

Information, Linkages and Capacity Building Commissioning Framework – Consultation Draft

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Table of contents

Introduction	3
Terms we use	5
The <i>Consultation Draft</i> at a glance	7
Part 1: Understanding the background	8
Part 2: Working together	13
Part 3: Putting the policy into action	18
Part 4: Commissioning for outcomes	22
Part 5: Taking the next steps	35
Appendix	38

Introduction

The National Disability Insurance Agency (the Agency) is pleased to share the *Information, Linkages and Capacity Building (ILC) Commissioning Framework – Consultation Draft* with you. We understand that many people in the disability sector – including people with disability, their families and carers and providers – have been waiting to learn more about what ILC will look like in the future, and what plans the Agency has for ILC.

The purpose of this document is to share those plans with you. Earlier in 2015, all governments around Australia agreed to the policy framework for ILC. The *ILC Policy Framework* is the foundation of this *Consultation Draft*. We recommend that you read the *ILC Policy Framework* if you haven't already – [you will find this on the NDIS website](#).

The purpose of the *ILC Commissioning Framework* is to translate the *ILC Policy Framework* into action. The *ILC Commissioning Framework* starts with the five activity streams outlined in the *ILC Policy Framework*. It sets out what outcomes we expect from those activities, and how we expect those activities will be funded and delivered.

Some of the details in the *ILC Commissioning Framework* are based on the policy and, therefore, cannot change. There are, however, some aspects of the *ILC Commissioning Framework* that are still under development and we are seeking feedback on these areas.

Earlier this year the Agency conducted a co-design process with more than 1,000 people with disability, their families and carers, as well as people who work in the sector.

We heard how important ILC activities were to people and the kinds of outcomes people expect ILC activities to achieve. We have included that feedback in this draft of the *ILC Commissioning Framework*.

But we also heard that people want a little more time to consider outcomes and how they should be measured.

The Agency wants to hear more from people with disability, their families and carers and those who work in the sector. We will therefore undertake further consultations in early 2016. There will be opportunities for you to talk about your ideas as well as write to us with comments on the *Consultation Draft*. We will provide more information about how you can get involved early in the New Year.

The Agency wants to establish a nationally consistent approach to ILC activities. But we also want to make sure ILC activities reflect the needs and priorities of different local communities. We also know that ILC will need to evolve over time as circumstances and priorities change and as we build our understanding of what activities make a difference to people's lives. Beyond the consultations already planned for early 2016, we also want to make sure we continue the conversation with people with disability, their families and carers and those who work in the sector as ILC is rolled out in the future.

In this *Consultation Draft* we:

- describe the context for the *ILC Commissioning Framework* and where it sits in relation to legislation and other policies
- outline the key aspects of the *ILC Commissioning Framework*
- explain the importance of outcomes to successful implementation of ILC
- discuss the ways that outcomes can be measured
- outline our intended approach to funding ILC activities
- layout the timeframes for the next steps.

We hope you find the *Consultation Draft* useful and informative and we look forward to engaging with you during the consultation process in 2016.

Terms we use

Term	Definition
Applicant	Individual people, not-for-profit and for-profit organisations, partnerships, non-incorporated bodies and governments who apply for ILC funding.
Australian Government Department of Social Services (DSS)	DSS, along with the state and territory governments, share some of the responsibility for the NDIS with the NDIA, particularly in relation to policy development. This federal government department also works on a range of other closely related policy areas, such as disability, advocacy, carer support and mental health.
Capacity building	Increasing people's skills and independence. This might apply to an individual – perhaps developing their skills in a certain area that then allows them to live more independently. Or it might apply to the community as a whole – for example, building the capacity of organisations to be more inclusive benefits the whole community.
Commissioning	A strategic approach to the identification and funding of services and activities that benefit individuals and communities. The <i>Consultation Draft</i> outlines the proposed methods for commissioning a range of activities that will deliver the intended outcomes for ILC.
Council of Australian Government – COAG	Representatives of all levels of government in Australia – federal, state and territory and local – come together regularly to meet, discuss and agree on policy directions.
Independent Advisory Council – IAC	A group of people who have a formal role in providing feedback and advice to the Agency on the implementation of the NDIS.
Individually funded packages – IFPs	People with disability that meet the access requirements can become a participant in the NDIS. The NDIA works with participants, families and carers to develop IFPs, and these outline an individual's needs, goals and how supports will be used to achieve those goals. IFPs are also referred to as individual NDIS plans.

Term	Definition
Information, Linkages and Capacity building – ILC	ILC is part of the NDIS. ILC is a set of activities that will benefit people with disability regardless of their eligibility for an individually funded package under the NDIS. Originally, the ILC was known as Tier 2.
Local Area Coordinators – LACs	Local Area Coordinators will play a central role in delivering the NDIS and ILC outcomes. They will help people to plan and access supports in the community, with an emphasis on connecting people with mainstream supports and services.
National Disability Advocacy Framework – NDAF	A framework that explains the key principles and outcomes to guide how advocacy is provided for people with disability in Australia.
National Disability Insurance Agency – NDIA	The National Disability Insurance Agency is the agency responsible for delivering the NDIS.
National Disability Insurance Scheme – NDIS	The National Disability Insurance Scheme is a new way of providing support to people with disability in Australia. It gives people with a disability more choice and control over the supports they access.
National Disability Strategy 2010–2020 – NDS	The <i>National Disability Strategy 2010–2020</i> is a 10 year plan for improving the lives of people with disability in Australia. It has been agreed to by all the governments in Australia.
Quality and Safeguarding Framework	A framework to make sure that people with disability can make decisions about their supports, have access to high-quality services and to be free from abuse, neglect and exploitation.
Sourcing	The selection of successful applicants from a competitive grants process who will deliver funded services and activities, such as ILC.

The Consultation Draft at a glance

- In July 2015, all governments in Australia agreed to the *ILC Policy Framework*.
- The *ILC Policy Framework* sets out activity streams and funding principles, but it does not explain the outcomes expected for ILC or how those outcomes will be measured. The *ILC Commissioning Framework* will outline the role of ILC in the NDIS, expected outcomes, and how activities will be funded.
- This ILC Commissioning Framework *Consultation Draft* sets out the Agency's approach to ILC activities when the NDIS is fully rolled out.
- The states and territories are at different stages of their transition to the NDIS. Some have recently signed bilateral agreements for the rollout of the NDIS in their state or territory, but not all the details have been agreed. These agreements will have an impact on the way that ILC is rolled out and on the timeframes.
- ILC will therefore not commence nationally in 2016-17. Each state and territory will transition at a point that makes sense in relation to its broader transition to the NDIS. When those transition details are finalised next year, they will be released to the public, including what this means for existing ILC-type contracts.
- The indicative ILC budget will build up slowly over the next few years to approximately \$132 million when full roll out of the NDIS is complete in 2019-20. ILC funding will be distributed through grants.
- This *Consultation Draft* contains information about the role of the ILC, expected outcomes and ways they might be measured. It also outlines how activities will be funded, the way in which the Agency will approach grants, and how performance will be measured and managed. This draft does not include Program Guidelines, or a sample application form, or eligibility or selection criteria. All this information will follow once the final ILC Commissioning Framework is released in mid-2016.
- Earlier in 2015, we consulted with more than 1,000 people in a co-design process to refine the main ideas in the ILC Commissioning Framework. The valuable feedback provided has been incorporated into this version of the Framework. But we also heard that people wanted more time to consider ideas, and more opportunities for consultation before the Framework was finished. For this reason we have decided to release a Consultation Draft rather than a final version to give us more time to talk to people with disability, their families and carers and providers about how ILC can be successfully implemented.
- Further consultation will be held early in 2016 – we will release details about how you can be involved soon. Please visit the [NDIS website](#) for other relevant documents, such as the *ILC Policy Framework* and a summary of *ILC Commissioning Framework* co-design process.

