# Telling Your Story: an evaluation of the Community Inclusion Initiative

## Prepared for National Disability Services

Research team

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## Abbreviations

CII Community Inclusion Initiative

CRPD Convention on the Rights of Persons with Disabilities

CCYP Centre for Children and Young People

DSS Department of Social Services

NDA National Disability Agreement

NDIS National Disability Insurance Scheme

NDS National Disability Services

SCU Southern Cross University

SDF Sector Development Fund

SPRC Social Policy Research Centre

UNSW University of NSW

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### Easy Read Summary

## 

## **Telling your story - evaluation of the Community Inclusion Initiative**

This report talks about the things that happened for the people who were a part of the Community Inclusion Initiative.

## **What was the Community Inclusion Initiative?**

* The Community Inclusion Initiative (CII for short) was a new way of doing planning and support.
* It helped services to try new ways of supporting people with disability to do what they want in the community.
* It started in 2015 and it went for one year.
* People in disability services in 11 cities and towns in Australia were part of it.
* In every service, 3 to 5 people with disability were involved.
* Altogether, 46 people with disability were a part of it.
* We were asked to find out if the CII did a good job.
* We visited the services and asked people:
  + Did things change for them after being a part of the CII?
  + What helped to make things better?

**What changed for people?**

* Some people did great planning. They talked with their services and families about their hopes and dreams. This helped them tell people new ideas about how they wanted to be more included.
* Lots of people did new things in the community. Some people met new people and some made friends. Lots of people learnt new things.
* Becoming a worker, a volunteer or a student mattered to most people. It was important to many people to show that they added something to their community.
* A lot of people with disability said they had more control. They had more of a say about what they did at their service.
* Some people felt that they were happier and more confident. They felt like they could do more.

**Did the CII do a good job?**

* Some ways of doing things in the CII helped people most.
* Services did planning in a new way called **co-design.**
* When co-design was done well, people with disability and their families **were partners** with the services.
* They made goals together and came up with good ways for the goals to happen.
* **Good workers** found lots of new ideas with the people, told them about other services, and helped other staff do their job well. Having good workers made a big difference to how much people enjoyed what they did.
* Some services that are already in the NDIS already knew about working as partners with people and families to find out what people want to do in the community.
* NDS helped workers and services to learn new ways for people to do what they want in the community. They learned about planning and support with people. The bosses in the services helped the workers too.
* Some things made it hard for the CII to make changes for people. These things were when:
* People were sick and couldn’t come
* It took a long time for people to be ready to start doing some planning
* Workers left
* Workers didn’t know how to do this new kind of planning and support
* People were in a group all the time
* There was no transport
* People had to wait a long time for the things they needed

The services tried to fix these problems. Some services did staff training to teach workers new ways of doing planning and support.

### **What happened at the end of the CII?**

* After one year, the money for the CII stopped. The planning and a lot of the new things that people started doing is still going. Some services were worried about how they would pay for these new things. They think the NDIS will help.
* Workers have shared the new ideas with other staff so that more people and workers in the services can learn about doing planning and support together.

### **Things we learnt**

* Co-design was a good way of finding out what was important to people. People with disability, family, supporters and workers need lots of practice with this new way of planning and support.
* It is not easy for people to come up with big goals. Workers and services need training so they know how to help people work out small parts of big goals.
* Having a good coordinator who can help with support is important. This worker also needs to be able to help make the community a better place to be.
* Learning about the NDIS will help people to be more ready for it. They need to know more about the money, control of decisions and planning. Services need to learn about how to do this work too.
* People need to tell each other about projects like this one so they can learn about new ways of supporting people with disability to do what they want in the community.

## **Want to see more?**

* You can find out more by watching the short films about the CII here: <http://rcypd.edu.au/projects/tys/>
* In these films, you can see people telling their stories about what they did in the CII. There are also films about people talking about what is important to them. They talk about relationships, having an important role in their community, and about co-design.

