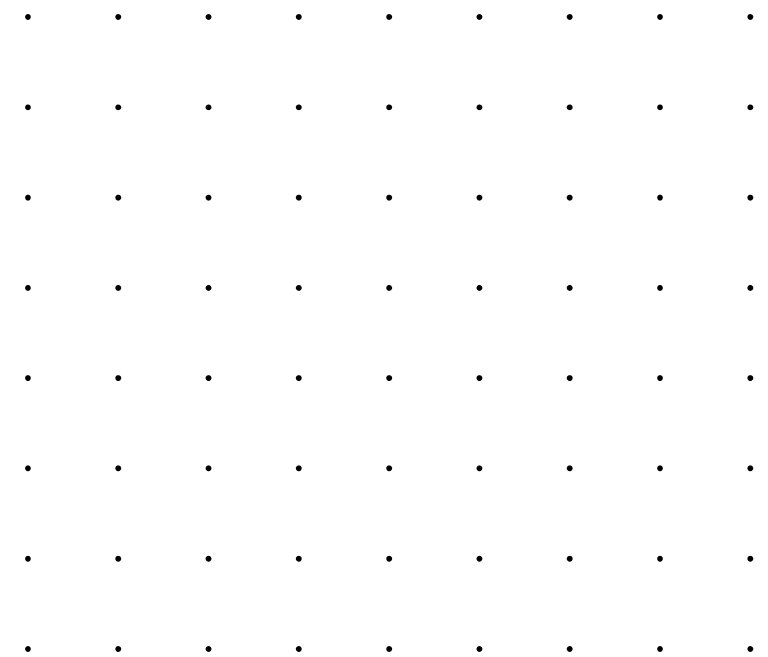# Informing Investment Design: ILC Research Activity

Summary of Findings

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December 2021

Acknowledgement of Country

We respectfully acknowledge the Wurundjeri People of the Kulin Nation, who are the Traditional Owners of the land on which Swinburne's Australian campuses are located in Melbourne's east and outer-east, and pay our respect to their Elders past, present and emerging.

We are honoured to recognise our connection to Wurundjeri Country, history, culture, and spirituality through these locations, and strive to ensure that we operate in a manner that respects and honours the Elders and Ancestors of these lands.

We also respectfully acknowledge Swinburne's Aboriginal and Torres Strait Islander staff, students, alumni, partners and visitors.

We also acknowledge and respect the Traditional Owners of lands across Australia, their Elders, Ancestors, cultures, and heritage, and recognise the continuing sovereignties of all Aboriginal and Torres Strait Islander Nations.

Introduction

Aim of presentation:

- Provide short overview of findings to identify:

1. What has been done to date (shape of current ILC investment)
2. Issues, needs and gaps (to shape future investment).

Context:

- Relatively small funding pool for large scope of program
- Context has changed since ILC design

Any investment design has inherent tensions:

- Some issues identified here (via program data and stakeholder viewpoint)
- Key considerations 'called out'
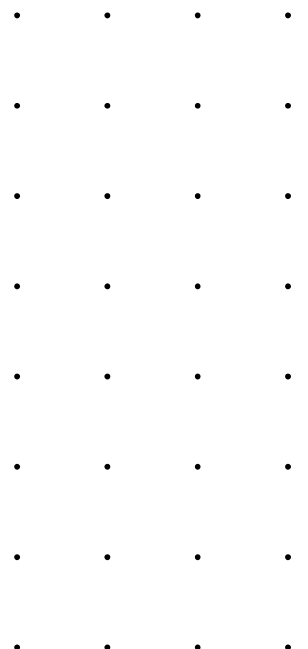
ILC Grant Streams – a reminder of initial design

National Information Program (NIP)	'ensuring people with disability, their families and carers have access to up-to-date, relevant information linking them to supports and services in the community' (p.7).
Mainstream Capacity Building (MCB)	'building the capacity, knowledge, skills, practices and cultures of mainstream services so they have the skills to meet the needs of people with disability through short term catalyst investments' (p.7)
Economic and Community Participation (ECP) **Economic Participation (EP)** **Social and Community Participation (SCP)**	'connecting people with disability to activities, employment and community supports and opportunities, helping communities and employers to be inclusive and responsive to people's needs locally, and nationally' (p.7).
Individual Capacity Building (ICB)	'enabling systematic, nationwide access to peer support, mentoring and other skills building for people with disability, carers and families'. A network of DPFOs to be supported (p.6).

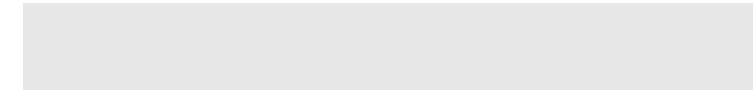NDIA (2018) *Strengthening ILC. A National Strategy towards 2022,* https://www.dss.gov.au/sites/default/files/documents/10_2020/ndia-website-ilc-investment-strategy.pdf, pp.6-7

Section 1: Research scope and design

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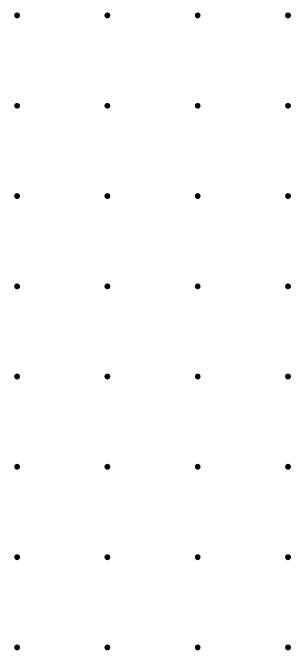
Research focus

Assist DSS to **build an evidence base** for the ILC Program and **inform the future investment strategy**

Includes:

- Program scope

- Needs, targets and reach

- Investment levels

- Project sustainability, change maintenance and expansion

Too early in funding cycle, for these grant rounds, to include project outcomes.