Part 1:

Understanding the background

The *ILC Commissioning Framework* cannot and should not be considered in isolation. The approach the Agency is taking to implementing ILC is determined by:

- Australia's obligations as a signatory to the *UN Convention on the Rights of Persons with Disabilities*
- the *National Disability Insurance Scheme Act 2013*
- the *National Disability Strategy 2010–2020*
- the *ILC Policy Framework*.

The story so far

In 2011, the Productivity Commission released its report into disability care and support in Australia. In recommending the introduction of the NDIS, the Commission recognised that not everything could or should be achieved by giving people with disability greater access to individually funded packages.

The Commission argued that individual and community capacity building would be needed if people with disability were going to achieve greater social and economic participation. The Commission also recognised that there would be a group of people with disability who, while not eligible for an individually funded package, might still need some form of support.

The Commission called this collection of activities Tier 2.

Tier 2 has been renamed Information, Linkages and Capacity Building, or ILC. This name more accurately reflects the kinds of activities that are intended to be funded in the future.

The National Disability Strategy

As a signatory to the *UN Convention on the Rights of Persons with Disabilities* (the UN Convention), the Australian Government has an obligation to:

“... promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”

This obligation is the basis for the *National Disability Strategy*. The *National Disability Strategy* explains the shared responsibilities of all Australian governments in meeting Australia’s commitment to the UN Convention. The implementation of ILC will make an important contribution to the overall goals of the *National Disability Strategy* as well as the NDIS. Outcomes have therefore been developed that are linked to both.

The National Disability Insurance Scheme Act 2013

Meeting Australia’s obligations as a signatory to the UN Convention is also the first Object of the *National Disability Insurance Scheme Act 2013* (the NDIS Act) and is an objective of every intervention under the NDIS, including ILC. It is important to see ILC as an integral part of the NDIS. Successful implementation of ILC is key to the overall goal of the NDIS to increase opportunities for people with disability to take part in our society and our economy. Successful implementation of ILC is also key to the sustainability of the scheme in the long run.

The Agency can fund persons or entities to deliver ILC activities through Chapter 2, Section 14 of the NDIS Act:

- “The Agency may provide assistance in the form of funding for persons or entities:
- a. for the purposes of enabling those persons or entities to assist people with disability to:
 - i) realise their potential for physical, social, emotional and intellectual development; and
 - ii) participate in social and economic life; and

- b. otherwise in the performance of the Agency's functions"

In performing its functions, the Agency must use its "best endeavours" to act in accordance with any relevant intergovernmental agreements as well as act in a "proper, efficient and effective manner" (Chapter 6, Part 1, Section 119). These intergovernmental agreements include such things as bilateral agreements and the COAG Applied Principles, which outline the respective responsibilities of the NDIS and mainstream service systems such as education and health. We explain these principles in detail on page 14.

The ILC Policy Framework

In July 2015, all governments across Australia agreed to the ILC Policy Framework. The Agency has been given responsibility for implementing the policy, which outlines two broad aims for ILC:

1. To provide information, referral and capacity building supports for people with disability, their families, and carers that are not directly tied to a person through an individually funded package.
2. To partner with local communities, mainstream and universal services to improve access and inclusion for people with disability.

The *ILC Policy Framework* identifies five activity streams:

1. Information, linkages and referrals
2. Capacity building for mainstream services
3. Community awareness and capacity building
4. Individual capacity building
5. Local area co-ordination (LAC).

These streams of activity reflect all government's shared view of the most effective ways of increasing the social and economic participation of people with disability. It also explains the intended scope of ILC. **It is important to remember that in the future the Agency will only fund activities that fit into one of the five streams.** This means, for example, that ILC funding will not be provided to organisations to help people with daily living activities such as assistance with shopping or cooking because these types of activity do not fit within any of the five activity streams.

While the ILC Policy Framework identifies activity streams and funding principles, it does not explain how to implement them. Implementation will include:

- setting the priorities for funding
- establishing the expected outcomes
- working out how those outcomes might be measured.

This *ILC Commissioning Framework* explains how the Agency intends to do those things.

Indicative ILC budget

The ILC budget will increase slowly over time. The total budget available for ILC in 2019-20 will be approximately \$132 million. ILC activities to be delivered through LACs will be funded separately. The budget for LAC is therefore not included here.

Bilateral agreements and ILC

Bilateral agreements have recently been signed with the NSW, Victorian, Tasmanian and South Australian Governments. The Agency is talking to each state and territory as well as the Commonwealth to determine the date that ILC will begin, as well as what funding arrangements will be put in place ahead of that date. Details of these plans are not contained in this document and will be released separately.

Not everyone will transition to ILC at the same time. We anticipate that the first jurisdiction to transition to ILC will be the ACT from 1 July 2017. More information about the transition of the ACT and other jurisdictions will be released as it becomes available.

The different transition times for each state and territory will have an impact on our ability to fund national initiatives. We will only be able to fund ILC activities with national reach when all jurisdictions have finished transitioning. In the meantime, we may fund nationally consistent programs that have state-based delivery.

Focussing on outcomes

Up until now, the Commonwealth, state and territory governments have funded ILC-type activities. The types and levels of funding have been different across jurisdictions. The *ILC Commissioning Framework* will – for the first time – deliver a nationally consistent approach to ILC-type activities. Part of delivering that nationally consistent approach will be a new focus on outcomes.

Like other government programs, funding for ILC will be limited. The Agency will therefore have to set priorities. We will look to fund those activities that will make a difference to the lives of people with disability. And to do that, we will need to set clear outcomes and measures of success.

An outcomes-based approach to ILC will allow us to build a nationwide evidence base of effective capacity building activities. This evidence base will not only improve the capability of the sector, it will also help us to make informed decisions about future ILC investments.

A focus on outcomes is also consistent with the insurance approach of the NDIS. The NDIS looks to invest in those things that make a difference to people's lives. It does this for two reasons – the first and most important is that it improves outcomes for people with disability. But the second reason is that it ensures a responsible use of taxpayers' money and contributes to the sustainability of the Scheme. ILC is no different. In fact, ILC has a particularly important role to play in ensuring Scheme sustainability. By promoting the use of mainstream and community services, and funding

targeted activities for non-participants, ILC will help to ensure people only move into the NDIS when necessary.

We understand that a focus on outcomes is new for many people and providers of these types of activities. Some people in the sector have concerns about how it will be introduced and implemented.

As part of the Agency's commitment to the concept of 'Listen, Learn, Build, Deliver', we conducted a co-design process to inform the development of this *Consultation Draft*. More than 1,000 people with disability, their families and carers, as well as people who work in the sector, took part in workshops held around Australia in late 2015.

We learned a lot from this process. We heard that people value ILC-type activities highly and that there is a great deal of interest in how ILC will work in the future. We also learned that individuals and organisations alike were concerned about the measurement of outcomes and the potential impacts this could have on them.

We therefore decided to release a *Consultation Draft* rather than the final Framework so that we can continue the conversation begun during the co-design project.

In this next stage of consultation, we would particularly like to hear from people with disability, their families and carers and people who work in the sector about:

- the outcomes that should be expected from ILC activities
- the most appropriate means of measurement
- ways in which ILC can be used to encourage investment in social capital, such as volunteering.

We are also interested in learning if there are things we can and should do to support organisations, individually and collectively, to successfully make the transition to this new outcomes-based approach.

We will provide more information about how people can be involved in consultations early next year before the final Framework is released in mid-2016.

This *Consultation Draft* includes a summary of intended outcomes for ILC, the way in which we intend to source ILC activities and a proposed performance measurement and management approach. While it shows that we intend to source ILC activities through grants funding, it does not include the details of an end-to-end application process, nor final eligibility or selection criteria. We will provide greater detail on the application process when we release the ILC Program Guidelines after the final ILC Commissioning Framework is released in mid-2016.

Part 2:

Working together

Everyone has a role to play in ILC. This includes us, the Agency delivering the ILC, and all levels of government, the disability sector, mainstream services, people with disability, carers and supporters, and the community as a whole. ILC is all about making our community more inclusive and accessible.

