Women with Disabilities Victoria Response to the ILC Commissioning Framework

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Organisation name (if applicable)	Women with Disabilities Victoria
State/territory	Victoria
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1. The proposed outcomes for ILC and the best ways to measure them

Questions you might like to consider:

- Do you agree with the nine outcomes outlined in the Consultation Draft? Is there anything else the Agency should consider?
- Do the nine outcomes cover everything you would expect to see in ILC?
- How should we measure each of the nine outcomes?
- How can people with disability, their families and carers and the broader community stay involved in measuring outcomes as ILC rolls out?
- Is there anything we should consider in setting up our data collection processes?
- Is there anything else you would like to tell us?

By way of context Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our vision is for “a world where all women are respected and can fully experience life”. This vision in many ways is consistent with the aims of the NDIS. We focus on those areas that have the biggest impact on the lives of women with disabilities in Victoria:

- leadership and empowerment opportunities for women with disabilities
- violence against women with disabilities
- access to inclusive health care for women with disabilities
- the National Disability Insurance Scheme (NDIS)
- access to mainstream services

Our mission is to lead the way for Victorian women with disabilities and to address the barriers many of us face. We do this through:

- education and professional training particularly with regard to violence prevention and health professionals awareness.
- research, policy advice and advocacy
- empowerment of women with disabilities through the Enabling Women program and the development of empowerment hubs around the state.

Do you agree with the nine outcomes outlined in the Consultation Draft? Is there anything else the Agency should consider?

The 9 outcomes are extremely broad and overall WDV supports these outcomes with some exceptions:

Outcome 3: Informal support and care arrangements are upheld and nurtured.

We have some concern that this goal could at times work against people with disability’s right to safety, autonomy and capacity to exercise choice in pursuing their goals.

Whilst we acknowledge the important role that informal supports, particularly family, play in the lives of many people with disability, there are times when family members don’t act in the best interests of people with disability. There are times when family don’t act in the best interests of any family member however well meaning. The difference is that people with disability are often so dependent on family that they are completely constrained from defending their right to control their own life, even well into adulthood. Family may act contrary to the wishes of people with disability on the basis of wanting to protect a person they care for from harm. They may also be motivated to deliberately exploit their family member with a disability for their own gain. In these instances the existing informal support and care arrangements should not be upheld and nurtured. The outcomes of people with a disability having control and choice MUST be preferenced over the outcome of supporting informal care.

Controlling behaviour in a family can be subtle and not easily identified. However the current disability service culture, in our experience, is imbued with a deference to the wishes of the family. Frequently the wishes of the family are preferenced over the wishes of the individual with a disability. This is most dangerous in instances of family violence which we know are common for people with disability. The Royal Commission into Family Violence has made a number of recommendations regarding the need for the NDIA to understand, identify and respond effectively to family violence.

Outcome 7:

The proposed outcome that "people with disability, their family and carers can shape support and services" carries the same implications of potential exploitation and abuse that was canvased with regard to outcome 3 above. We strongly urge the ILC in regard to these outcomes to consider the reality of power differentials in family dynamics, the reality of negative, restrictive family influences on people with disability and the fact of family violence, sexual assault and exploitation. Appropriate policies, procedures and workforce development is critical to ensuring that family support isn't preferenced over the rights of people with disability. People with disability must have greater opportunity to shape support and services than their family wherever possible.

In order to address the safety of people with disability in family, informal (volunteer) support and the community the following is recommended:

1. ILC will develop an appropriate Safeguards policy for the identification, response and referral of violence and abuse of people with disabilities with a specific reference to gender-based violence as outlined in the Royal Commission on family violence.
2. LAC and ILC providers will be provided with training about identification of and referral for violence and abuse of people with disabilities.
3. LAC and ILC providers will be required to adopt the NDIS policy and protocol for identifying and responding to violence and abuse of people with disabilities.
4. Investigation of disclosures of violence and abuse by LAC and ILC providers will be undertaken by an independent agency.
5. Counselling and support of participants making a disclosure of violence and abuse will be referred to an independent support service.

Outcome 5: High quality effective and efficient disability support is available including ILC activities

We strongly support the approach the ILC is taking in ensuring priority is given to delivery of the 4 priority investment areas by people with disability for people with disability. This approach is fundamental to ensuring relevance of services and will be the most effective way to ensure "high quality effective and efficient ..ILC activities." There are two key factors that should be considered in the implementation of quality ILC activities:

Firstly, disability services that are registered as providers should not be eligible to apply for funding for the following reasons.