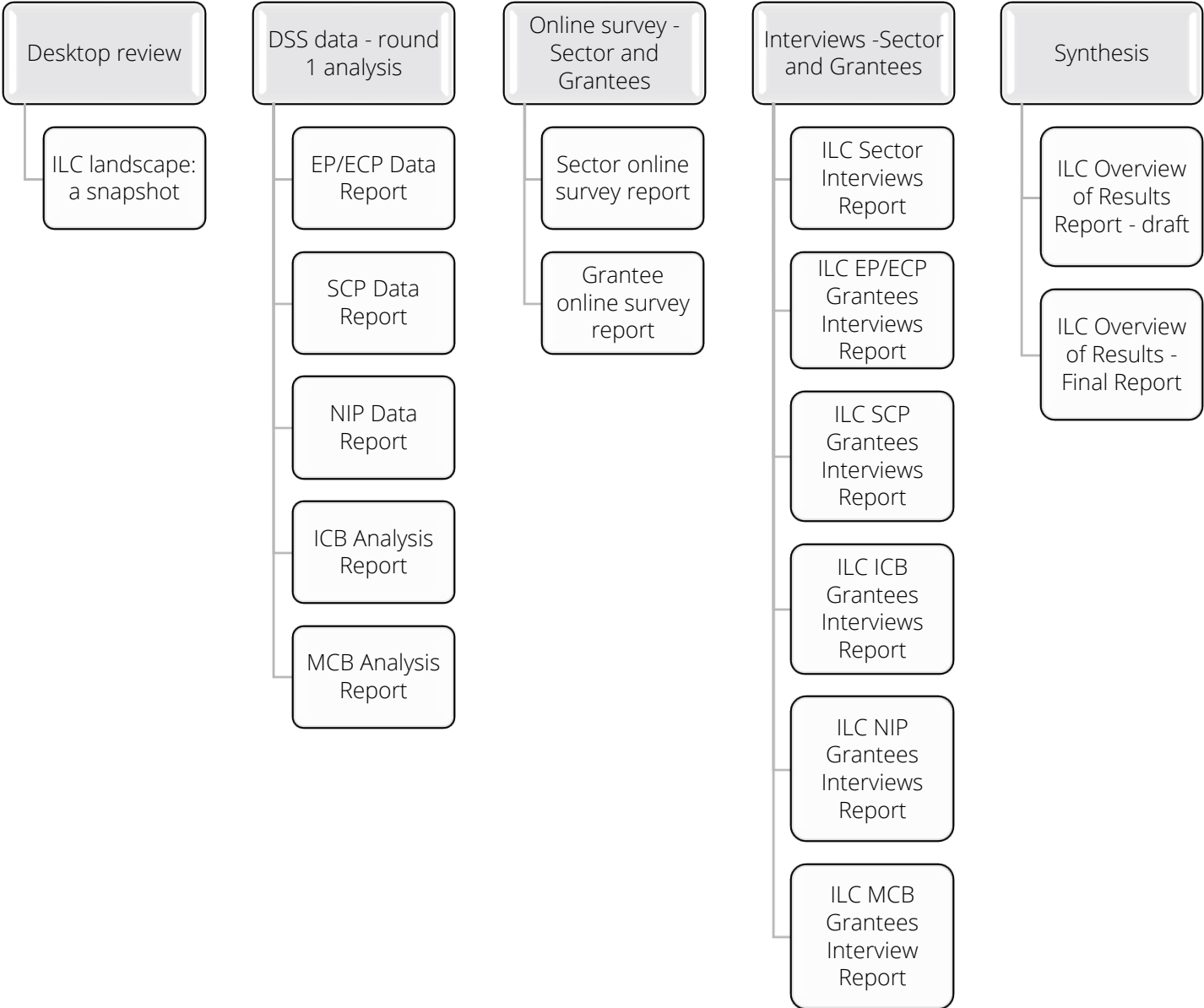Focus on 2019-2021 grant rounds only.

Methods

Desktop review of literature Recent reports and inquires			
DSS ILC Grantee data (administrative data)			
EP (including ECP round) **ICB** **MCB** **NIP** **SCP** (including ECP round)	Analysed June – September	Data from 54 projects Data from 244 projects Data from 28 projects Data from 37 projects Date from 146 projects	2019-2021 rounds **TOTAL: 509 projects**
Online survey			
Grantee survey	Conducted 2-30 August 2021	Grantees of 5 ILC streams	512 invited (across 405 organisations) **294 final sample**
Sector survey	Conducted 27 July – 20 August 2021	DPOs, DROs, Family and carer organisations, and a small number of disability service providers, and mainstream organisations	233 invited **76 final sample**
Interviews			
Grantee interviews	Conducted mid August – mid September 2021	Grantees of 5 ILC streams	213 invited (including those who self-nominated via survey) **74 final sample**
Sector interviews	August – September 2021	DPOs, DROs, Family and carer organisations, disability service providers, mainstream organisations	30 invited **32 final sample**

