

Participant print pack

ILC Co-design program
2015

Part 1: Learning about ILC

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The two components of the NDIS

NDIS

The National Disability Insurance Scheme (NDIS) will enable greater support and inclusion, as well as social and economic participation, for people with disability, their families and carers.

It will be implemented in two ways: via individual plans and through the ILC



Individual plans

Individual plans will give eligible NDIS participants control over their own funding and will address their direct needs. They contain a range of supports designed to meet participant's individual needs. They will improve participant choice over how their supports are organised.



ILC

ILC (formally "Tier 2") will fund eligible initiatives to make the world around people with a disability more inclusive, supportive and welcoming. Local Area Coordinators will also work with these initiatives.

The ILC Policy

The Productivity Commission recognised that not everything could or should be achieved by giving people with disability greater access to individual funding packages.

The Commission recognised in order for people with disability to achieve inclusion and participation in society, both individual capacity building and community capacity building would be required.

The Commission also recognised that there would be a group of people with disability who would not be eligible for the NDIS, but who still might need some form of support.

Based on this, the ILC Policy will play an enabling role in the NDIS. It will help build the skills of individuals (even if they don't qualify for a plan) and enable the world around people with disability to be accessible and inclusive.

The ILC Policy has 5 areas of work:

1. Information, linkages and referrals
2. Capacity building of mainstream services
3. Community awareness and improving community understanding & awareness
4. Individual capacity building
5. Some elements of local area coordination

There are two main ways the ILC Policy will be implemented

Everyone in Australian society has a responsibility to promote inclusion of people with a disability and to improve economic and social participation of people with disability.

In implementing the ILC Policy there are two ways the NDIA will contribute to this.

Local Area Coordinators

The role of Local Area Coordinators (LAC) is very important to the success of the ILC. Local Area Coordinators will be responsible for working within communities on the activities outlined above. They will support information flow, contribute to capacity building programs and community awareness initiatives. They will also work with organisations and services to make sure they include people with disability.

Local Area Coordinators have a major role to play in the plan component of the NDIS. Local Area Coordinators will help eligible participations understand the NDIS, connect participants with community and mainstream supports, as well as develop a NDIS individual plan and make the most of that plan.

ILC Funding

Limited ILC funding will be available to programs and organisations that fit into one of the ILC activities and meet funding eligibility criteria. There will be more on the funding part of the ILC later on in the workshop.

The ILC Activity areas outlined by policy

#5 Local Area Coordination

*Even though ILC Policy lists Local Area Coordination fifth, read it first.

Local Area Coordinators are a very important part of ILC. They will work at various levels within a community and their role will incorporate elements from every other ILC activity area.

Local Area Coordinators will help provide support to eligible ILC initiatives within local communities as well as working directly with individuals on their NDIS plans.

The ILC Activity areas outlined by policy

#1 Information, linkages and referrals

This area is about making sure people with disability, their family and carers have access to reliable, up to date, relevant information.

For example, access to specific information about the impact a particular disability may have on someone's life is important. That information might be accessed in a number of ways such as face-to-face or online.

The ILC Activity areas outlined by policy

#2 Capacity building of mainstream services

Helping mainstream services become more accessible will help people with disability to participate fully in society.

ILC will help mainstream services to be more inclusive by explaining the needs of people with disability.

A good example might be setting up a partnership project between people with disability and a particular service to improve awareness of the service.

The ILC Activity areas outlined by policy

#3 Community awareness and understanding

Improving community awareness around disability should make it easier for people with disability to participate fully within their community.

ILC will provide funding to some eligible initiatives which respond to priorities identified in the community and meet the needs of people with disability.

An awareness campaign promoting inclusion of children with disability in local children's sporting clubs is an example of an initiative that may be eligible for ILC funding and Local Area Coordination support.

The ILC Activity areas outlined by policy

#4 Individual capacity building

Some people with disability might require additional support to develop the skills and confidence to achieve their goals.