The NDIS Act guiding principles explicitly states that "people with disability must be supported to exercise choice". It is our view that there is a strong conflict of interest in registered providers having responsibility to 'empower' people with disability to make objective choices. Registered providers, with all the best intentions in the world, may easily 'steer' participants into their own programs and limit participants thinking about the direction they want to take.

If we are to sustain the credibility of the NDIS and truly realise its aspirations, ILC Funding must be kept separate from direct service provision and organisations registered as direct service providers must be rendered ineligible for ILC funding. The need for this separation is reinforced by the anecdotal evidence we are currently hearing of disability services “advising” their clients of how to keep the service they are receiving.

Secondly, our experience tells us that ensuring priority is given to delivery of the 4 priority investment areas by people with disability for people with disability is the right way to go. Our Board members and the majority of our staff are women with disabilities. Our success affirms the effectiveness of drawing on the lived experience, skills and leadership of women with disabilities in all of our work. Further, this approach creates skills development experience and employment opportunities for women with disabilities, empowers women’s social and economic participation and it models the vital role that women with disabilities can play to both all women with disabilities and to the broader community. If we want to change negative community attitudes about people with disability as compliant, dependent, submissive and vulnerable this is the only way to go.

Outcome 8:

The wording of the outcome of “increased community awareness of how to support people with disability” puts emphasis on support rather than the right of people with disability to access community life. This carries something of a paternalistic connotation. We strongly recommend changing this wording to “increased community awareness of the rights of people with disability to social and economic participation”

Outcome 9:

The final outcome, “interests of people with disability are faithfully represented in policy/infrastructure design” should be changed to read “people with disability are actively involved in policy/infrastructure design”. (This is an easily measured outcome which will also lead to effective, inclusive design)

Is there anything we should consider in setting up our data collection processes?

See comments under section 2.

2. How to prepare the sector for outcomes-based performance measurement

Questions you might like to consider:

- What are the biggest challenges for organisations moving to outcomes based funding?
- What can the Agency do to help organisations meet those challenges?
- What can people with disability, their families and carers do to help organisations get ready?
- Is there anything else you would like to tell us?

What are the biggest challenges for organisations moving to outcomes based funding?

Social impact evaluation requires resourcing sustained over time. In our experience building up a picture of the social impact that WDV has had (impact through: advocacy for legislative changes; influencing organisational cultural change to uphold human rights; and empowerment for social and economic participation) can only be gleaned over many years.

WDV has been undertaking a process to assess our social impact. It has required a more substantial investment than we have in order to develop a comprehensive and practical evaluation framework, indicators of success that are measurable and the time to implement this alongside implementation of our strategic objectives.

What can the Agency do to help organisations meet those challenges?

A resource unit that provides learning on theories of change and promotes accessible methods of evaluating social impact would be one way that the ILC could ensure that effective measurement of outcomes based performance.

It will be critical to factor funding of impact evaluation into overall program funding in the roll out of ILC investment. This could be through resourcing ILC providers directly to contract evaluation or through program wide evaluation methods.

Outputs can be more easily measured but don’t provide evidence of what outcomes are achieved. However, appropriate software and databases are obviously important to collecting indicators of success and outputs.

As far as possible these should be aligned with other human service databases. This would allow for ease of data collection administration by organisations delivering the ILC as well as to compare outcomes across programs. For example, reduced family violence of people with disability may be a measure of safety and empowerment of people with disability. Aligning ILC database with human service software measuring family violence would be highly beneficial to monitoring change.

What can people with disability, their families and carers do to help organisations get ready?

Feedback loops that are easy to access either at the local level by personal visit or through ICT will be important in eliciting the views of users of ILC services. Many people with disability don’t have the funds or other resources to use internet programs so electronic feedback should not be the only methods used.

3. How to grow social capital in the sector, particularly volunteering

While there are many different definitions of social capital, in this context social capital means things like volunteering or the relationships that organisations have with others in the community that contribute to the work of the organisation and help people with disability and their families.

Questions you might like to consider:

- The Agency would like to see things like volunteering grow in ILC. What can the Agency do to make sure that happens?
- What barriers might there be to growing social capital?
- What types of activities work well when delivered by volunteers?
- Is there anything else you would like to tell us?