Mainstream services and systems

The *ILC Policy Framework* says that ILC activities are not intended to replace the efforts of mainstream services and systems to meet the needs of people with disability. All governments have a responsibility to deliver on the outcomes included in the *National Disability Strategy*.

ILC is not intended to replace or duplicate this effort but should instead enhance or bolster it. So, while the *ILC Policy Framework* identifies capacity building for mainstream services as an ILC activity stream, the policy also makes it clear that ILC is not intended as a funding source for organisations looking to fulfil their obligations under the UN Convention or the *National Disability Strategy*:

“The introduction of the NDIS does not shift the responsibilities of mainstream and universal services in ensuring greater accessibility and inclusion, nor is the NDIS a funding source for mainstream services. As such the NDIS can identify and inform areas where governments, in implementing the National Disability Strategy, should focus effort to ensure accessible mainstream supports, programs and community infrastructure.” (ILC Policy Framework)

Guiding principles

All governments around Australia have agreed to a set of principles to guide the way the NDIS will work together with other services and systems. These are called the ‘COAG Applied Principles and Tables of Support’. These principles (which are currently being reviewed) recognise that building an inclusive Australia is a shared responsibility between everyone in the community.

These same principles inform the implementation of ILC, and have an impact on the types of activities that will, and will not be, funded through ILC.

It is the responsibility of government, business and the community to make sure that their programs, supports, services and activities are inclusive and accessible. ILC should not be considered as a source of funding for this responsibility. For example, ILC won’t provide funding to organisations to train their staff to meet the needs of people with disability, or for organisations to become more inclusive. This will remain the responsibility of the organisation. Instead, ILC may fund an organisation to develop a training package that could be purchased by mainstream organisations on a fee-for-service basis. In this way, ILC will enhance the capacity of mainstream services without duplicating or replacing effort, and without relieving organisations of their own responsibility to become inclusive and accessible.

Simply performing an activity that fits into one of the ILC activity streams will not automatically mean that the activity is eligible. Funding will only be provided to applicants that are able to demonstrate that the proposed activity is not a mainstream service responsibility. Funding will also only be provided to build the capacity of mainstream services and programs to better meet the needs of people with disability – not to deliver the service or program.

Who is ILC for?

The COAG Applied Principles and Tables of Support also guide the interaction of ILC with non-NDIS participants. The *ILC Policy Framework* says that ILC is intended to assist people with disability regardless of whether they also have an NDIS plan or individually funded package (IFP). It also acknowledges that a: "... significant proportion [of people with disability] is likely to receive most, if not all, the supports they need through mainstream systems."

The co-design process revealed that there is a high degree of interest and concern among people with disability, their families and carers as well as providers about the extent to which ILC will assist people who are not participants in the NDIS. Many submissions mentioned people who require episodic supports or who belong to population groups traditionally difficult to engage, as people who might 'fall through the gaps'.

It is important to understand that mainstream services still retain core responsibility for supporting most of these people.

The focus of ILC will be the activity itself, not who will use it. The *ILC Policy Framework* does not outline fixed eligibility criteria for funding. Nor does this *ILC Commissioning Framework*. The Agency is using an outcomes-based method for sourcing, rather than focussing on groups of people or types of disability. This means that we expect that ILC activities will assist a broad range of people, including both participants and non-participants of the NDIS. The funding will also work to make the wider community more inclusive, which in turn will benefit all people with disability, their families and carers.

You can read more about our use of outcomes-based sourcing in Part 4.

Mainstream reforms

ILC is not intended to replace or duplicate mainstream services or everyday community activities. It is important to note however that reforms underway in a number of areas will have an impact on the way ILC is put into practice. This is particularly true in the areas of carer support, mental health, advocacy, and aged care. Work is also being undertaken around quality and safeguards which will have an impact on ILC.

Carer support

The *ILC Policy Framework* says ILC is intended to build the capacity of families and carers to sustain them in their caring role. This in turn will help people with disability. The kinds of carer activities that may be funded include:

- linking carers and families to existing social and recreational activities that give carers a break from their caring role and connect them with the community
- activities that promote carer wellbeing such as personal development, peer support and mentoring
- linking carers into direct carer support services.

The activities we will fund to assist carers will be determined by two things:

1. The intent of the NDIS Act
2. Other Australian Government reforms currently underway.

In line with the intent of the NDIS Act, we will only fund activities for carers to the extent that those activities benefit people with disability and increase their social and economic participation. This means, for example, that we will be unlikely to fund recreational activities for families or carers, such as holidays or camps, through ILC. However, we may fund activities that link people to these kinds of services.

The second factor that will determine which activities will be funded through ILC is the reforms currently being undertaken by the Australian Government. The government is developing an Integrated Plan for Carer Support Services. The Integrated Plan outlines practical ways to recognise, support and sustain the work of unpaid carers. As a first step, the Australian Government has committed \$33.7 million to deliver a national carer gateway.

The national carer gateway will provide a central place for carers to go for information, support and referral to services and will be the 'front door' for all existing services, regardless of the system they are provided through. The gateway will include a national telephone contact centre, a website with carer-specific information and a service finder to make it easier for carers to find the information and support they need. The way in which this gateway is implemented, and further projects identified in the Integrated Plan, may have an impact on activities that could be funded under ILC. We will therefore continue to work with the Department of Social Services (DSS) to make sure that the Integrated Plan and ILC work effectively together.

Advocacy and decision supports

The relationship between ILC and advocacy is shaped by the agreement reached by the Commonwealth, state and territory governments in April 2015, that the NDIS will fund decision support, safeguard supports and capacity building for participants, including support to approach and interact with disability supports and access mainstream services. Governments also agreed that systemic advocacy and legal review and representation will be funded outside of the NDIS. The National Disability Advocacy Framework (NDAF) and the National Disability Advocacy Program (NDAP) are now being reviewed to take into account the implementation of the NDIS.

The Agency will continue working closely with DSS to ensure that the role of ILC complements the role of the NDAP in the future.

Mental health services

Late last year, the National Mental Health Commission delivered its final review of mental health programs and services. Governments around the country are currently working on a coordinated response to the findings of the review. This will be followed by the development of a new National Mental Health plan. The size and scope of the reforms underway will clearly have an impact on the implementation of ILC. For example, the Australian Government announced the introduction of individualised care packages for people with a severe and complex mental illness as well as a new national help line just as this *Consultation Draft* was being prepared. These reforms, as well as the planned introduction of a new “digital gateway” to help people with a mental illness navigate through a range of services, will all interact with activities that may be funded through ILC.

As a result, the Agency does not consider there is sufficient clarity to be able to detail the exact role of ILC and the ways in which it will interact with the broader mental health system in this *Consultation Draft*. The Agency will continue to work closely with the Australian Government as these reforms progress.

Aged care

Activities funded through ILC will also need to work effectively with services and supports provided through the aged care system. We are aware, for example, that some organisations currently providing ILC-type activities work with both people with disability and people over the age of 65. Like the other policy areas listed above, there are a number of reforms currently underway in the aged care system that will have an impact on some activities that might be funded through ILC. We will work with the Australian Government to make sure the two systems work well together, and will provide further information in the final version of the *ILC Commissioning Framework*.

Quality and safeguards

We want all people with disability – including NDIS participants and non-participants – to have the opportunity to make decisions about their supports, have access to high-quality services and to be free from abuse, neglect and exploitation. In light of this, the governments of Australia are developing a national *Quality and Safeguarding Framework*. The Framework will promote innovation, continuous improvement and best practice information on how support is provided. For the first time, the Framework will allow people to expect consistent standards and safeguards wherever they live in Australia. Public consultations on the Framework took place earlier in 2015. An analysis of the findings is currently underway and a report is being developed for consideration by ministers in early 2016.