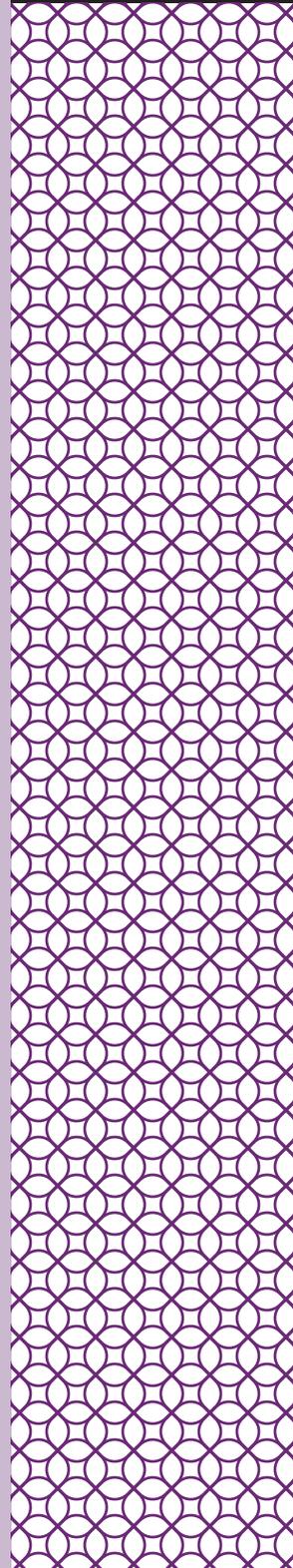
ILC will help to build the skills and confidence of people with disability by funding eligible programs.

A peer support program for people with disability to self-advocate is an example of something that may be eligible for ILC funding.

Part 2: ILC Funding Areas

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What initiatives will be eligible for ILC funding?

Like all government programs, ILC activities will be funded from a fixed pool of funding.

That means the National Disability Insurance Agency (NDIA) will need to prioritise programs and initiatives that will make the most difference to people's lives.

While the ILC Commissioning Framework has not yet been fully designed, it is assumed that in the future, services which receive ILC funding should:

1. Fit into one or more of the 5 ILC Activity streams outlined in the ILC Policy
2. Fit into one or more of the ILC funding priority areas (these are still being built)
3. Not overlap with any other major government programs, services or funding source
4. Complement the work of Local Area Coordinators
5. Be able to demonstrate that they can make a difference and help the ILC achieve its intended outcomes.
6. Build and not replace existing social and community effort.

The draft ILC funding areas

The NDIA has drafted 5 funding areas that, at the moment, represent the types of initiatives that might qualify for ILC funding.

Over the next year, the NDIA will work to develop more detailed guidelines and selection criteria for the way it will distribute ILC funding between different organisations and activities.

For the moment, they are still trying to get the priority areas right - which is why this co-design program is important.

Today, the NDIA wants to know which general areas of activity you think need to be prioritised. We want to know if things are missing from our draft funding areas.

The draft funding areas are:

- A. Specialist or Expert Delivery
- B. Cohort focused delivery
- C. Multi-regional supports
- D. Remote/rural solutions
- E. Delivery by people with disability for people with disability

In the future, funding submissions from an organisation may fall into multiple funding areas.

A peer support program run in remote Australia would fit into two of the above areas.

Programs that fit into more than one funding area may be prioritised.

The draft ILC funding areas

Funding area A: Specialist or Expert Delivery

The NDIA recognises that Local Area Coordinators should not be expected to be specialists in every kind of disability nor understand the impact a particular diagnosis may have on a person's life.

That kind of expertise should be available too and would complement the general information LACs would be able to provide.

A good example might be a website which provides information about a particular disability or condition such as Down syndrome, or autism, or vision impairment.

The draft ILC funding areas

Funding area B: Cohort focused delivery

The NDIA recognises that Local Area Coordinators might not have all the specialised skills, information or resources necessary to meet all of the specific needs of some particular groups of people with disability.

This might include people who come from a culturally or linguistically diverse community, or from an Aboriginal and Torres Strait Islander background. ILC funding might provide some additional activities to ensure the needs of specific groups are met.

