

National Disability Insurance Scheme

A Framework for Information, Linkages and Capacity Building

Overview

People with disability have the same right as other members of Australian society to realise their full potential. They should be supported to participate in and contribute to social and economic life. Inclusion of, and access for, people with disability to mainstream and universal services, community based activities and other government initiatives is a shared responsibility. As outlined in the National Disability Strategy 2010-2020, all Australian governments, non-government organisations, businesses and the wider community have a role to play in achieving this vision.

As part of this vision, this paper sets out policy parameters for Information, Linkages and Capacity Building (ILC), formerly known as Tier 2, in the National Disability Insurance Scheme (NDIS). This Framework provides guidance to the National Disability Insurance Agency (NDIA), in developing a transition and implementation strategy for ILC.

The Disability Reform Council has agreed to replace the term Tier 2 with “ILC”. The term ILC provides more clarity regarding its purpose and removes the potential for misinterpreting the NDIS as a hierarchy of supports, which was implied by references to ‘tiers’. The term also recognises that ILC should be broadly scoped, flexible and responsive to the support needs of people with disability, their families and carers. A broad definition will ensure that those supports can evolve over time to meet those needs.

ILC is the component of the NDIS that provides information, linkages and referrals to efficiently and effectively connect people with disability, their families and carers, with appropriate disability, community and mainstream supports. ILC will also ensure the NDIS establishes and facilitates capacity building supports for people with disability, their families, and carers that are **not** directly tied to a person through an individually funded package (IFP). ILC will also promote collaboration and partnership with local communities and mainstream and universal services to create greater inclusivity and accessibility of people with disability.

ILC does not stand alone to meet the aims outlined above. This Framework needs to be considered along with other policies and legislation such as the *Disability Discrimination Act*, the *Carer Recognition Act*, the *National Disability Strategy*, the Integrated NDIS Market, Sector and Workforce Strategy and the quality and safeguards framework. ILC also needs to be considered along with the Applied Principles and Tables of Support that guide the interaction between the NDIS and mainstream supports (e.g. health, mental health, justice, education, transport, housing, and aged care sectors). It will also need to be considered along with systemic and individual advocacy and legal representation.

This policy framework describes five “streams” of ILC, these are:

1. Information, Linkages and Referrals
2. Capacity building for mainstream services
3. Community awareness and capacity building
4. Individual capacity building
5. Local Area Coordination

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This Framework also describes implementation principles and considerations as well as the funding principles for ILC investment.

This Framework does not include specific detail on programs, funding arrangements, or governance.

ILC is a key component of the NDIS insurance model and will contribute to the sustainability of the NDIS by building the capacity of the community, people with disability, their families and carers which in turn will reduce the need for funding of supports for people with disability through IFPs.

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Purpose of Information, Linkages and Capacity Building (ILC)

A key principle of the NDIS is that all people with disability have the same fundamental rights as all members of Australian society to participate in the social and economic life of the community and to make their own choices and decisions.

ILC is an important part of the NDIS because it can enable greater access to the social and economic life of the community for people with disability, their families and carers.

People with disability engage both directly and indirectly with a range of informal and formal supports and resources over their lifetime, to help them with their everyday needs and their social and economic participation. This is affected by a range of societal, environmental, demographic and disability-specific factors. Examples of these include age, location, socio-economic and cultural background, type and nature of a person's disability and level of functional impairment, the cyclical or episodic nature of disability, and importantly the capacity of the community and mainstream services to proactively respond to diversity and reduce the impact of disability.