477 individuals provided data

Reports from project

Desktop review
- ILC landscape: a snapshot

DSS data - round 1 analysis
- EP/ECP Data Report
- SCP Data Report
- NIP Data Report
- ICB Analysis Report
- MCB Analysis Report

Online survey - Sector and Grantees
- Sector online survey report
- Grantee online survey report

Interviews -Sector and Grantees
- ILC Sector Interviews Report
- ILC EP/ECP Grantees Interviews Report
- ILC SCP Grantees Interviews Report
- ILC ICB Grantees Interviews Report
- ILC NIP Grantees Interviews Report
- ILC MCB Grantees Interview Report

Synthesis
- ILC Overview of Results Report - draft
- ILC Overview of Results - Final Report

Section 2: Findings

Investment

Consideration: what proportion of investment should be allocated to streams?

- Most investment in ICB (though smaller grant sizes)
- 1/3 of all investment to cover MCB, EP and SCP (together)

	Total $ 2019-2021	% of ILC investment	Grant range	Funding period
ICB	$160,559,432	50%	$12,000 - $1,950,000	1 to 3 years
NIP	$ 59,542,104	18%	$365,160 - $8,418,298	2 or 3 years
MCB	$ 37,889,707	12%	$270,000 - $6,000,000	2 or 3 years
EP	$ 36,014,589	11%	$250,000 - $3,731,456	1 or 2 years
SCP	$ 30,088,716	9%	$20,000 - $3,731,456	2 or 3 years

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Jurisdictional distribution

Consideration: should geography guide investment – on what metrics?

Population-based distribution (noting this has inherent flaws):

- Less populous jurisdictions have slightly higher share of $

- No EP grants in Tasmania

| GRANT FOCUS	EP	ICB	MCB	SCP	NIP		ACROSS STREAMS		ABS (2021)	ABS (2019)
	grants (n=54)	grants (n=244)	grants (n=28)	grants (n=146)	grants (n=37)	location of HQ	total grants	total ILC funding	Australian population	Disability prevalence in State %
	%	%	%	%	%	%	%	%	%	
VIC	20	17	17	18		36	17	21	26	17
NSW	15	21	21	16		25	17	26	32	17
SA	13	6	7	14		11	9	10	7	19
WA	13	11	14	12	5	11	11	14	10	16
QLD	9	10	14	14		14	11	17	20	19
NT	4	3	3	3		3	3	3	1	12
ACT	2	6	0	1		3	3	4	2	19
TAS	0	5	7	2			3	5	2	27
National	0	13	14	10	92		17	*		
Multi-jurisdictional	24	9	3	9	3	3	10	*		

Geographic distribution

Consideration: should geography guide investment – on what metrics?

EP projects: 41 (76%) of 54 projects mapped.

The remainder (13) were multi-jurisdictional.

- Small investment in EP => significant gaps

- Lack of projects in remote and very remote areas consistent across all streams

# Grants mapped	**41**
# Delivery locations (post codes) mapped	222
# Unique delivery locations	**194**
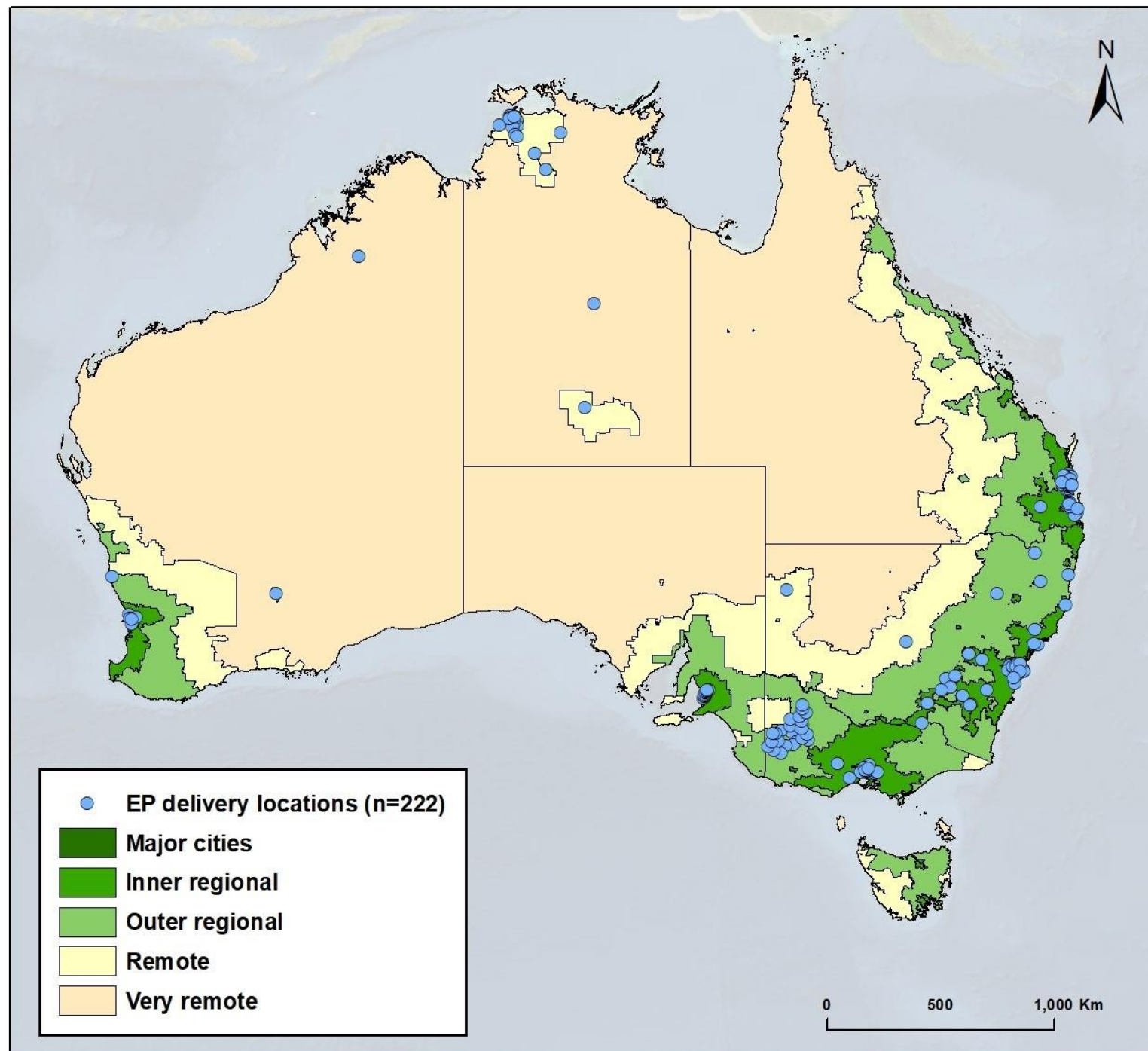
EP delivery locations (n=222)
Major cities
Inner regional
Outer regional
Remote
Very remote