A number of submissions to the ILC co-design process noted that ILC activities will make an important contribution to the informal safety net surrounding people with disability. ILC will strengthen the connection of individuals to their local community, and increase the capacity of mainstream services to respond to the needs of people with disability. ILC will therefore have a role to play in improving the safety of people with disability as well as increasing the quality of services for people with disability. When the national Quality and Safeguarding Framework is completed and agreed by governments, we will be able to provide more information about the role of ILC.

Part 3:

Putting the policy

into action

Implementation of ILC is built around the role of the Local Area Coordinator. LACs will be the single biggest investment the Agency will make in delivering ILC outcomes. All other investments will be made on the basis that they complement and do not duplicate the work of the LACs. ILC funding will be distributed through grants.

Local Area Coordination

Local Area Coordination (LAC) is central to the successful implementation of the *ILC Commissioning Framework*. LACs will be the largest single investment by the Agency in delivering ILC outcomes.

LACs will provide place-based delivery of:

- direct, innovative and flexible assistance for participants with less complex needs to help them connect to their local community and put their individually funded packages into action
- short-term assistance for people with disability who are not eligible for the NDIS to identify and help them to find community-based activities or resources relevant to their needs
- strengths-based community development and mainstream service partnership activities that benefit all people with a disability.

LACs will be skilled at working with people with disability from all different walks of life. However, it is unreasonable to expect individual LACs to have all the specialist skills required to provide expert assistance in every circumstance. Additional activities will be needed to strengthen their role. It is these activities that will be funded through the five priority investment areas listed below.

The five priority investment areas for ILC

The Agency's investment in ILC is determined by the five activity streams outlined in the *ILC Policy Framework*. ILC activities will be funded to complement and not duplicate the role of LACs. Taking both things into consideration, five priority investment areas have been identified:

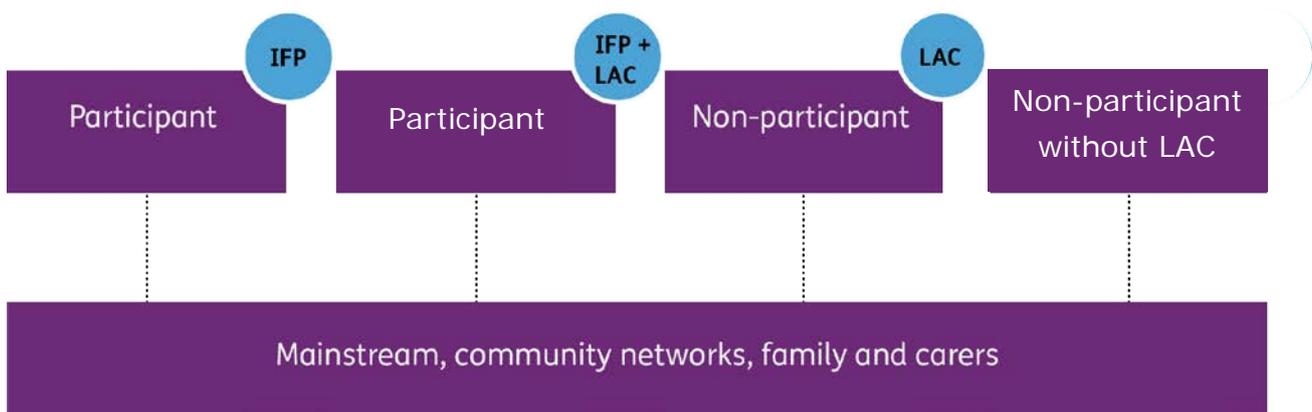
1. **Specialist or expert** delivery of activities that individual LACs could not be expected to provide – for example, diagnostic specific expertise or expertise in particular models of support or capacity building.
2. **Cohort-focused** delivery for specific groups of people, or people with specific types of disability, that require detailed cultural or other knowledge to be effective – for example, multilingual activities to assist people from a culturally or linguistically diverse background.
3. **Multi-regional** delivery of activities that would be inefficient if delivered separately in different local areas – for example, advice on services and needs that are not based on location and could be relevant anywhere.
4. **Remote/rural** delivery that will provide extra or innovative activities to help when demand is thinly or widely spread and there are supply limitations that LACs cannot resolve.
5. **Delivery by people with disability for people with disability** in one of the four ILC activity streams (not including LACs).

For clarity: there are five activity streams listed in the *ILC Policy Framework*, and there are five priority investment areas in the *ILC Commissioning Framework*. In Part 4, we explain how these activity streams and priority investment areas will align.

These five priority investment areas are not mutually exclusive. Some ILC activities will work across more than one priority area.

When the five ILC investment areas are combined with the work of the LACs, they will provide a comprehensive, nationwide foundation for supporting improved social and economic participation for people with disability.

From the perspective of a person with a disability, there will be many pathways to ILC activities. Regardless of personal circumstances, or whether or not a person is an NDIS participant, people with disability will be able to access ILC activities through a LAC or through their informal supports, such as family, friends and carers. They might also be referred to an ILC activity by a mainstream program or service. We want ILC activities to be easy to access.



The co-design process revealed a high degree of support for the five investment areas among people with disability, their families and carers, as well as people who work in the sector. Many noted that all of the areas delivered important outcomes for people with disability, and that it was difficult to say one was more important than another.

A number of people were concerned that, while the investment areas appeared comprehensive, they did not specifically address individuals or groups who are often not well connected to supports. People feared that some individuals would continue to be overlooked. They asked us to pay attention to the spread of final investments to make sure that gaps were addressed – either by ILC or by other services.

Given the importance of LACs to the success of ILC, many people in the co-design workshops raised questions about how LACs will operate in the future. They wanted more information about:

- the skills they will have
- how they will juggle competing priorities
- how they will assist non-NDIS participants.

We appreciate that people want to know more – particularly in relation to how things might be different when we are at full scheme compared to the experience of LACs in NDIS trial sites. It's important to note that this *Consultation Draft* is about how we will fund ILC activities, not LACs. The *Consultation Draft* is also being released at the same time as a significant tender for LAC services is currently underway in Victoria. For probity reasons we cannot release more detail about LAC

sourcing. When the tender is complete, we will make more information available about the role of LACs.

Implications of the five priority areas

Structuring ILC investments across the five priority areas has implications for the way we approach:

- sourcing
- reasonable and necessary supports in NDIS participants' individually funded packages.

In this next section we will give some examples to try and make things clear. But we don't want the examples to be seen as prescriptive – they are illustrations only. We want to encourage innovation and want to see creative responses in future applications for ILC funding.

Implications for the way we will approach sourcing

- The five priority areas are not mutually exclusive. We will therefore not set a target for each investment area. We will also give priority to activities that address more than one investment area. Examples could include:
 - a program of activities for Aboriginal and Torres Strait Islander peoples with disability in rural and remote communities
 - diagnostic-specific activities delivered by people with disability for people with disability.
- Activities that duplicate the LAC role in local communities will not be funded.
- In order to receive funding, applicants will need to demonstrate how their activities will link to and complement the LAC delivery model.
- Applicants should also be able to demonstrate how their proposed activity enhances the safety of people with disability, by providing a greater range of opportunities for social and economic participation.
- ILC applicants will be funded to deliver agreed outcomes through agreed outputs. While funding will allow for overheads, ILC will not provide core recurrent funding.
- Applicants will not be funded to provide policy advice or systemic advocacy.
- ILC will build on existing social capital in the sector and seek to grow it further. ILC will encourage volunteering where it supports activities that achieve ILC outcomes. We want to talk to the sector more next year about what we could do to make sure we don't lose valuable existing social capital and what we can do to grow it further. We want to hear from the sector about the ways volunteering can contribute to the achievement of ILC outcomes. We also want to hear if there are things the Agency can do to promote the development of more extensive informal natural networks for people with disability.

Implications for NDIS Plans

- If a participant needs a reasonable and necessary support, then it should be funded in their NDIS plan rather than through ILC. This includes both core supports and capacity building supports.

Part 4:

Commissioning for outcomes

In this part of the *Consultation Draft* we explain what we mean by outcomes and how we expect they will be measured. We explain our plans for sourcing and the principles that support our approach. As well as encouraging competition in the sector, we are looking for opportunities for co-investment to improve outcomes for people with disability.