Volunteering is a challenging concept in regard to people with disability. Volunteering is a vital part of our community and does build social capitol. A critical principle in considering how volunteers are employed is the notion of ‘reciprocity’.

Firstly lets consider the position of people with disability as volunteers.

People with disability are great volunteers and their volunteering efforts have been the backbone of disability advocacy over many years. Volunteering on boards, campaigns, administration of organisations remains an important contribution that many people with disability enjoy. At the same time it is often commented with frustration that for a person with a disability their voluntary skills and efforts are not recognised when the organisation is recruiting for paid positions. Utilising volunteers should carry with it some reciprocal recognition and benefit provided to the volunteer.

Secondly, lets consider able-bodied volunteers in the disability space. There is a strong tradition of volunteering to assist people with disability who are identified as disadvantaged and ‘less able’. This tradition has often carried with it a strong and unchallenged charitable ethic that is at times patronising and demeaning for the person receiving assistance. We need to take great care with volunteers in this space.

Organisations, and the able bodied volunteers they employ, must be challenged to explore their motivations, how power differentials can be reinforced or diminished, and the nature of the relationship with a person with a disability and volunteer. Further, the capacity for exploitation and abuse of people with disability by volunteers is of real concern (see comments above on the dynamics of family power differentials.

The pragmatic use of volunteers solely to reduce costs of the NDIS implementation could produce outcomes counter to the overall aim of empowerment of people with disability.

The most effective way that social capital can be built is shared volunteering by people with disability and able bodied people alike, where all can feel they are lending their skills to a common endeavour and where everyone can learn from each other. The ILC should ensure that these opportunities are created, promoted and evaluated.

4. How to prepare the sector for the requirements of the ILC sourcing process

The Agency is moving to a nationally consistent framework for ILC. Funding will be provided to organisations through an open competitive grants process.

Questions you might like to consider:

- What are the biggest challenges for organisations moving to competitive grant funding?
- What can the Agency do to help organisations meet those challenges?
- Is there anything else you would like to tell us?

What are the biggest challenges for organisations moving to competitive grant funding?

A significant challenge in moving to grant funding is preparing organisations run by people with a disability for people with disability (DPOs) to have the capacity to know about grant rounds, apply for funds and to be able to take on the activities of the ILC in a systematic and effective way.

There are certainly organisations run by people with disability who are effective and professional in their approach. However, on the whole DPOs have been drip-fed small and unsustained funds and have not had the opportunity to grow in any substantial way.

Further, people with disability who have had the opportunity to run advocacy organisations may not have had adequate resources to grow their own management, business development or partnership building skills.

The broader community attitudes about people with disability have sometimes meant DPOs are not taken seriously as partner organisations.

What can the Agency do to help organisations meet those challenges?

The ILC has a fantastic opportunity to redress this situation by taking a slow developmental approach and building organisational capacity of DPOs over time. A learning and reflective approach is critical. Testing different organisational models and evaluating the key elements of success across different organisations will be important to learning.

Capacity development resources can be more effective when these resources injected into the organisation. A programmatic approach that partners with DPOs that have expertise on particular issues may be a valuable way to build the right model.

For example, understanding gender inequality is critical to organisations empowering women with disabilities. WDV’s expertise in gender equality and violence prevention might be used by scaling up our organisation to promote gender equality across DPOs funded through the ILC, as well as providing workforce development to the NDIS workforce.

A partnership approach could resource DPOs to build their knowledge and capacity in tendering, partnership development, contracting, licensing and patenting, accreditation, diversity policies and procedures, funds development and management. These elements will be critically important to our ability as DPOs to scale up over time.

Another way to develop DPOs is through auspiced partnership arrangements. An example of this approach is the way in which Women with Disabilities Victoria was established. We initially established a partnership with Women's Health Victoria (WHV) to apply for funding. As a well-formed organisation with infrastructure, WHV was able to manage the funding and support the development of WDV based on a partnership agreement. **A fundamental and critical element of the partnership was the agreement that WDV would assume control of the funding within 5 years.**

WDV reached organisational readiness by establishing an effective governance structure, a clear strategic plan, Donor Gift Recipient status and financial and other operational policies and procedures. This was achieved in less than four years. However without the initial agreement for transition to independence WDV would never have achieved autonomy. This autonomy has been an important part of raising the status of women with disabilities in Victoria and in being taken seriously as an organisation.