Geographic distribution

Consideration:
- Should geography guide investment – on what metrics?
- How to ensure project activity in high need LGAs?

Metropolitan Melbourne

SCP projects: 20 mapped (of 26 in Vic).

Mapped against Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD)

- Typically across streams, ILC projects don't deliver to most disadvantaged LGAs

# Grants mapped	**20**
# Delivery locations (post codes) mapped	72
# Unique delivery locations	**54**

SCP delivery locations (n= 72)
Melbourne
SEIFA (1 = most disadvantaged)
Decile
1
2
3
4
5
6
7
8
9
10

0   15   30 Km
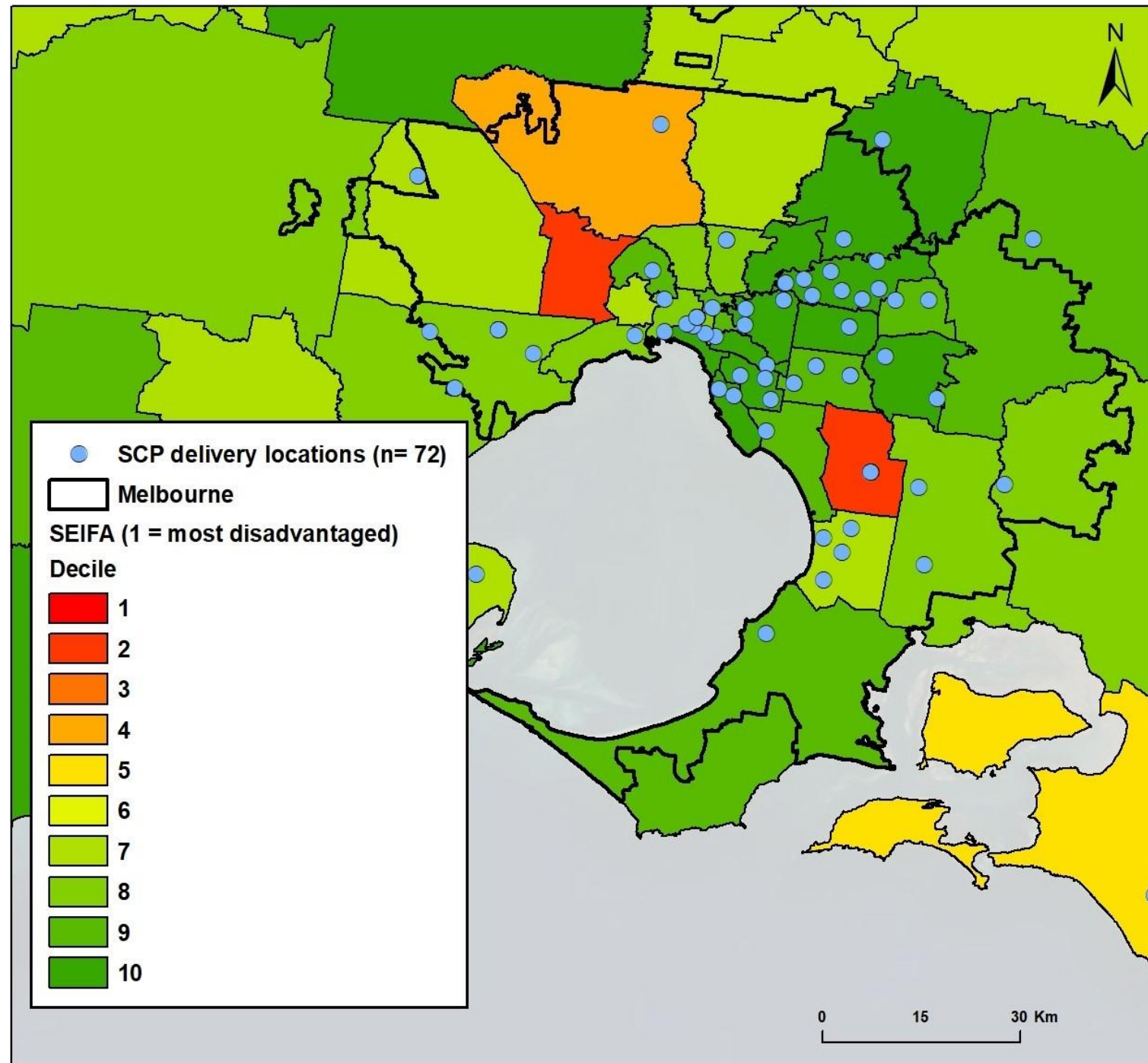
Cohort focus of ILC projects