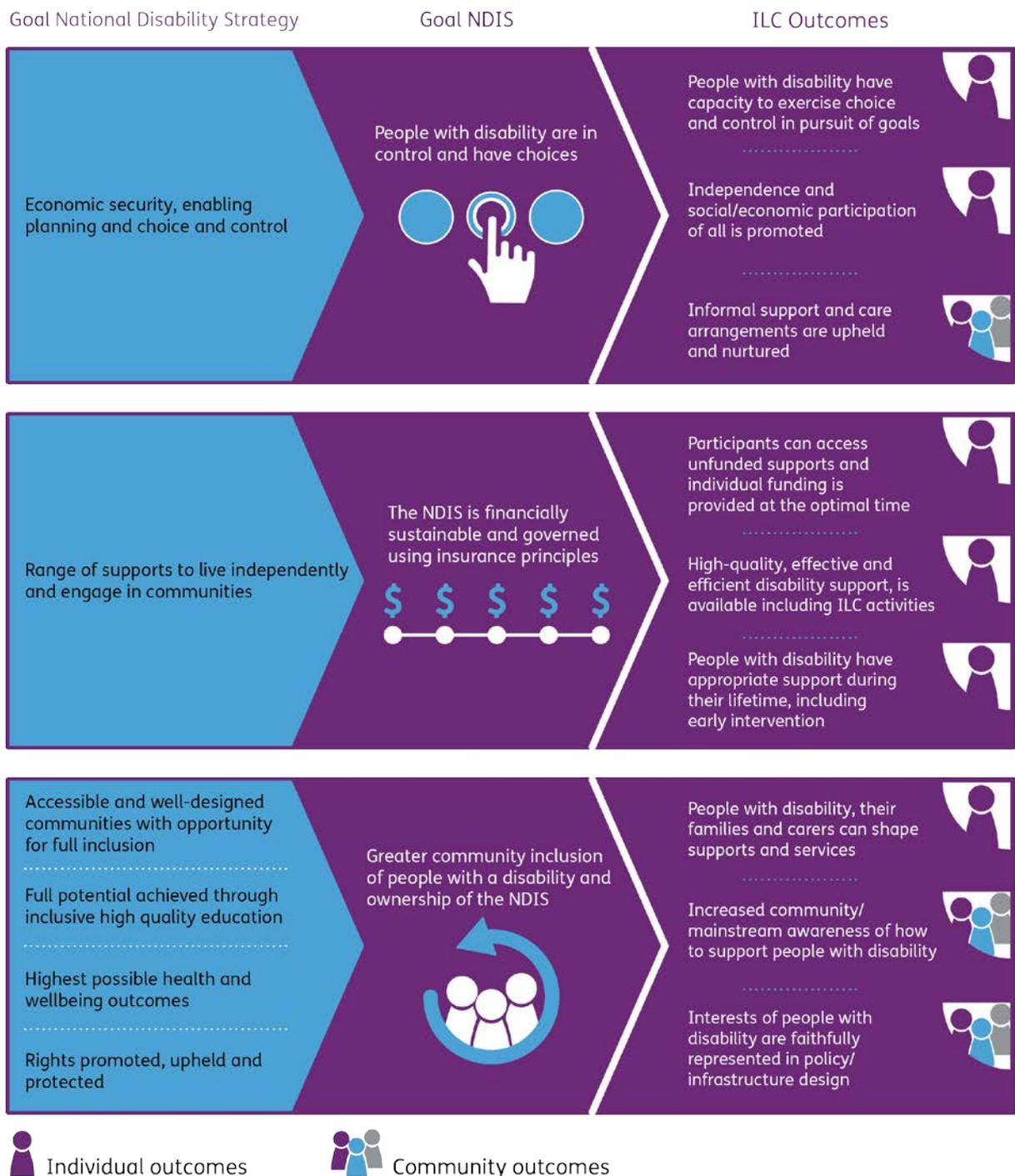
Understanding outcomes

Outcomes are different to outputs.

Outcomes are the results of actions – the effects or changes we want to create.

Outputs are actions – what you do to make a difference.

Recognising the role ILC has to play in achieving the goals of both the *National Disability Strategy* and the NDIS, the outcomes identified for ILC have been drawn from both.



In summary, if ILC is successful we would expect to see the following nine outcomes:

1. People with disability have capacity to exercise choice and control in pursuit of goals.
2. Independence and social and economic participation of all is promoted.
3. Informal support and care arrangements are upheld and nurtured.
4. Participants can access unfunded supports and individual funding is provided at the optimal time.
5. High-quality, effective and efficient disability support, is available including ILC activities.
6. People with disability have appropriate support during their lifetime, including early intervention.
7. People with disability, their families and carers shape supports and services.
8. Increased community/mainstream awareness of how to support people with disability.
9. Interests of people with disability are faithfully represented in policy/infrastructure design.

Measuring outcomes

Participants in the ILC co-design workshops were very supportive of the need to measure the impact of ILC investments on both individuals and communities. They wanted us to make sure that funding was directed towards activities that made a measurable difference in the lives of people with disability. They also recognised that measuring outcomes was hard. Many participants said that the best person to assess the effectiveness of an activity is the end user. They were therefore keen to see people with disability further involved in the design of outcome measures. Other people said that the measures will need to be carefully designed to make sure they are realistic and do not place an extra burden on successful applicants, or detract from the quality of service provision.

There are a number of challenges in measuring proposed ILC outcomes, including:

- It can be difficult to attribute the impact of ILC where outcomes are achieved through the combination of a number of support systems, particularly where ILC is the 'glue' between systems.
- It can take time to achieve inclusion outcomes and the impact of an ILC intervention may not be seen for a number of years. Outcomes may also fluctuate over a person's life.
- More intangible outcomes can be hard to define or difficult to collect – for example, the concept of 'independence'.
- Every person starts from a different point and sometimes outcome measurement can fail to capture progress for some individuals.
- Some sectors already have different measurement approaches, for example the use of recovery based-outcomes in the mental health sector or existing approaches in state-based human services.

We will need to develop an outcomes framework that outlines a nationally consistent minimum set of measures that take into account the different environments ILC activities will be delivered in. Any minimum set of measures will also need to build on existing good practice.

We plan to collect data through individual outcome surveys. We will survey both participants and non-participants who are supported by LACs and who participate in ILC activities. . Where providers

of ILC activities do not have access to NDIS client systems, or where outcomes are not collected by the NDIS Outcome Survey, providers will be required to provide additional reporting against outcomes.

Some work on outcomes has already been completed through the development of the NDIS Outcomes Framework. The initial list of proposed measures for each outcome can be found at *Appendix A*. But before those measures are finalised, we would like to hear more from people with disability, their families and carers and people who work in the sector. We will also form a reference group with expertise in the design and implementation of outcome-based performance measurement in the social services sector. All this work will inform the measures which will be included in the final *ILC Commissioning Framework*.

In addition to consulting further about appropriate outcome measures, we would also like to focus on what might be done to help the sector to successfully transition to an outcomes-based method of sourcing. This might include:

- adopting a gradual approach and supporting a progressive introduction of outcomes-based reporting
- building on existing measures to minimise the burden on providers
- using a combination of output, effectiveness, quality and outcome indicators in order to capture both immediate and medium-term impacts
- measuring the progress of ILC participants against relevant outcomes from the NDIA's Outcomes Framework to provide a solid baseline to measure against in the future
- using a mix of different data sources and maximising the reuse of data
- allowing for the measures and measurement approach to be refined over time
- building sector capacity to collect, report on and use client outcomes data, for example through the development of a toolkit for ILC providers.

We would like to hear from the sector about any other good ideas.

Outcomes-based sourcing

The introduction of individually funded packages through the NDIS has already introduced competition to the disability sector. Participants with an individually funded package are free to select a provider of their choice to deliver the supports outlined in their plan. This has been a new experience for both participants and providers. ILC funding however cannot be individualised in the same way. Its effectiveness and efficiency depends on its ability to fund activities across individuals, groups and locations. In the ILC context, the benefits of competition will have to come from a competitive approach to sourcing.