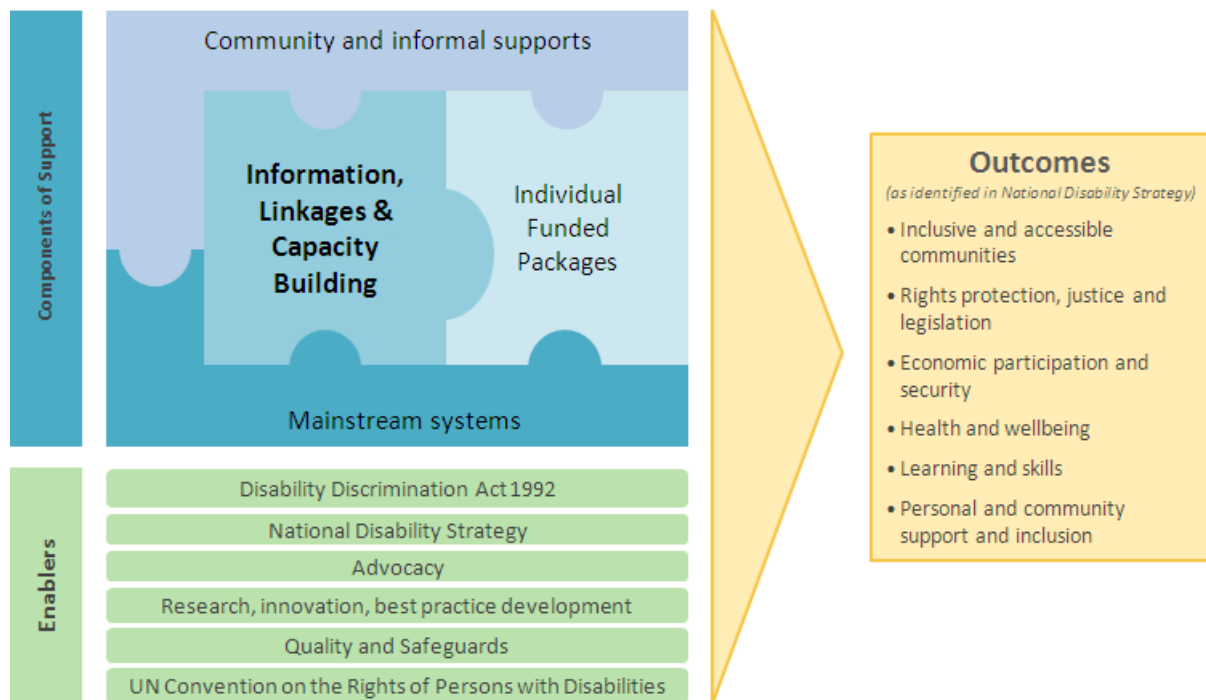
A social insurance model invests in formal, disability-specific support to reduce the lifetime cost of disability, at both the population level and individual level. However, a system that responds only to an individual's need is not enough to ensure societal change in inclusion, access and equity of people with disability. Investment in community education, broad-based interventions and capacity building and supports for carers and families is needed. This investment sustains and strengthens informal support and promotes the social and economic inclusion and meaningful participation of people with disability.

ILC will allow the NDIS to influence the delivery of supports at a systemic level to provide better outcomes for people with disability, their families and carers. Over time, this can reduce the demand for, and level of support required through, IFPs (and thereby reduce the cost of the scheme over time). ILC also enables the NDIS to fund supports not directly tied to an individual and, by doing so, gives the scheme the ability to deliver its operational and strategic objectives.

The below diagram illustrates the role of ILC in the context of other policies and scheme components that support people with disability. This includes the core components of support and service delivery (blue blocks), as well as the enablers that influence the delivery of the above components (green blocks).

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Figure 1: Disability Support System



This diagram shows how ILC connects and intersects with community and informal supports, mainstream service systems and IFPs to ensure that people with disability are supported in a way that meets their needs and supports their economic and social participation in their communities. The diagram shows how ILC can enable an integrated response to disability which supports the choice and control of people with disability, their families and carers.¹

While ILC is accessible to a wider group of people than those who need IFP, it serves as a glue connecting and linking between formal and informal disability supports and community and mainstream services.

¹ This diagram is representational and does not comprehensively cover all components of support, enablers and outcomes.

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Functions of ILC

ILC has the capacity to support people with disability, their families and carers in a number of ways. These are discussed below.

Strengthening mainstream services and supports and community capacity to be inclusive of people with disability

Not all support for a person with disability should be delivered through IFPs and it is not economically feasible to do so. Mainstream services and supports, which all Australians rely on, have a responsibility to provide for people with disability. This includes things like access to healthcare, education, employment, transport and housing.

ILC functions will play an important role in facilitating referral and linkages to and from mainstream service systems for people with disability. ILC also includes capacity building across communities, organisations, and mainstream service delivery, to influence attitudes and practices in a way that can lead to greater inclusion and engagement of people with disability as well as delivery of support that suits the needs of people with disability their families and carers. For example, ILC can enhance opportunities for local communities to develop local solutions to meet the needs of people with disability. ILC bolsters, but does not replace, the ongoing work of Australian governments and the NDIA to improve the interface between the NDIS and mainstream services. ILC will build on areas of policy action under the *National Disability Strategy 2010-2020*.