## 2. Summary of evaluation findings

National Disability Services (NDS) commissioned Southern Cross University to conduct a qualitative action-learning evaluation of the Community Inclusion Initiative (CII). The CII involved the selection of 11 disability day service organisations across Australia. Each was working with up to 5 participants with disability and their families to co-design new supports which increase their sense of community inclusion. In total 46 people with a wide range of support needs and their families were involved. The CII was created under the Sector Development Fund which was established to support the disability sector to transition to the new NDIS arrangements.

This final report details outcomes for participants and reports on effectiveness, and sustainability and adaptability of the benefits accrued into the future.

Community inclusion outcomes of participants

*Aspirations and goals*

The first part of the CII process was co-design with the participants to identify their community inclusion aspirations and goals, so that plans for activities to achieve the goals could be made. In the best cases, the aspirations that participants chose were in response to meaningful planning and conversations that were part of the co-design process and which explicitly connected to goals for building community inclusion.

*Activities of community inclusion*

Individuals participated in a range of activities. Some activities were more innovative than others, and linked to achieving goals. When co-design planning and activities were effectively brought together, there were deeper, richer outcomes. Participants were involved in a range of activities, and other benefits were also more fully realised – social participation, social connection, relationship development for the person; learning for the organisation about collaboration, partnership, and building capability in people and staff.

*Control in decision making*

Many participants said that they felt they had increased the amount of control they had over the activities they were involved in as part of the CII, or demonstrated this through their behaviour. Several talked about the struggle for control in decision making. Sometimes the extra time and resources from participating in CII meant that they could express their preference for change, which they might have done without effect in the past, and be able to successfully act on it.

*Personal wellbeing*

People spoke positively about the wellbeing outcomes of the CII for participants in terms of personal development and emotional wellbeing. Successful participation in activities was identified as a source of growth in confidence and self-esteem, as was people’s involvement in conversations which deepened their understanding of themselves, their strengths and potential, and contributions.

*Social connectedness*

Increasing social connectedness and building relationships were at the core of many of the goals, activities and statements made by participants, families and workers. As the CII drew to a close, many participants made it clear that having a purposeful and meaningful role mattered to them, and that they had placed a high value on participation in activities which they felt had developed such roles.

The importance of the CII in bridging the gap between presence in the community and connections and relationships with other community members was clear to many staff. Building social connectedness was challenging for some staff, particularly for those who supported people with high or complex needs.

Effectiveness

*Co-design for community inclusion*

In the co-design process, the organisations worked with each participant, and where relevant, their family, friends and other supporters, to identify their goals, plan and support the activities to achieve community inclusion.

In cases where co-design principles and practice were fully realised, a flow and connection between individual and systems level outcomes can be seen. Organisations also found co-design challenging, and at times confusing. Where the organisation was constrained in how they applied co-design, they did not necessarily have a way to develop an understanding about the participants’ goals for community inclusion, with consequences about choosing suitable activities.

Service delivery

*Coordination and support work*

The role of the project coordinator was the most frequently raised by all groups as a strong contributor to the success of the Initiative in their organisation. Service delivery in the Initiative depended on the way the coordinators articulated the approach and put into practice. The general role of the coordinator varied between organisations and was similar to a case manager or key support worker. In the organisation and Initiative they were also the contact point for practice development relevant to that participant, referral point to other services and participated in other developmental activities to reflect on the implications of the Initiative.

Not only the skill, but also the quality of interaction between workers and participants influenced the willingness of participants to be involved in activities. A few staff talked about lack of confidence in their role due to the significant changes they were facing as people increasingly move into the community.

*NDIS context*

It was evident that CII sites in NDIS trial sites had some design advantages. In the NDIS sites, service providers were already familiar with individualised funding and support, and had more resources to hand in the combination of NDIS individual funding packages and the additional support of the CII funding.

Some sites outside the current NDIS implementation were still in the early stage of attempting to shift from group-oriented resource allocations and staffing, which inhibited their flexibility. Some non-NDIS sites which had used the resources and approaches of the Initiative to assist participants were concerned that they would not be able to sustain the gains once the Initiative finished. There was an expectation that the additional NDIS funding applied to these participants would help the benefits to be more fully realised.

