| 1. **What are the biggest challenges for organisations moving to competitive grant funding?**   The biggest challenge for organisations is also the biggest challenge for the realisation of a national consistent framework – and delivery – of ILC – that is, the ‘roll out’ of ILC funding matching the roll out of the NDIS, region by region, poses significant challenges for organisations.  The over-time, regional roll out of funding means small ‘pots’ of funding being dribbled out to organisations, many of whom will be national, regional or state based, many of whom will either have to maintain staff and offices after current state funding is phased out, or lose ‘corporate knowledge’ and ‘banks’ of skills which have been built up, in many cases, over many years. Organisations will thus be impoverished at every level as they try to mark time while waiting for the opportunity to apply for fragmented funding. The outcome may well be a significant reduction in the diversity and responsiveness of support – with very large, well-established organisations (such as the faith-based charities) being able to maintain themselves while waiting for funding rounds, but smaller, innovative, often disability-person run organisations will struggle within this model. The result may well be ‘cookie cutter’ and inappropriate support.  In addition, the preparation of competitive grant applications will require considerable expertise which is often beyond the capacity of the smaller organisations. Larger agencies often have dedicated staff whose role is to prepare grant applications when the opportunity arises. The tender is awarded on the capacity of the applicant to give appropriately plausible responses. It does not mean the agency awarded the grant or tender has the necessary expertise to deliver an appropriate service which is inclusive culturally, socially or religiously.  If ILC supports are to be meaningful to CaLD and Aboriginal and Torres Strait Islander communities, those agencies serving these communities will need support to increase their capacity to prepare grant applications.  An impact of the awarding tenders on a competitive basis can be a reduction of diversity and choice in service delivery and reduction in capacity of CaLD, Aboriginal and Torres Strait Islander communities and people with disability themselves, to have and lead services which are meaningful to those communities.   1. **What can the Agency do to help organisations meet those challenges?**   See 2(B).   1. **Is there anything else you would like to tell us?**   No. |

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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? |
| 1. **What does the Agency need to consider when rolling out ILC in rural and remote areas?**  * Specific funding to address transport and infrastructure (computers, internet etc.) needs. * Diversity of disability in communities with smaller populations means that specialist knowledge can be harder to develop and maintain. For example, in a rural area a person living with Multiple Sclerosis (MS) may be the only person with MS in many kilometres – community knowledge, attitude and service/ support provision will necessarily be less specialised. * For Aboriginal and Torres Strait Islander communities, there needs to be a focus on Aboriginal owned and managed ILC supports by building on the informal and formal support structures that can already exist in these communities.  1. **How can we encourage and support growth in ILC type activities in rural and remote areas?**   The NDIA must engage directly with rural and remote organisations, peoples and communities, including people with disability, in order to grow ILC activities and related supports. To date the NDIA has failed to engage meaningfully with CaLD communities in the NDIS trial sites. A strategy for engaging meaningfully and appropriately with CaLD and Aboriginal and Torres Strait Islander communities in rural and remote areas must be a priority.   1. **What things work well in supporting organisations working in rural and remote areas?**   See above.   1. **Is there anything else you would like to tell us?**   No. |

1. <http://www.crossdisabilityalliance.org.au> [↑](#footnote-ref-1)
2. <http://www.wwda.org.au> [↑](#footnote-ref-2)
3. <http://www.neda.org.au> [↑](#footnote-ref-3)
4. <http://www.fpdn.org.au> [↑](#footnote-ref-4)
5. <http://www.pwd.org.au> [↑](#footnote-ref-5)