Fostering continual improvement and innovation in disability support delivery

ILC can improve the quality of supports and support delivery as well as promote innovation, leading to improved organisational and personal outcomes and enhanced scheme outcomes.

Access to ILC will achieve the following system benefits and efficiencies:

- people with disability, their families and carers can access supports consistently across jurisdictions, minimising the risk of the development of multiple service systems
- as time goes on, the delivery of ILC supports will become more efficient and cost effective, due to the development of stronger informal support networks, increased community capacity, better mainstream responses to disability and the focus on preventative supports for people with disability
- stronger local support networks - the delivery of ILC supports will adapt to the local context, complementing and building on existing disability, mainstream and informal support and service networks; and
- an expanded gateway to various service systems – links between other service systems (for example, healthcare, aged care, education) will improve to support the varying needs of people with disability, their families and carers.

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Minimising the need for escalation of support

The NDIS will focus on providing supports at significant life stages and transition points, to build capacity and enable people with disability to participate in economic and social life.

ILC will be able to deliver disability specific early intervention, prevention and capacity building supports to people that can prevent, reduce or delay their need for the more intensive supports provided through an IFP. This will contribute to the efficient implementation of the NDIS because timely support will reduce people's need for funded supports over time.

However, early intervention and prevention supports may be accessed either through an IFP or through ILC supports, depending on the nature of the support and the person's overall support needs. This aspect of the NDIS will enable individuals with less intensive support needs to receive that support outside an IFP.

Supporting carers

ILC can also build the capacity of carers and families to help them sustain their caring role. This may be through a range of support options such as:

- linking carers and families to social and recreational activities that provide carers with 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; and
- linking carers into direct carer support services.

Building and promoting individual capacity and peer support

Governments acknowledge that advocacy has an important place in the network of supports for people with disability and ILC will be one part of a system of supports for people with disability, their families and carers that will build their capacity.

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. The NDIS has an important role to play in providing decision-making supports and building individual capacity for people to advocate for themselves (self-advocacy).

Systemic advocacy and legal review and representation will be funded outside of the NDIS. ILC will support people with disability to act for themselves and each other, and support families, carers and community members to act for or with people with disability.

It will also support peer support, where people with disability or their carers share their lived experiences with others on similar journeys. This is an important means of capacity building that acknowledges and respects the lived experience of disability. There is an opportunity through ILC for the NDIS to support people with disability to lead peer support and promote self-advocacy amongst peers, to support individuals in their capacity to effectively exercise choice and control.

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Access to ILC

Who can access ILC?

The focus of ILC is not on who will access it, but on the supports offered. Anyone should be able to inquire about ILC supports through the NDIA or Local Area Coordinators.

People with disability (including those who also receive an IFP), their families and carers and the broader community can benefit from ILC supports. Although there are no access requirements to be met under the ILC Policy Framework, some ILC supports will be targeted to certain groups of people. For example, an organisation may be funded to provide information and peer support to people with sensory impairment, and they will be expected to prioritise their service offer to that group.

The NDIS Scheme Actuary advises that of Australia's population of people with disability, there are approximately:

- 2.5 million people with disability in Australia under the age of 65 years
- 900,000 of the 2.5 million report they need assistance with activities of daily living at least weekly
- 410,000 of this 900,000 are likely to access the NDIS as participants

Of the 800,000 carers identified by the Productivity Commission, approximately:

- 394,000 are carers for people under 65 years of age
- 350,000 of these 394,000 carers are supporting a person under the age of 65 years with either a severe or profound core activity limitation.²

How will access to ILC work?

Some aspects of ILC (such as the provision of information, linkages and referrals and community capacity building) will benefit a wide group of people with disability, their families and carers. Mainstream and community services will also engage with similar ILC supports that are targeted towards building a more inclusive and supportive community for people with disability, their families and carers. Other supports (such as Local Area Coordination and individual capacity building) in the NDIS will be of more benefit to people with disability who:

- need one-off, low intensity or episodic supports that are better delivered and managed through funding arrangements other than through IFPs
- need support so that their capacity to live independently does not deteriorate to a point where they would meet the access criteria for the NDIS and require an IFP to participate socially or economically in the community
- need low levels of support to live independently in the community, but are not receiving an IFP, where access to ILC will mean they do not have to test their eligibility for an IFP

² 2011 figures.

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- would otherwise meet the access criteria for the NDIS and would therefore be eligible for an IFP, but only require low levels of support that could be provided through ILC; or
- access specialist supports through an IFP but also have needs that can (and should) be supported through the mainstream or community sectors, and/or ILC.