In developing this *Consultation Draft*, we have considered current best practice approaches to the commissioning of human services. As the *Harper Review of Competition Policy (2015)* identifies, competition can be useful in driving improved outcomes in human services. However, competitive tools must be chosen carefully to avoid unplanned consequences. They must also be introduced gradually to allow enough time for people and potential providers to adjust. So while we have decided to use a competitive process to fund ILC activities, we have also built a number of safeguards into our sourcing approach to reduce any risks.

It is important to note that, in developing the ILC Commissioning Framework, we are not suggesting a pure “outcomes-based funding model”. As described above, there are challenges in measuring outcomes on their own. ILC providers will need to complete outcomes-based reporting and have their performance assessed against the delivery of both outcomes and outputs.

Sourcing principles

It is not enough for the Agency to simply assess whether proposed activities will achieve the chosen outcomes. We will also have to consider whether the activities are:

- **Effective** – ILC activities will be expected to deliver improved outcomes for people with disability, and these outcomes will need to be measurable. Proposals will also be assessed against good practice guidelines where available. As an example, the Independent Advisory Council (IAC) has developed recommendations that can be used to create good practice criteria for providing individual capacity building.
- **Efficient** – ILC activities will be expected to deliver value for money.
- **Equitable** – Over time, ILC will be expected to deliver activities in every NDIS region.
- **Transparent** – Funding decisions will be clear and visible. All decisions will be made through strong governance arrangements.

There are four key elements of the ILC sourcing approach – competitive sourcing, eligibility for funding, performance measurement and management and co-investment. Our intended approach is summarised in a diagram on page 31.

Competitive sourcing

ILC funding will be allocated on a competitive basis through one main round of grant funding each year. Our sourcing approach has been developed to ensure we meet the requirements of the Commonwealth Grant Rules and Guidelines. The *ILC Policy Framework* acknowledged that ILC can be funded through a range of mechanisms including grants, bulk purchasing, contracts for support and LACs. As we move towards full scheme, the Agency will look at whether any of the alternatives to grants can be used to deliver ILC activities.

While grants will be allocated on a competitive basis, we do not want to risk losing valuable sector know-how or set up a process where smaller potential providers might struggle to compete. We will therefore take steps such as providing opportunities for potential providers to ask questions and propose ideas to reduce these risks.

One of the challenges in moving to an outcomes-based model is the lack of historical data on the outcomes achieved for individuals, groups or communities through existing ILC-type activities. Usually, historical data would tell us where demand is likely to be and where initial allocation of funding could go. This kind of information will take many years to develop. The lack of strong outcomes data means we will therefore need a gradual approach to implementation.

Given all of these challenges, we have decided to implement a two-stage approach:

- Stage 1 will be a market scan, including opportunities for potential applicants to pose ideas and questions.
- Stage 2 will be a competitive grants application process.

The process in Stage 1

- We will release the final *ILC Commissioning Framework*. It will include ILC objectives, expected outcomes and the sourcing method. We will also release the *ILC Program Guidelines*.
- We will scan the market. At this stage, we will not be seeking applications for funding but rather ideas for ILC activities that could meet the needs of people with disability, their families and carers, and how they link to ILC outcomes.
- We will use the information we receive from the market scan to develop the application process in Stage 2 including encouraging applications that fill apparent gaps or that may reduce potential duplication.

The process in Stage 2

- We will invite applications, including a full description of planned activities, intended outcomes, complete delivery plans, budget and demonstrated organisational capacity.
- We will assess proposals, including assessing how the activities align with ILC outcomes and each applicant's ability to deliver on their planned approach.

- Our assessment process will be transparent, with the CEO of the Agency making the final decision on individual funding applications.

As already noted, ILC investments will be structured to complement the central role of LACs. Applications for ILC will therefore be sought across the five priority investment areas rather than being structured by the five ILC activity streams included in the *ILC Policy Framework*.

Please see the table on the next page for an outline of how the activity streams and the priority areas work together.

We have identified one objective for each of the five priority investment areas to outline what we expect to achieve in each area. Over time – as ILC matures, and we collect better data about the effectiveness of different funded activities – we may no longer need an objective in each area. We may also review the investment objectives from time to time to make sure they are delivering the overall goals of ILC.

Each investment area will be expected to deliver on one or more of the nine proposed ILC outcomes, which are listed on page 24. You can read the definitions for each of the priority investment areas on page 19.

Five priority investment areas	Proposed investment objective	Link to activity streams from <i>ILC Policy Framework</i>
Specialist or expert delivery	Expert information and activities available for every major disability type.	Stream 1 – Information, linkages and referrals Stream 4 – Individual capacity building
Cohort-focused delivery	Tailored information and referral is available for the cohorts identified in the <i>ILC Policy Framework</i> , including: <ul style="list-style-type: none"> • carers • ‘hard to reach’ populations • people with disability from Aboriginal and Torres Strait Islander communities • culturally and linguistically diverse communities • people with mental illness • people with high and complex support needs • children and young people. 	Stream 1 – Information, linkages and referrals Stream 2 – Capacity building for mainstream services Stream 4 – Individual capacity building
Multi-regional activities	Fund ILC activities nationally, except where local or regional delivery will achieve greater value for money.	Stream 1 – Information, linkages and referrals Stream 3 – Community awareness and capacity building
Remote/rural delivery	ILC activities are available to people in remote regions across Australia and take the priorities of local communities into account.	Stream 1 – Information, linkages and referrals Stream 2 – Capacity building for mainstream services Stream 3 – Community awareness and capacity building Stream 4 – Individual capacity building
Delivery by people with disability, for people with disability	There is growth in the current level of government investment in user-led activities, including activities led by people with disability, their families and carers.	Stream 1 – Information, linkages and referrals Stream 4 – Individual capacity building

We expect that asking for proposals against the ILC activity streams and in the five investment areas could still result in some gaps in ILC activities. For example, we could meet all of our investment objectives but not achieve access to specific, expert diagnostic information in every location. We will, therefore, also analyse ILC applications to make sure that the funding is spread effectively.

We will make sure that the following distributional criteria are met:

- both individual and community outcomes are funded in each NDIS region, although the mix may vary
- there is a higher share of funding for outcomes or people with the greatest unmet need – for example more direct support for non-participants than participants
- both innovation and service delivery are funded to make sure that activities can reach the most people in an effective way.