Consideration: when is a disability cohort focus, or differentiated approach, most useful/needed?

Disability group	EP % of projects (n=54)	ICB % of grants (n=244)	MCB % of grants (n=28)	NIP % of grants (n=37)	SCP % of grants (n=146)	ACROSS STREAMS % of total grants (n=507)
All	56	42	29	16	60	46
Intellectual Disability	19	19	54	19	23	22
Psychosocial	19	12	21	11	14	14
Other	13	4	0	0	2	4
Autism	9	15	43	8	25	18
Developmental Delay	7	8	25	3	16	11
Visual Impairment	6	4	1	3	13	7
Other Physical	6	5	0	3	16	8
Other Neurological	4	5	0	14	14	8
Other Sensory / Speech	4	6	11	5	17	9
ABI	2	6	61	5	10	10
Spinal Cord Injury	2	1	7	5	5	3
Cerebral Palsy	0	1	14	3	10	4
Hearing Impairment	0	3	14	5	16	7
Multiple Sclerosis	0	0	4	0	8	3
Stroke	0	1	7	0	8	3

DSS administrative data is consistent with priorities about cohort focus identified in surveys and interviews.

Noted priorities:

• All people with disability

• Intellectual Disability

• Autism

• Psychosocial disability

PLUS qualitative data suggested a focus on:

• Those most marginalised

ILC Priority Cohorts

Grantee survey shows higher focus on priority cohorts than anticipated in application data

- But numbers don't align with mapping of delivery locations (to date)

Qualitative data shows people are sceptical about actual delivery levels, particularly in rural and remote areas, vs cohorts targeted in grant applications.

	EP grants	ICB grants	MCB grants	NIP grants	SCP grants	Across streams	Grantee survey sample
ILC priority cohort	% (n=54)	% (n=244)	% (n=28)	% (n=37)	% (n=146)	% (n=507)	% (n=294)
Aboriginal and Torres Strait Islander	33	11	29	11	23	18	25
CALD	35	7	18	8	25	16	30
People living in rural or remote areas	28	N.A.	64	46	17	11	27
Children and young people	56[1]	6[1]	N.A.	N.A.	58[1]	9	35
LGBTIQ+	15[1]	2	0	3	10	3	16
Homeless or at risk of homelessness	N.A.	2[1]	N.A.	N.A.	N.A.	1	6

Other cohorts (of participants)

Grantee survey data:

- Largely projects do not differentiate between NDIS and non NDIS participants
- 84% target 18-24 year olds
- 78% target 25-44 year olds
- 71% target 45-64 year olds
- 42% target over 65 year olds
- 46% target secondary school aged
- 23-36% target pre or primary age

- 67% focus on family members and carers
- 47% focus on community members
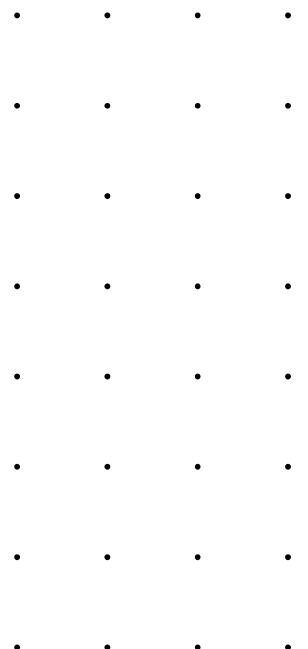
What do ILC projects do?

ILC projects focus on 'Capacity building' = building social networks, personal development, knowledge, skills, resources, attitudes, behaviours/practice, policy

EP	ICB	MCB	NIP	SCP
Provide employment supports across: ▪ Supply side (jobseekers) ▪ Demand side (employers/workplaces) ▪ Societal (macro level) Clusters of activity filling gaps in employment supports ▪ 44% of projects focus on building inclusive workplaces ▪ 41% focus on building foundation skills and work expectations of jobseekers	Most focus on people with disability 'Capacity building' focus of projects: • 81% social capital • 79% personal capital • 60% knowledge capital • 50% material capital Overall focus: • 76% social inclusion • 58% choice/ empowerment • 57% access to services and benefits • 31% learning, skills and development • 26% employment	93% focus on health practitioners 'Capacity building' focus of projects: • 79% practice • 57% knowledge • 46% communication skills • 36% skills • 25% networks • 21% service coordination • 18% attitudes	Most projects are diagnostic specific • Websites • Resources • Phone advice/help Most provide information about the disability, and available supports/services	Varied focus: community and people with disability 'Capacity building' focus of projects: • 36% infrastructure and resources • 33% knowledge • 27% skills • 10% practice, behaviour • 6% attitudes Overall focus: • 79% participation in community activities (mostly sport) • 29% social connections • 11% socio-emotional health • 10% personal development and living skills