People might receive ILC supports directly from the NDIA or LACs or they may be referred to an organization supported through ILC, which provides disability specific information, supports or services. They might also be provided with information on how to link up with a support more appropriately provided by a mainstream service like health or education.

It is very important that it is easy for people to reach, and communicate with, ILC support providers, including the NDIA. ILC should be designed and delivered in a way that recognizes and responds to the diverse needs of individuals and considers under-represented and hard-to-reach groups. These groups may require proactive outreach from ILC, to ensure that they are able to get the supports they need. Particular consideration will be required for people who may not see themselves as requiring support from a 'disability' scheme, such as those with mental illness.

People with disability who are over the age of 65 years will access information and referral or benefit from community capacity building, however, they will likely gain most of their supports from the aged care system. The NDIS and aged care interface arrangements should be complementary and ILC should support people to access the most appropriate supports.

Given the large variation in the impact of disability on the 2.5 million people with disability under the age of 65, it is not anticipated that they will all wish to access ILC, and it is recognised that a significant proportion is likely to receive most, if not all, the supports they need through mainstream systems.

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Delivering ILC: The Five Streams of ILC

There are five streams of ILC which provide support to people with disability, their families and carers, and community and mainstream services. The streams are:

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)

Examples of activities under the five streams are explored below. Whilst the streams are considered separately in this document, they could be implemented with consideration to a variety of service delivery models, including multi-stream combinations.

Stream one: Information, linkages and referrals

Information, linkages and referrals will connect people with disability, their families and carers with appropriate disability, community and mainstream supports.

People usually need information before they can access services and supports. The types of information that people with disability, their families and carers, may seek include:

- information about specific disabilities and the impacts of diagnosis
- information about targeted supports for people with disability, their family and carers, as well as generic community-based supports
- information on specific disabilities that aims to help people with disability, as well as their families and carers, to best use available supports to promote independence and enhance their capacity to self-navigate service systems
- support to use existing information sources or relevant organisations to get information
- information that addresses the needs of culturally and linguistically diverse communities through the context of location and background; and
- information that addresses the needs of Indigenous Australians and their respective language, social or nation groups

For people with lower level support needs associated with psycho-social disability, ILC will link people into relevant mainstream, clinical and community based supports. This is a critical role for this cohort as appropriately coordinated referrals can have an early intervention effect.

For carers and families, access to ILC will mean better access to information and supports about both the needs and circumstances of the person with disability they are caring for, and about their role as carer and sustaining this role. Local Area Coordination and individual capacity building will be important functions of ILC for carers.

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Information available to people through ILC will be tailored to make sure that people get the information that they need.

People with disability, their families or carers will also be able to use the information and referrals function as a gateway to the NDIS – a range of community, mainstream and private organisations can also refer people to access NDIS supports. This function will also support information networks to help people navigate the range of supports available as part of the NDIS.

For this reason, a variety of resources could be made available to the public, including information online and through face-to-face services. A centralised electronic database of providers could be developed that indicates the range of products and services, their availability and links to measures of performance and quality.

This role may be outsourced, with organisations funded to provide these services. Additionally, funding organisations to provide information and referral services will mean that people who do not have a relationship with the NDIS can use these services. It will also enable the NDIS to build on and support established networks.

ILC could also encourage informal and peer supports in providing information and linkages to people with disability, their families and carers. Families, carers and peers are a valuable network of knowledge and can provide information and connection to a variety of services and support.

ILC could assist people to access services and supports, as part of the NDIS pathways to support function. This could be a part of the Local Area Coordination role. All of these services would be delivered in ways that are accessible for people with disability.

Initiatives under this stream could include:

- web-based supports
- telephone information
- face-to-face information supports
- group information sessions
- peer support and information and experience sharing
- fact sheets
- pre-planning support
- referral and linkages to other supports.

This support may be delivered through disability-specific organisations and programs. It may also be delivered through whole of population programs where ILC will aim to ensure that the program is adapted to be inclusive or particularly responsive to people with disability.

The NDIS should encourage the continued operation of these organisations and activities, and may contribute funding recognising the broad community benefit and specific early intervention outcomes achieved.

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Stream two: Capacity building for mainstream services

People with disability, their families and carers, like all community members, access and interact with mainstream and universal systems and supports. An NDIS objective is to ensure people with disability connect with and access mainstream supports.