Program management and governance

*NDS support*

NDS support to the CII organisations included contract management, implementation support, a community of practice, and facilitated access to expert consultants in co-design and costing and pricing. Their utility for supporting practice change seemed positive and applicable to other changes likely to be needed to adapt to the NDIS context.

*Organisation management*

The 11 organisations appeared to have clear structures to manage the project. In most organisations, a range of people had various understanding about the objectives and implementation requirements. This included high level management commitment which opened opportunities to coordinators to progress practice change arising from the co-design process. Whilst most organisations had plans to implement structures to share the lessons from the CII with other staff, only a small number of organisations had achieved this by the end of the Initiative.

Challenges to effectiveness

**Individual factors affecting effectiveness**

Individual factors included additional needs experienced by participants during the project that affected their participation, including physical and mental illness, the impact of impairment, readiness to identify goals, and time needed to build rapport. Some organisations adjusted to these additional needs by building up the skills of the staff so that they were more confident to deliver good individualised practice, coordinated between staff and other supporters, especially for people with high and complex support needs.

**Organisational factors influencing effectiveness**

*Staffing*

Several of the organisations had high staff turnover that disrupted the implementation, particularly when the coordinators left. The Initiative was about practice change, which relied on staff adapting their practice and sharing that experience with other staff in the organisation.

The degree of training about new approaches to support was also a challenge in some organisations, where some staff remained resistant to some of the participants’ ideas and reluctant to facilitate change in community attitudes.

*Resources*

The organisational context for each project was varied. Participants being supported by some organisations had no experience of individualised funding or support, and had few or no options for support outside this Initiative. For others, support was highly rationed and group oriented. In this context, it was difficult for organisations to implement the co-design and community inclusion principles of the CII. Transport or the cost of travel, was also a constraint, particularly in regional and rural areas.

*Administrative processes*

The administrative processes of some organisations were not sufficiently agile to respond to the opportunities available through the Initiative, despite the additional resources that it offered. This seemed to be due to slow processing, risk aversion and time and rostering requirements of services.

Sustainability of support and potential for adaptation and growth

As the CII came to a close, a range of strategies were in place to adapt CII learning into organisations and more widely. Several coordinators were focused on documenting key learning so that it could be shared within their organisations. Most sites made limited progress in this area, due to prioritising participant activities, the disruptive nature of transition and change across multiple service sectors, resource and time constraints, and staff turnover.

*Commitment to ongoing support for participants*

An aim of the CII was that project activity would add sustainably to what participants were already doing, and not result in sustainability problems at the conclusion of the Initiative, either for participants or organisations. However, for sites not in NDIS, providers spoke about finding funds and creative ways to fill the gap between the end of the project and the rollout of the NDIS in their region. Working to ensure that the outcomes were reached, and goals in progress for participants were not lost at the end of the CII was a priority for many of the providers.

Potential for growth and adaptation

Some providers had strategies in place, or in development, to adapt key elements of the CII for future participants and potential market opportunities. In addition to discrete project opportunities, some organisations discussed the significance of new conversations in their organisations in developing cultural change which could support a more empowered space for people with disability.

2.1. Implications for policy and practice

The investment in the Community Inclusion Initiative was worthwhile. The individual outcomes of participants varied in significance and the approaches varied in degree of innovation. However all of the sites involved demonstrated increased capacity in their understanding of co-design and the rationale for building community inclusion with and for people with disability. This cultural change across all of the sites and the people involved was linked to clear and supportive oversight mechanisms, practice-building, and knowledge transfer.

**Co-design**

Implications for organisations and workers wanting to apply co-design to its fullest potential are that organisations need understanding and commitment about the new approach at all levels of the organisation. The change requires resources to support leadership, training and exchange of information about new practice. Time is also necessary to ensure that people with disability, family, supporters and workers are able to engage effectively in processes of co-design as they are adapted to the organisational and community context.