The logic of the ILC – as expressed by grantees and sector
Qualitative commentary

Original design of ILC understood to be:

- Aligned with National Disability Strategy (now Australian Disability Strategy)

- Understood to be part of Tier 2, alongside LAC/ECEI

- Focus on all people with disability (NDIS participants and those not in NDIS)

- Play a role in NDIS sustainability

- ILC restricted from funding systemic and individual advocacy, and responsibilities of other portfolios and jurisdictions
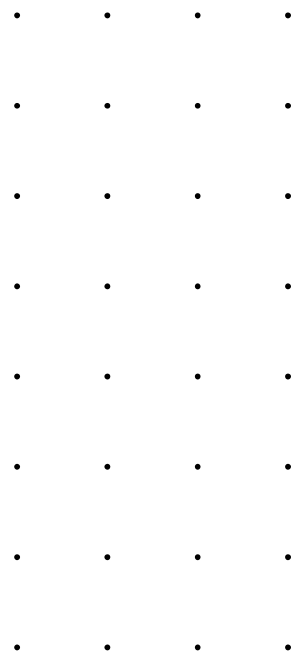
The logic of the ILC – continued

But things have moved on since initial design. Context now is different

- LACs not been able to deliver community capacity building and linkages as intended

- ILC grants have therefore become main investment in this and therefore insufficient

- Increased client capture resulting from NDIS market based system
  - Community inclusion now commodified and requires funding

- Contraction of services available to people with disability without NDIS funding

- Unclear what is now available in Tier 2, and level of need also unclear.

This means:

- 'Demand sector' (DPOs, DROs, non-service providers, grass roots orgs) as a key 'infrastructure' of Tier 2:
  - Counterbalance market
  - Freely available
  - Offer independent information, peer leadership, capacity building for self advocacy etc.
  - Source of reform pressure on market

- BUT, inadequate, precarious funding with resultant organisational loss

*If the people who haven't met those [NDIS] criteria aren't getting the support to get out and about in the community and engage, then **we're going to have a whole generation of people who, whilst considered mildly disabled, are going to be much more impacted than those who had a heavy disability and meet the NDIS criteria (MCB4).***

[The 'demand sector' is] the space where we've got agencies who aren't service providers, who are involved in getting people great information, supporting people to believe in themselves, think about informed choice making, coalesce with other people for purposes of shared journeys, mutual support collectives, advocacy, offering content where people feel like they're growing their capacity, understanding how to navigate certain things (SKI2).

Desired purpose and scope of ILC investment

- ILC investment as a 'change strategy' (i.e. driving change)
- ILC fills a gap at Tier 2 in absence of other funding – needs to continue

- Current focus is good but needs clearer strategy to tie together the elements of the change strategy
- Work across a spectrum of change
  - Invest in activity at national, state/territory, regional and local levels (tied together, recognise that each has a place and is inter-connected/ inter-dependent)
- Needs coordination of activity to maximise effect
  - Grants program silos activity and disrupts connections

*[ILC funding] **It's very unique.** It's an opportunity that if it didn't exist, ... people that don't get the direct NDIS funding, would have really, really, limited opportunities ... There's no other program that's out there, so it's absolutely filling a gap ... that's really, really needed (NIP20).*

*[ILC investment stewards need to ask] **'Does this make sense as a strategic collective purchase? ... How about joining some of the dots' (SKI2).***

The logic of the ILC – continued

Needs, priorities and gaps

- Mainstream and community change a priority

  - Otherwise 'band aid' measures not address ableism

- Need to include a focus on systemic issues

  - Address embedded exclusions, disconnect between systems, negative attitudes (including of disability services and mainstream workforce)

- Individual capacity building a priority

  - For individuals with disability and family members

- Access to independent information

  - In relevant, accessible ways including one-one, use of appropriate communication/language

- Employment/economic participation

- 'Hidden' people with disability in some systems (e.g. criminal justice)

- Focus on all people with disability

- Special focus on those experiencing higher levels of marginalisation

- Investment in the 'demand sector'

There is an over investment of ILC that focuses on a very individual level response, and really lacks impetus to create any sort of systemic change (NIP9).

There's a need for information, and it's a need for tailored information. So, the National Disability Gateway doesn't do it. **People need disability specific information delivered on the ground in their community. ...** that information piece is probably one of the highest priorities because I think you can actually see it as preventative. If people are getting the information they need at the right time, it can often reduce the demand on the NDIS or reduce the demand on the health system (NIP8).

The first thing to do is stop thinking about it as a purchase and think about it as an investment, because when we think about purchasing we go straight to competitive tendering, working out what the nature of the call [for applications] is, but now what they're doing is investing. **This is an investment in the 'demand sector', so the 'demand sector' can grow its capacity (SKI2).**

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The logic of the ILC – continued

Needs, priorities and gaps – continued

Complex set of over-lapping responsibilities across jurisdictions and systems.