Assessing applications

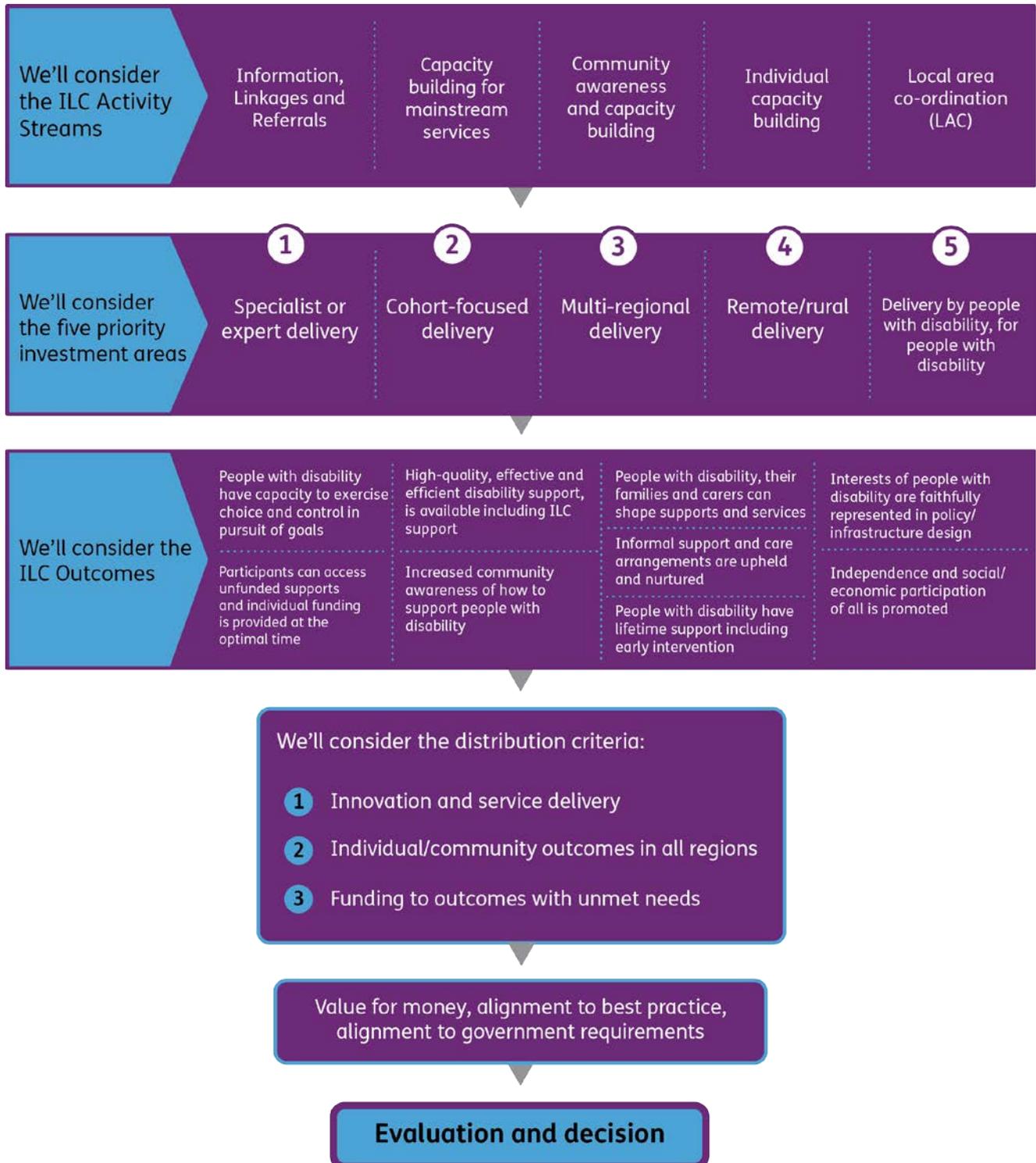
Grant applications for ILC funding will be assessed against a range of criteria that will be explained in more detail in the ILC Program Guidelines, which will be released mid-2016. But we understand that potential applicants will want to start thinking now about how their projects or programs will fit with the new approach. Applications will need to:

- align to ILC Activity Streams (from the ILC Policy Framework)
- address the five priority investment areas (explained on page 19) and how they would contribute to the relevant investment objective (in the table on page 29)
- deliver on the nine ILC outcome areas (explained on pages 24).

The Agency will also need to make sure the distributional criteria described above are met.

The diagram on the next page summarises the key things we will be look for in any decisions we make about an application.

A summary of the sourcing process



Eligibility for funding

NDIS registered disability service providers will be eligible to apply for ILC funding. It is entirely appropriate, for example, that organisations that have expertise in capacity building for individuals are able to both deliver services funded through an individually funded package as well as deliver activities funded through ILC. Similar expertise and experience is required for the successful delivery of both. Organisations that deliver support coordination might also possess the expertise that would allow them to deliver on ILC outcomes.

However, to avoid conflicts of interest, registered providers would **not** be able to use ILC funding to assist individuals to make access requests or to develop or implement NDIS plans.

Recognising that some people may want support from a trusted ILC provider to help navigate the NDIS, ILC providers will not be prevented from helping an individual to develop access requests or individual funding plans with other sources of funding or volunteer support.

To avoid conflicts of interest, LAC providers will not be eligible for other ILC grant funding, other than in exceptional circumstances.

ILC providers will not have to be registered with the Agency to apply for, or deliver, ILC activities. ILC funding agreements will, however, have quality requirements to provide appropriate safeguards for users.

We intend to invite both not-for-profit and for-profit organisations to apply for ILC funding. To make sure that the funding is used appropriately, all successful applicants will have to fully account for expenditure on agreed outputs.

Performance measurement

Measuring the impact of ILC activities, at both the individual and community level, will be critical to demonstrating the contribution of ILC to both NDIS and *National Disability Strategy* outcomes. We will measure ILC performance at four levels:

1. Individuals accessing ILC funded activities – both participants and non-participants
2. Individual providers of ILC funded activities
3. The collective impact of ILC investment on individual and community outcomes
4. The relative level of inclusion in domains such as health, education and transport.

We will measure performance at a single point in time as well as over time.

We will collect data on outputs and use measures of quality and effectiveness, as well as measures of outcomes.

Our national office, network contract management and regional office staff will use the performance reporting generated through ILC to:

- identify and address contract performance issues – these might include low reported client satisfaction, low rates of access approvals of ILC-referred individuals, or unusually low reported individual outcomes in a provider's area
- inform future ILC investment allocations – this might include shifts to, or away from, a particular delivery model
- provide a comparative regional or jurisdictional picture
- inform reporting to other service systems – this might include data that shows poorer referral pathways between ILC and mainstream supports in a particular location, as well as reporting to ministers on trends in inclusion over time in priority areas of the *National Disability Strategy*, such as education and health.

Performance management

The performance monitoring approach we will take is based on our expectation that each investment will make a difference to outcomes. Where this is not evident, action will be taken to lift performance. Noting that it will take time for us to benchmark outcomes data and for providers to adjust to an outcomes focus, we are proposing a proportional approach to performance monitoring and accountability.

We will:

- Use standard Commonwealth grant conditions, with activities funded for different lengths of time depending on the type of activity.
- Regularly release data to help providers of ILC activities assess their own performance against benchmarks, including providing data at the provider, region or group level.
- Assess performance against a combination of outcome, quality and output delivery measures.
- Provide progressive responses to underperformance. This will include the development of a sliding scale of responses with increasing severity starting with verbal and/or written notifications that seek action by the provider but carry no sanction, right through to the cancellation of funding agreements where there is clear misuse of funds.
- We will use risk-based contract periods. This will include the development of a sliding scale of contract length, based on approach and risk. For example, we might enter into funding agreements for three years for proven support models that present less risk. We will enter into shorter contracts for seeding activities or where there is limited evidence of effectiveness. As evidence develops, longer contracts could be offered.

Co-investment

The approach we will take to funding and delivering ILC will not reduce philanthropy or the development of social capital in the sector. Instead, we hope they will increase. We believe the significant investment to be made in ILC with the equally significant expected outcomes creates an opportunity to encourage co-investment from other sources, including philanthropic and corporate organisations. Co-investment in ILC could help grow the portfolio, while also creating greater community ownership of the NDIS and its outcomes.

Co-investment is most likely where it is clear that an ILC activity is not a substitute for a government or mainstream responsibility but rather a driver of innovation or social change. This focus is reflected in the objectives of many philanthropic funds. For example, a major banking or financial group may consider technological and social innovation as the focus of its co-investment. We want to encourage the formation of relationships between ILC applicants and potential co-investment partners including philanthropic organisations, corporations as well as social impact investors and incubators.

The Agency will detail its strategy for encouraging these relationships in the final *ILC Commissioning Framework*. Analysis suggests that there are few large corporate funds currently investing in social inclusion for people with a disability. We will, therefore, have a focus on potential co-investment from a range of sources, including large scale philanthropic funds, smaller scale funding partners from across philanthropy as well as social impact investors that have missions based on social inclusion outcomes.

Part 5:

Taking the next steps

Further consultation will be an essential part of developing the final *ILC Commissioning Framework*. We will release further information about the transition to ILC in all jurisdictions early in 2016.

A trial sourcing process is expected to start in the ACT in late 2016, with funding to commence from 1 July 2017.