Mainstream services are considered to be government funded services (for example, education, health care, public housing, transport and employment services), and services/supports provided by the community or private sector (for example, a swimming pool, neighbourhood houses and men's sheds, gym or theatre).

The NDIS will fund supports to enhance social and economic participation for people with disability. Therefore, it has a role and interest in supporting a proactive effort in improving accessibility and inclusion of people with disability.

However, the introduction of 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 2010-2020*, should focus effort to ensure accessible mainstream supports, programs and community infrastructure.

Importantly, the NDIS will also be able to identify areas for improvement at the local level and work with key partners to achieve these goals, some examples of which may include:

- building the capacity of mainstream and universal providers in meeting their responsibilities
- making them more inclusive of people with disability, for example in areas such as employment, education and health services
- providing organisations with information on how to improve accessibility, for example by improving wheelchair access to buildings and infrastructure, signage, website and communication accessibility; and
- enhancing 'best practice' in service delivery, for example through support to develop tools and resources that support practitioners across mainstream services to provide services to people with disability.

Mainstream capacity building through ILC could be delivered through projects and activities facilitated by:

- Local Area Coordination (refer Stream 5 of ILC)
- disability or diagnosis specific or other organisations; and/or
- people with disability or their representatives.

Stream three: Community awareness and capacity building

Investing in community awareness and capacity building will create opportunities for the social and economic participation of people with disability, their families and carers, improving personal outcomes and strengthening the connection between people with disability and their communities.

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Community capacity building initiatives can further support organisations (such as not for profit organisations, local councils, businesses) and people within communities to be inclusive of people with disability, and understand of the needs of families and carers.

The NDIS recognises that governments play a role in fostering the social inclusion of people with disability and their families and carers and that these activities should continue and complement the NDIS.

The NDIS has a key role in supporting and strengthening effective local initiatives by community groups and businesses to address disability issues in the community (for example social isolation). This may include the provision of funding.

Community awareness and capacity building initiatives may include:

- opportunities that enhance the capacity of local communities to identify local practical solutions
- public campaigns to improve the community's general disability awareness and understanding
- creating personal networks that connect people with disability to opportunities (for example, employment opportunities) they may otherwise miss
- basic training to individuals (for example, paid employees, business operators or volunteers) to enable them to better relate to, or work with, people with disability
- community activities in which people with disability can participate
- consulting with, or incorporating the views of, people with disability, their families and carers in the provision of community activities and other goods and services; and
- investing in product design and technology to facilitate the inclusion of people with disability in the community.

This stream will support the insurance principles of the NDIS, reducing the call for disability supports by building the long-term capacity of the community to more effectively support people with disability, their families and carers. Activities undertaken within this stream should demonstrate this.

Stream four: Individual capacity building

Individual capacity building fosters the principle of choice and control, improving outcomes for people with disability, their families and carers. It can also drive market changes, including potential cost reductions, through innovation as participants' needs and expectations evolve.

Individual capacity building has the potential to benefit a range of people with disability, and their families and carers, who are eligible for an IFP or who are just outside of the access criteria for the scheme and would otherwise need to test their eligibility (and therefore support the insurance principles of the NDIS). The supports under this stream are often one-off, low intensity or episodic and are better delivered and managed through funding arrangements outside of IFPs.

Effectively delivering this stream can mean that people are more able to communicate their preferences and to make informed and independent decisions.

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This funding stream can support courses, groups and organisations to help build capacity, self-advocacy and decision-making, facilitate mentoring and peer support and help provide people with information that will support choice.

Examples of individual capacity building supports may include:

- diagnosis-specific capacity building (for example, orientation training for people with vision impairment where this is low cost and short term);
- programs for carers and counselling for people who are caring for someone with disability (including psychosocial disability).
- parent breaks and programs to provide parents with skills and information about disability
- professional development for example for parents and education providers
- decision making supports and supports for self-advocacy, helping people with disability, their families, carers and communities to work together with and for people with disability; and
- diagnosis specific peer support groups.

These can be effective in supporting an individual with planning, establishing linkages with mainstream and other supports, facilitating peer support networks and understanding the most effective support options appropriate to the person's needs.

To build the capacity of people with disability, the NDIS could:

- fund and facilitate local support networks to provide opportunities for people with disability to learn from the experience of others
- fund peer support groups to lessen isolation (for example for people with a mental illness or an acquired brain injury)
- fund training courses and mentor programs to help people to self-advocate and assume increasing levels of choice and control over their funding, supports and interactions with providers
- fund and facilitate carer capacity building and support programs; and
- provide one-off, low level or episodic supports which focus on preventative intervention (for example counselling).