For example:

- Gaps in service provision (market stewardship)

- Gaps in workforce capacity

- Reliance on (unfunded) parts of 'demand sector' to prepare people with disability to engage in NDIS funding areas

The NDIS has created a really significant gap around some of those services …. We are the safety net for those people [with brain injury] … If they don't get that service and support from us or get directed to the right service, they end up in prison. We know people with brain injury are overrepresented in prison. They end up in the hospital system, they end up homeless. *They're all services that are being funded by state governments and the cost is far greater through the prison, or the hospital, or your health system, or your homelessness system…. than what they were paying us to deliver that service (EP4).*

*I laugh at all the money that gets put into coordinating of services that aren't there, and **the gap really is in service provision to be honest… they've not funded enough services out there** (SKI12).*

it's a problem because people wrongly think that the NDIS does disability now and so a lot of services or areas are stepping out of providing disability specific support with the idea that the NDIS is meant to be doing that… We did a big project on vocational education and training in [State] and there was this recurrent theme: … 'we don't need to provide disability specific support for students because they're getting that from their NDIS plans' (SKI4)

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[The NDIA Support for Decision Making and the Home and Living policy changes] both lean on peer support and say that there should be capacity building activities, but there's nothing in there around how they will be funded. … and there is nowhere else [other than ILC] that they're being funded. They're currently just being propped up by organisations that don't really have the resources to prop them up. I think that should be a really key focus for ILC (ICB21).

*it's probably not an ILC funding [responsibility], **NDIA and DSS and Commonwealth government have to make a commitment to increasing the workforce capacity especially in the Deaf sector: It's Auslan teachers, interpreters and teachers of the Deaf … The state government in [State] last year subsidised a lot of courses, but Auslan interpreting wasn't one of them.** We tried to get them to change that. It takes a long time to become an Auslan interpreter, so need the incentives (SKI10).*

The logic of the ILC – continued

Funding design

Problems:

- Disjuncture between change agenda of ILC and current funding mechanism which promotes 'scattergun' funding

- The 'change' activities require building of trust, ongoing/long term delivery of support to address entrenched and complex issues – not suit short term, stop-start funding

- Competitive grants program disincentivises collaboration, shared learning and partnering to replicate/scale

- Short term funding leads to workforce and knowledge loss

How would you, in a grant scheme, create systemic change? (SKI7).

How much knowledge and skill resources are we losing every time these projects end? (SCP3)

*If you get a grant, you do your two-year work, you stop, you get another one a year later. **All of that experience and good will is ... gone and you have to start again. That's really disjointed - it's just money down the toilet because you've got to start all over again (NIP4).***

*The way the grant rounds work, **there's not enough time and there's not enough incentive to try and collaborate across organisations (NIP8).***

The logic of the ILC – continued

Funding design continued

Solutions:

- A 'targeted commissioned approach'

    - Takes a strategic view of the needs and funding/resources/organisations available across jurisdictions and works out how to make best use of them

    - Includes thinking about both procurement approach AND stewardship

    - Driven by strategy where investment focuses on necessary pieces of work + delivered by 'right' organisations

- Inter-dependent activities across the ecosystem (national, state/territory, local)

- Focus on areas of need + continued funding for 'what works' and support to scale

- Invited tenders, two-stage applications (EOI +), invitation to 'pitch'

- Support to connect to collaborators and shape project design

- Regional commissioning – opportunity to co-design regional strategy

- Stronger focus on 'demand sector'

- Incentivise peer led activity and employment of people with disability (via funding incentives, quotas)

*It's really important that DSS actually have really strong intelligence around what is happening on the ground. ... **It's really understanding the landscape and then where can the Department, through its funding, make the biggest impact (NIP19).***

*There needs to be translation of **where you see a good program and you see a long-term need for it, for that to then move into a pool of long-term sustainable funding (EP12).***

*If you've gone for a grant, it's been successful, let's not go and compete again to come up with a thousand different ways of doing the same thing. **If they're achieving their outcomes then turn it into a model so that you're funded based on the outcomes you get (NIP20).***

If the grant conditions prioritise organisations that are led by people and employ people ...with disability, then you're creating an incentive for organisations to lift their game (NIP4).

The logic of the ILC – continued

Timescale of funding

- Longer term funding 3-5 years is necessary to achieve change/outcomes
  - Co-design takes time
  - Some cohorts require more time (ID, where first language not English, CALD, remote etc.)
  - Recruiting staff with suitable skills for some cohorts takes time (e.g. specialist communication/language skills)

- Recurrent funding for ongoing needs / 'core' activities
  - For example:
    - Information and peer support for newly diagnosed
    - Maintaining information delivery and currency
    - Systems change activities
    - 'Demand sector' as critical infrastructure (providing capacity building, leadership development, advocacy, information, peer support)
  - 'Block' funding for non service providers only, with associated accountability
- Short term funding for seed and innovation focus
  - But generally, 12 month funding is 'absolutely ridiculous'

These are very long-term strategies and the nature of these grants are very short term and it makes it very, very difficult to have a real genuine impact … I'm working with vulnerable groups and when you're struggling with language barriers, cultural barriers, people not even necessarily understanding the concepts of speaking up for yourself … The government needs to understand that to be having an effective impact in months is very, very challenging. Because often it takes that amount of time just to build trust and build relationships (ICB23).

The trouble with any project, whether it's 12 months or three years, is that a lot of good work gets done, momentum picks up, people with disabilities become engaged and invested in it, and then it's all over and everything shuts down and it's just history (SKI21).