Opportunities for co-design

The shift to outcomes-focused funding for ILC represents a significant change for both users of ILC-type activities and providers. It is, however, possible to manage this change well by working together to design the final approach.

An important first step towards working together is to explain the outcomes we are looking for and why they are important. We have sought to do this through the release of this *Consultation Draft*. Through our earlier co-design workshops, we learned that people wanted more time to consider the ideas contained in the information we provided, and we have listened.

We will use consultations in early 2016 with people with disability, their families and carers, and providers, to test the proposed ILC outcomes and discuss strategies for measuring them. We also want to talk to the sector about ways we can maintain and grow existing social capital, such as volunteering.

We would also like to talk to people about ways the Agency can build capacity in the sector to successfully transition to the new approach to sourcing, including the co-design of some dedicated resources to help providers be successful in the new environment.

Finalising the *ILC Commissioning Framework*

There are five steps that must be taken before the *ILC Commissioning Framework* can be finalised.

Step 1 – Release the Consultation Draft of the *ILC Commissioning Framework*

The *Consultation Draft* has been released to show our planned approach to outcomes and sourcing and to get feedback on key elements.

Step 2 – Consultations

Anticipated timeframe: January to March 2016

There will be a number of opportunities for people with disability, their families and carers and potential ILC providers to take part in the consultations on the *ILC Commissioning Framework – Consultation Draft*, including the chance for both face-to-face and written feedback.

The Agency will call for written feedback in mid-January and will indicate the issues we would like to hear more about.

Face-to-face consultations will also be held across Australia, beginning in February and concluding at the end of March. Existing events or groups will be used to support consultations wherever possible.

The purpose of the consultations is to get feedback on key elements of the *Consultation Draft*, including:

- the proposed outcomes for ILC and the best ways to measure them
- how to prepare the sector for outcomes-based performance measurement
- how to grow social capital in the sector, particularly volunteering
- how to prepare the sector for the requirements of the ILC sourcing process.

Planning for the face-to-face consultations, including dates, times and locations, will take place in January, ahead of their commencement in February.

Organisations and individuals can register to receive information about the ILC consultation process by providing their contact details (organisation name, State/Territory, contact person, phone number and email address) to the ILC mailbox – ILC@ndis.gov.au.

Step 3 – Release of ILC transition information

Anticipated timeframe: Early 2016

This *Consultation Draft* of the *ILC Commissioning Framework* does not provide a start date for ILC in each state and territory. We are currently talking to the Commonwealth, state and territory governments about how to manage the transition. Information about transition arrangements is expected to be released in early 2016. This will include when the Agency will start investing under the *ILC Commissioning Framework* and what funding arrangements will be put in place ahead of this.

Step 4 – Release of final ILC Commissioning Framework

Anticipated timeframe: Mid-2016

Feedback from consultations will be incorporated into the final version of the *ILC Commissioning Framework* for release in mid-2016. The Agency will also release the *ILC Program Guidelines* to provide more detail on the application process ahead of each jurisdiction transitioning to the *ILC Commissioning Framework*.

Step 5 – Staged sourcing starts

Anticipated timeframe: Late 2016 for the ACT

It is anticipated that the first jurisdiction to participate in the new ILC sourcing process will be the ACT. A trial sourcing process is expected to start in late 2016 with funding to commence from 1 July 2017. The experiences in the ACT will be used to inform the sourcing process and guidelines used in other jurisdictions.

Appendix

Appendix A – Proposed ILC outcomes and measures

The following tables outline the relationship between the outcomes and the proposed measurements. We use icons to highlight the difference between the outcome areas that are for individuals and those that are for the community as a whole.



= an outcome for individuals



= an outcome for the community as a whole

You can read more about the nine outcome areas on page 24.

Not all of the outcome areas will be measured in the same way. The tables show either outcomes, measures of quality and effectiveness and/or measures of outcomes.

People with disability are in control and have choices

Proposed measurements	Outcomes
	<p>People with disability have the capacity to exercise choice and control in pursuit of their goals</p>
<p><i>Outputs</i></p>	<p>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.</p> <p>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.</p> <p>The percentage of ILC supported families who understand what supports the NDIS offers and for whom.</p> <p>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.</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of assisted individuals and families who are satisfied with the level of decision making they have in their lives.</p> <p>The percentage of supported families who report they are able to advocate effectively for their family member with disability.</p>

People with disability are in control and have choices (cont.)

Proposed measurements	Outcomes
	<p>Independence and social/economic participation of all people with disability is promoted</p>
<p><i>Measures of quality and effectiveness</i></p>	<p>The percentage of assisted non-participants who report unmet support needs after intervention by ILC.</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of assisted individuals who:</p> <ul style="list-style-type: none"> • 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. <p>The percentage of assisted parents whose children:</p> <ul style="list-style-type: none"> • 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.

People with disability are in control and have choices (cont.)

Proposed measurements	Outcomes
	<p>Informal support and care arrangements are upheld and nurtured</p>
<p><i>Outputs</i></p>	<p>The number and percentage of assisted carers who identified as having low level support needs who receive referral or assistance.</p>
<p><i>Measures of quality and effectiveness</i></p>	<p>The percentage of assisted people with disability who report that they are supported to maintain the connections they want with family and friends.</p> <p>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.</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of individuals who:</p> <ul style="list-style-type: none"> • 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.

The NDIS is financially sustainable and governed using insurance principles

Proposed measurements	Outcomes
	<p>People with disability have appropriate support during their lifetime, including early intervention</p>
<p><i>Outputs</i></p>	<p>The number and percentage of referrals received by the ILC provider of individuals or families with a recent diagnosis of a disability.</p> <p>The percentage of people with disability who are supported or linked to support without making an access request.</p>
<p><i>Measures of quality and effectiveness</i></p>	<p>Percentage of individuals and families who have a better understanding about their diagnosis/condition after ILC assistance.</p>
	<p>Participants can access unfunded supports and individual funding is provided at the optimal time</p>
<p><i>Outputs</i></p>	<p>The percentage of access requests from referred individuals or families that are accepted.</p>
<p><i>Measures of outcomes</i></p>	<p>The relative percentage of individuals who make access requests in the early stages of their condition.</p> <p>The relative cost of plan management support in ILC assisted participant plans.</p>
	<p>High quality, efficient and effective disability support, is available including ILC activities</p>
<p><i>Measures of quality and effectiveness</i></p>	<p>ILC providers have a clear and accessible point of contact.</p> <p>ILC provider staff have an appropriate professional qualification and/or experience.</p> <p>The percentage of ILC-assisted individuals and families who express that they receive quality supports.</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of ILC-assisted participants who achieve their goals.</p>

Greater community inclusion of people with disability and ownership of the NDIS

Proposed measurements	Outcomes
	<p>People with disability, their families and carers can shape supports and services</p>
<p><i>Outputs</i></p>	<p>The number of people with disability, their families and carers who have increased their capacity to advocate for themselves.</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of assisted families who report they are able to gain access to desired services, programs and activities in their community.</p>
	<p>Interests of people with disability are faithfully represented in policy/infrastructure design</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of assisted individuals who:</p> <ul style="list-style-type: none"> • feel able to have a say on community issues that are important to them • were prevented from doing a course they wanted to do.
	<p>Increased community/mainstream awareness and knowledge of how to support people with disability</p>
<p><i>Outputs</i></p>	<p>The percentage of referrals by ILC to mainstream services that are accepted by the mainstream agency.</p> <p>The number of referrals to other ILC services.</p> <p>The percentage of mainstream or community organisation staff who report awareness of Aboriginal/CALD interpretations of disability.</p>

Proposed measurements	Outcomes
<p><i>Measures of quality and effectiveness</i></p>	<p>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.</p> <p>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</p> <p>The percentage of local employers that report appreciation of the potential benefit from employing a person with disability.</p>
<p><i>Measures of outcomes</i></p>	<p>The percentage of assisted individuals who:</p> <ul style="list-style-type: none"> • 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.