This support may be delivered through disability-specific organisations and programs, or through whole of population programmes where ILC will aim to ensure that the program is adapted for people with disability.

The NDIS should encourage the continued operation of these organisations and activities, and may contribute funding recognising both the broad community benefit and the benefits to individuals, families and carers.

Stream five: Local area co-ordination (LAC)

Local Area Coordination (LAC) is the development of relationships between the NDIS, people with disability, their families and carers, and the local community (including informal networks, community groups, disability and mainstream services).

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The LAC role connects across each of the streams of ILC, which include information and linkages and individual capacity building as well as working with mainstream services and communities to better enable access and participation. While the LAC would have a role to play in delivering each of the ILC streams, it may not be the only mechanism for ILC delivery.

It should be noted that LAC functions could be undertaken by an individual or a small team, depending on the needs of people with disability, the community and the local context. People with disability will benefit from the community building and mainstream support roles of the LAC, though the level of intensity of LAC involvement will be greater for scheme participants with a lighter touch for the broader population.

LAC working with individuals

LAC will not be confined to those only with an IFP. LAC will also be available to people with disability who need support but who do not have or are not eligible for an IFP, and to their families and carers. The intensity of targeted LAC support may vary depending on the support needs of different people.

The LAC role works alongside and enhance supports such as case management or support coordination, provided through an IFP or through a mainstream system . LAC will assist people with disability, their families and carers to make full use of the mainstream and other services (including diagnostic-specific information) available to them. LAC will also help to streamline their NDIS experience and assist them to navigate the variety of NDIS supports. At times, LAC support to link with other informal supports or service systems may be the only support that a person or their carer needs.

LAC working with communities and mainstream services

LAC will also promote community inclusion and provide strong visibility of the local disability support system. For the NDIS, this visibility will contribute to the streamlined and efficient delivery of supports and ensure connected support responses by complementing the existing services in the local community and mainstream services (see stream 4).

The role of the LAC can incorporate:

- building the capacity of other community and mainstream services to respond to the needs of people with disability, their families and carers and to develop natural networks of support around people with disability
- prevention of escalation of support needs, capacity building and locally based, practical solutions
- supporting the concept of a wide entry gateway
- services directed to 'hard-to-reach' individuals or communities
- building and supporting informal support systems
- formal services and funding as the last, not the first, response. This role is delivered through:
 - working with people with disability, their families and carers to consider their immediate and future goals and how these might be best achieved

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- working with individuals and their families to achieve their goals by building new networks and accessing support and services in their community; and/or
- working alongside communities and mainstream services, supporting them to become more welcoming and inclusive
- the purchase of low cost one-off supports; and
- A small amount of seed-funding for community capacity building, community inclusion activities, individual capacity building or to incubate innovative start-ups or initiatives to deliver supports where and how people require at the local level.

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Implementation principles and considerations

All jurisdictions have agreed on the Framework for ILC supports under the NDIS. The Framework has been developed to guide the NDIA's implementation and operationalisation of ILC supports, in line with the agreed implementation and funding principles.

Implementation Principles

Purpose of ILC Supports

- ILC implementation should support the objects and principles of the NDIS.
- ILC supports have a focus on capacity building – for people with disability; their families and carers; communities; mainstream support sectors and organisations.
- ILC supports enable and strengthen the economic and social participation of people with disability in their communities, and focus on equity and access particularly for hard-to-reach groups.
- ILC and IFPs are not mutually exclusive. ILC supports are available to people with disability, their families and carers, regardless of whether they are receiving an IFP. ILC supports may be the only interaction a person requires with the NDIS or may complement a participant's IFP.
- Implementation of ILC and IFP establishes a range of support approaches which people with disability can utilise. This ensures that people who only need low-level specialist disability supports can access the support they require without the need for intensive eligibility or planning processes.