A good example might be setting up a partnership project between people with disability and a particular service to improve awareness of the service.

The draft ILC funding areas

Funding area C: Multi-regional supports

The role of LACs and other ILC supports are to actively work in their local community. They should connect people to their local community and look for ways to support things that will make the local community more accessible and inclusive.

But some activities make more sense if they are run across areas of the whole country because they impact large groups of people with disability. It might also be that the issue is shared across communities and does not require a local solution. The ILC could fund some of these activities.

A good example might be a national, public campaign run by people with disability to promote social inclusion.

The draft ILC funding areas

Funding area D: Remote/rural solutions

People with disability, their families and carers that live in rural or remote areas face particular challenges in ensuring their needs are met.

Some things that are available in large cities and suburban areas are sometimes not available in rural areas.

The ILC will prioritise some activity in regional and remote areas so that people with disability who live outside large cities have similar kinds of opportunities as others in the community.

A good example might be an online support group for siblings of people with disability, which allows siblings from rural and remote areas to communicate/share experiences.

The draft ILC funding areas

Funding area E: Delivery by people with a disability for people with disability

The ILC Framework recognises the importance of activities that are led by people with disability.

The NDIA wants to prioritise these activities to make sure people with disability have a chance to support one another.

A good example might be peer support group for people with disability who want to learn how to self-manage their NDIS individual plan.

Avoiding overlaps and duplications

The point of the funding areas is to make sure the ILC funding does not duplicate what is already being done / funded in other areas.

ILC can't take over the things that other governments, councils or other organisations are responsible for delivering.

For example, ILC funding will not overlap with:

NDIS individual plans

ILC funds won't be used to fund services which should be included in a NDIS individual plan for eligible NDIS participants. For example, speech therapy or home modifications should be funded through NDIS individual plans.

State and Commonwealth government responsibilities

ILC won't fund those programs and services that are the responsibility of the Commonwealth or state and territory governments. For example state governments are responsible for ensuring that health, education and public transport systems are inclusive and accessible.

Council responsibilities

The ILC won't fund things that are the responsibility of local councils. For example, making sure planning and infrastructure proposals consider the accessibility needs of people with disability is the responsibility of local councils.

Local Area Coordinators in the NDIS

ILC funding will be designed to complement the role of the Local Area Coordinator (LAC). Funding eligibility will prioritise initiatives that complement and do not duplicate the work of LACs.

By creating a funding system that works to complement the responsibilities of other organisations, ILC will be able to have an efficient, effective role to play.

Who is responsible for what?

- State & territory governments
- ILC funding
- Local Area Coordinator
- NDIS individual plans
- Local councils

Peer support program

A peer support program for people with disability to self-advocate in areas such as public transport and education.

Diagnostic website

A website which provides information about a particular disability or condition such as Down syndrome, or autism, or vision impairment.

Public campaign

A public campaign run by people with disability to promote social inclusion and disability inclusive services in the community.

Speech therapy

One on one speech therapy supports for a child with cerebral palsy to improve communication skills.

Equipment/assistive technology

Modifications to a vehicle to allow a person with a disability to drive.

Independence skills activities

Cooking lessons for a young person with autism to allow him to live independently out of his own home.

Community Participation

Linking a person with disability to a local sporting group that allows the individual to participate in the community.

Health

Clinical services and treatment of health conditions for individuals with disabilities – including all medical services such as general practitioners, care while admitted in hospital, surgery, the cost of medical specialists and so on.

Education support

The provision of a teacher's aide in the classroom for child with a disability to ensure they can participate in classroom activities.

Transport

The building of accessible tram stops in the city of Melbourne for people with disability.