But there does seem to be a bigger proportion of funding coming by way of these kinds of project grants these days, as opposed to recurrent funding. It creates difficulties in terms of being able to move to bigger premises and having confidence that you're going to have recurring funding to be able to sustain a workforce, and to justify investment in staff and training and all those kinds of things (EP8)

The logic of the ILC – continued

Investment governance, funds management and project support

Investment governance

- Sector wants greater involvement in investment design and allocation – advisory structure, increased roles of people with disability

Information

- Increase information about funding schedule and focus (to inform planning)

- Increase transparency of allocation decisions – draw on knowledge of sector

Grants applications – currently:

- Inaccessible (mode, language, workload i.e. more than 99 hours)

- Favours large organisations (who hire grant writers)

Active investment curation

- 'Match make' collaborations

- DSS grants-managers to provide information and support as 'partners' in project success

- More meaningful and useful monitoring

- Invest in mechanisms to support shared learning, shared resources, knowledge transfer, replication

When you're a small organization that's running on the smell of an oily rag, *the capacity to do that [dedicate time to grant writing] is really limited (EP4).*

It would be good if, as we approach the end of the grant, it'd not just be, "Okay, cool, see you later", it's, "Okay well what did you make here? What were the outcomes? Is that something that we, as the funder, want to continue some sort of arrangement with because we think it's worthwhile?" (NIP2).

it doesn't make sense that we're not actually talking about what it is that's been learned. What are the outcomes? What particular projects might then be able to be taken on board by LAC or ECEI services to continue? There's a very large disconnect (SKI15).*

It needs a connector role … that could bring us [grantees] all together (ICB3).

The logic of the ILC – continued

Sustainability

- Mostly not feasible to continue project activity without funding
  - Lack of time to develop to point of self-sustainability
  - Almost half survey respondents (grantees) anticipated some things could continue
  - Big impact on loss of skilled personnel, knowledge, wasted resources
  - Loss of cohort and community trust
- Lack of other funding sources
- Vexed issue of commercialisation
  - Fee for service is against purpose of demand sector and change agenda
  - Limits reach of activity
  - IP protection issues drive against knowledge sharing, collaboration, replication
  - Some evidence that some grantees use ILC to develop a commercial product, get it market ready and test level of market.
- Disinterest from government in supporting scaling and replication
  - Need for funded 'next layer' to support organisations to sustain/scale, e.g. Support Hub/organisation.
  - Need to support links to other funders or collaborators etc.

*I just don't see the value in running a project, proving that it works, proving that there is a gap, **and then taking that money away because it would just go back to having a gap (ICB9).***

I challenge any organisation, DPO or otherwise, to go from incubation to self-sustainability in three years (ICB13).

*If we're not investing long term in capacity building services, then there is a level of competition that we're going to have to sell what we develop and innovate... **there's a level of reluctance to share all of our IP nationally.** It is a conflict of interest. ... But the reality is, if [it]... remains grant funded – it is not going to encourage people with the expertise and resources to share because they want to keep a competitive edge (MCB5).*

one of the challenges we face is that we very deliberately made a decision at the Board, not to become an NDIS provider, and we did that because we wanted to be able to advocate independently without any perceived conflict of interest. ...** But what it does mean is that we get to the end of some of these projects, and some of them are convertible into potential fee for service models that people could pay for with their NDIS funding. But of course, we're not a registered provider, so that removes that opportunity. But we also need to consider that the purpose of these grants is for non NDIS participants as well. So even if we were an NDIS provider that still wouldn't be helpful to them **(SKI5).

Some considerations to inform investment design

- Focus of investment – what are the changes that are being invested in?

  - What are the causes of the issues/needs (e.g. what holds marginalisation and exclusion in place)?

  - What other investment sources are available, where are the gaps and complementarities?

- What is the relative proportion of investment in these change areas (and how do they intersect)?

- Spread of investment – what are the criteria to ensure the investment reaches targets in the right ratios?

  - When is a differentiated and a de-differentiated approach important?

- What is the critical 'infrastructure' of the change we want to see – what *must* be present for this to work?

  - What organisations, type of organisations or combination of organisations are required for each of the changes targeted?

- What investment mechanisms best support the outcomes desired?

  - How can investment design (and management of it) best incentivise strategies that maximise change, such as knowledge sharing, partnering to scale etc.?

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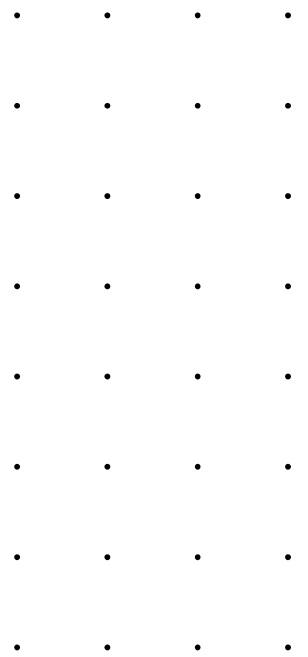
Questions and discussion
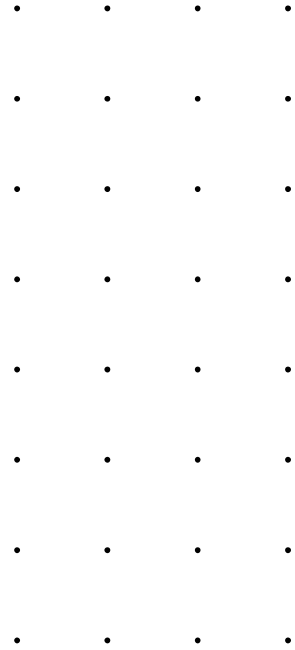
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