Structure and Implementation of ILC

- ILC implementation will support tailoring of supports to specific groups of people who will access ILC supports, such as Aboriginal and Torres Strait Islander people, people who live in rural and remote areas, culturally and linguistically diverse communities, people with mental illness, people with high and complex support needs, and children and young people.
- ILC implementation will include accessible and broad reaching communication strategies, which promote an understanding of ILC supports at both the national and local levels. Communication strategies will cater for the diverse communication needs of people with disability, including (but not limited to) strategies for people who are blind or vision impaired and Easy English documentation.
- ILC implementation must be aware of the diverse needs of people with disability and the challenges faced by people in remote locations.
- ILC implementation should include building the capabilities of staff that provide ILC supports, including staff in the NDIA, so that they understand the different parts of their role, such as providing local solutions to people as well as building the capacity of communities and changing attitudes.

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- ILC implementation should consider how LACs and other ILC providers could best make sure that anyone who seeks support through ILC is connected with the most appropriate services.
- ILC implementation needs to provide flexibility to enable the NDIA and each jurisdiction to implement the agreed ILC policy in line with the individual jurisdictions' transition models.
- ILC supports should build on existing good practice and effective partnerships. ILC supports should be implemented in collaboration with existing and continuing service arrangements, recognising the role of local and jurisdictional planning, governance and consultative structures.
- A place-based approach to ILC supports should be undertaken, in response to local and community need.
- ILC arrangements should be designed to align with mainstream interface areas and prevent the development of parallel systems, particularly aged care (for over 65s) and mental health where participants may not be eligible for an IFP.
- ILC supports should not inhibit philanthropy and volunteers. The NDIA should encourage and strengthen involvement of this sector.
- ILC supports must be implemented based on identified needs and address:
 - Varying perceptions and understandings of disability
 - Access for individuals with episodic need or early stage diagnosis
 - Culturally and linguistically diverse communities
 - Gender and gender identity
 - A breadth of communication needs
 - Individuals who do not voluntarily seek support or engage with formal services; and
 - The recovery approach and language used in the mental health sector.

Range of Supports and Approaches

- ILC enables pathways, supports and services across each successive life stage
- ILC supports have regard to differences in current jurisdictional operations
- ILC supports are highly flexible and evolve over time, in line with changing needs (either locally or nationally) and based on good practice and ongoing learning
- ILC supports are responsive to the needs of people with or affected by disability, including families and carers
- ILC supports respond to the diverse needs and circumstances of people with disability, in particular groups who do not engage with services
- ILC promotes peer support and facilitates the contribution of lived experience of disability, as a means of capacity building for individuals, mainstream systems and communities.

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- ILC has the capacity to deliver supports for the dual purposes of early intervention (avoiding escalation of the impact a person's disability on their functional capacity) and scheme sustainability (cost implications of providing all supports through individualised arrangements).
- ILC supports operate in conjunction with any quality and safeguard framework for the NDIS, and are implemented to ensure transparency of service delivery and effective facilitation of choice and control is enabled; and
- The NDIS should have capacity to provide ease of access to one off low cost supports or low cost equipment where it is sufficient to facilitate independent living or social and economic participation, or reduce potential future support costs and requirements.

Ongoing engagement with stakeholders

- The implementation of ILC should include ongoing engagement with people with disability, their families and carers, the community and support providers.

Interfaces

- ILC supports complement but do not diminish governments' responsibilities under the *National Disability Strategy 2010-2020*. For example, ILC will complement government service provision by providing information directly and indirectly on the needs and experiences of people with disability and their families/carers in order to facilitate service improvement.
- All governments have agreed (through COAG) on the Applied Principles and Tables of support to guide the interaction between the NDIS and mainstream support sectors. ILC supports may assist jurisdictions and mainstream sectors to meet their agreed responsibilities, but will not replace mainstream support delivery for people with disability.

Intersection with IFPs

The ILC and IFP functions of the NDIS overlap, as a person can receive supports through either function or from both functions. A person may access support through ILC without receiving an IFP, for example by making an enquiry that results in a referral to another service system.

Alternatively, people who have an IFP can also access supports available under ILC, for example, by accessing a combination of specialist disability supports, LAC support and support through the mental health system.

The range of activities offered under ILC should minimise the need for people to receive support that is individually funded under the NDIS. Through individual capacity building, people with disability, their families and carers may also receive support that stabilises their needs, and helps to slow or prevent their needs escalating to a level that requires an IFP. This is a key component of the NDIS social insurance model and will contribute to the sustainability of the NDIS.

For people who are not receiving an IFP, supports provided under ILC will assist them to live independent and active lives, with a focus on preventative intervention. For example, ILC can provide one-off, low-level or episodic supports, minimising the likelihood of a person

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becoming eligible for an IFP in the future. Further work is necessary to establish a decision-making framework for these cases.