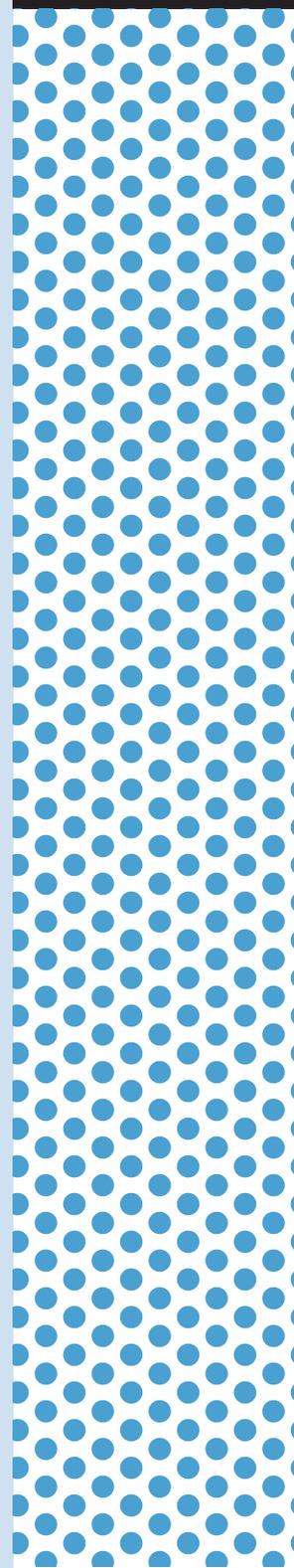
Infrastructure accessibility

Ensuring local paths are accessible for people with disability. Liaising with specific developers to identify access requirements for significant new buildings.

Part 3: ILC outcomes

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Measuring the success of ILC

Information Linkages and Capacity Building (ILC) is a very important part of the NDIS.

It is expected to contribute to the overall goal of the NDIS which is to increase the social and economic participation of people with disability.

And just like the rest of the NDIS we will need to measure whether the ILC investments made are making a difference to people's lives.

The implementation of ILC should be based on a clear 'theory of change' which sets out what is needed for greater inclusion and what contribution ILC makes.

The challenge is: How do we know if things are changing? How do we know if ILC funded programs are making a difference? What sort of "difference" is reasonable to expect? After all, providers of ILC activities and programs cannot be held solely accountable for shared responsibilities, such as community attitudes towards people with disability.

All services/organisations/ groups that the ILC funds in the future will need to be able to demonstrate that they are making a difference.

When assessing impact, both individual and community outcomes will be important.

One organisation providing services to community members with disabilities might be able to claim they have made a difference to the amount of confidence their participants or members have on an individual level.

Another organisation that delivers different services might show they have made a difference at a community level in terms of community awareness around a particular disability. Some organisations may be able to demonstrate an impact at both levels.

The point is, when evaluating the success of ILC activities and funding, outcomes matter.

The impact of ILC should not just be measured based on output measures. More

and more, governments are focusing on outcomes. While this might be a bit of a change for some service providers, the NDIA will provide some support to help providers demonstrate the impact of their efforts.

For example the NDIA is developing a survey of individuals which can be linked to the supports they receive and will help show what difference support has made in their lives.

The current challenge for the NDIA is to get a good sense of the impact ILC will have for individuals and communities.

This is what we need your help with.

What's the difference between an outcome and an output?

Outputs are actions (what you do to make a difference)

- physical and measurable results of an activity, series of activities or an entire program or service
- often expressed in terms of units and hard facts (hours, number of people or completed actions)
- often used to plan and achieve objectives for a program
- not intangible benefits, such as changes in the attitude, behaviour or perception of an audience after interacting with a service or project

Examples of outputs are:

- number of hours dedicated to an activity or program
- number of attendees for an event
- number of funding proposals submitted
- number of pamphlets and promotional materials sent to target audiences

A series of outputs lead to the accomplishment of an outcome.

Outcomes are the results of actions (the effects or changes we want to create)

- longer term changes, improvements or shifts that happen as a result of what a service or program offers
- often measured over a period of time, rather than in the short term
- are used to evaluative future actions or steps (e.g. after program completion)
- are more difficult, but not impossible, to measure, and are typically measured subjectively by approximation
- not tangible or hard facts, such as statistics.

Examples of outcomes are:

- Changes in behaviour, attitude or awareness
- Improvements in understanding or knowledge
- Shifts in involvement or interest

An outcome is accomplished through a series of outputs.