A person may meet the access criteria for the NDIS and therefore be eligible for an IFP, but can choose to access one-off or low-level or episodic support through ILC instead. In determining access to these supports, the NDIS should consider whether more extensive and immediate support is necessary (and therefore require the development of an IFP) and the extent to which the general disability supports under ILC will be sufficient preventative intervention.

IFPs will fund reasonable and necessary supports that cannot be sourced through informal, community or mainstream networks. Options under ILC should ensure that ILC supports are easily available without the need to complete formal planning processes through the NDIA.

Intersection with mainstream sectors

As discussed earlier under the chapter on the *Five Streams of ILC*, ILC will have an important role in supporting people with disability to connect with and access mainstream supports and in supporting the capacity building of mainstream services to provide access to people with disability.

Australian governments have agreed on principles to determine the responsibilities of the NDIS and other service systems. Australian governments and the NDIA have been working together to improve the operationalisation of these principles to clarify the relationship between NDIS and mainstream sectors.

The role of mainstream sectors may be further delineated through bilateral negotiations and multilateral agreement for transition to a full scheme NDIS.

It is important that all governments maintain their effort with respect to the implementation of the *National Disability Strategy 2010-2020*. The Strategy was agreed by all Australian governments in 2011 and provides the framework for disability reform in Australia. While improvements in the provision of disability specific supports, such as the NDIS, are an important component, the Strategy has a particular focus on improving the performance of mainstream service systems to ensure that people with disability have equal access.

Mainstream sectors have an ongoing responsibility to address structures and systems that are barriers to access, including responsibility to put in place adaptations that meet the needs of people with disability. These are enshrined in Commonwealth and State and Territory policies and laws (for example, The *Disability Discrimination Act 1992*). These responsibilities will not change with the roll out of the NDIS.

Funding Principles

ILC supports can be funded through a range of mechanisms, provided they are outcomes-based and encourage the development of a competitive and innovative market, that allow the NDIS to target its funding to achieve intended outcomes transparently and efficiently.

The ability to choose an appropriate funding mechanism allows the scheme to target funding carefully to respond to systemic issues that impact on outcomes for participants, non-participants, support sectors and the scheme.

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ILC funds supports, determined as necessary by the scheme, which are not funded through a person's IFP, but are instead funded by the scheme, either through its own internal operations or by directing funding to a third party, such as a service provider.

Flexible ILC funding could foster change and improvement in the support provided to people with disability in communities and by mainstream services, by leveraging off best practice for support delivery, or commencing new initiatives as the market develops and local support needs change.

Funding mechanisms

ILC supports can be funded through a range of mechanisms. Funding may, for example, be most appropriately provided through:

- Bulk purchasing arrangements
- A contract for support
- Grants for short-term capacity building programs or building works to improve community accessibility
- Staff employed by the NDIS to deliver a particular service for example planners, assessors; or
- Local Area Coordinators with access to a small amount of funds to enable purchase of one-off low cost supports (such as small items of equipment or individual capacity building), and to seed fund community capacity building and community inclusion activities. This can enable the NDIS to ensure that people who have very low cost support needs and do not require a long term relationship with the NDIA through an individual plan can receive once off support that prevents them having to apply to be a participant without the need for intensive eligibility and planning processes.

Social capital, provided predominantly through philanthropy and volunteers, is instrumental in increasing the capacity of organisations to deliver supports to people with disability, their families and carers. The NDIS should encourage social capital and activities under ILC should facilitate its involvement, where appropriate.

ILC could also foster a competitive and innovative market through:

- A variety of procurement processes, for example seed funding organisations to harness social capital and philanthropy; or
- Local Area Coordinators having access to a small amount of funds to enable purchase of one-off supports or to seed fund community capacity building, community inclusion activities or individual capacity building. The aim would be to establish a culture of small-scale innovation and experimentation.

Accountability measures

ILC funding mechanisms should have accountability measures linked to outcomes. Some examples may include:

- supporting people with disability to exercise choice and control and navigate systems
- sustaining families and carers in their caring roles
- improving access to the community and mainstream services; and
- increasing the evidence base on effective early intervention and prevention.

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Guidelines would need to be developed to support and target decision making by LACs on use of funds for one off low cost supports (such as low cost items of equipment, or individual capacity building) and community capacity building and inclusion activities. All funding should also be subject to review mechanisms that enable demonstration of benefit to scheme objectives.