**Community inclusion**

Organisations and workers need support and training to understand and become committed to a creative incremental process that enables them to develop and reveal participants’ priorities for community inclusion. The participants’ preferences for how they want to contribute to the community in the CII contrasts with some traditional practice that focused on service-driven goal setting.

**Coordination**

Implications for staffing a co-design community inclusion approach are that the coordination role is significant for connecting individual aspirations with systemic change in organisations and the local community. For this to happen effectively, coordinators need to develop a trusted relationship with the person they support and other people who know them. Support coordination needs to jointly emphasise personal support, organisational change activity and community development activity. Complexity is present across organisations and communities, and allocating time and resources for support coordination needs to take this into account. In organisations that don’t already have this approach this requires workforce development, and perhaps a transition champion.

**NDIS**

Most organisations in NDIS trial sites had begun and were familiar with changed practice to prepare for NDIS rollout. Implications for preparing organisations to apply a co-design approach are that if they are not yet in an NDIS site, they might need more support to become familiar with individualisation, control of decision making, resourcing and staff development to implement it.

**Program management**

An implication for the sustainability of this type of practice change is that structured leadership is required to share the results and draw in other interested people so they can learn from and with those already engaged. This could take the form of fact sheets on co-design, websites, You Tube videos or other accessible formats which may appeal to a wider audience of people with disability, families, advocates, workers, organisations and government agencies.

**Organisation management and sector change**

Organisations that had a culture of staff development, individualised resource allocation and flexible administrative processes were more likely to have structures to effectively implement this co-design approach. Implications for organisational management of a co-design approach are that organisations need support to reach a point where they are structurally ready to manage project development, including staff development, individualised support and flexible administrative processes; and knowledge sharing within the organisation, other organisations and in the local community. This implication also affects organisational adjustment for readiness to implement NDIS.

## 3. About the Evaluation and this report

National Disability Services (NDS) commissioned a qualitative action-learning evaluation of the Community Inclusion Initiative (CII) which was established under the Sector Development Fund.

This evaluation was conducted by a research team led by the Centre for Children and Young People, Southern Cross University, in collaboration with the UNSW Social Policy Research Centre and Torrid Films. The focus of the evaluation was on assessing changes in community inclusion for people with disability using new models of support aimed at increasing such inclusion. The evaluation occurred in the context of transition to the new NDIS arrangements.

This final report - and accompanying short films - provides the evaluation findings. It details outcomes for participants and reports on effectiveness, and sustainability and adaptability of the CII into the future.

### 3.1. Evaluation of NDS Community Inclusion Initiative

The evaluation captured and documented the stories and experiences of participants and their families; engaged with providers to understand new models and approaches; and analysed and documented successes, challenges and lessons from the Initiative. This report and accompanying films aim to share and promote the findings with NDS, the National Disability Insurance Agency (NDIA), the Department of Social Services (DSS) and the disability sector, including people with disability and their families.

**Questions**

The evaluation sought to answer two key questions:

* Was the Community Inclusion Initiative effective in improving community inclusion outcomes for people in the program?
* In relation to these participant outcomes, what aspects of the Community Inclusion Initiative contributed to or were barriers to effectiveness, and how were they addressed?

**Methods**

The evaluation used an action learning approach, based on Weaver and Cousins (2004) inclusive evaluation framework. This assesses five dimensions of inclusion, seeking to meet three goals for usefulness, social equality and robustness of knowledge. The five dimensions are control of decision making; diversity of participants; power relations among participating stakeholders; manageability of implementation; and depth of participation.

This report draws on data collected from participants and families, staff and managers in the 11 CII sites. The fieldwork was conducted in August and September 2015 (months 4 and 5 of the projects) and March and April 2016 (months 11 and 12). Data was gathered through individual and small group interviews and adapted methods for some people with disability. These adapted methods included pictorial mapping, walk-along interviews, observation and activity-based interviews. Participants also contributed to a project website throughout the evaluation via photos, videos, narratives and pictures. Staff also shared other related material which was helpful for the evaluation, such as outcome data, staff training, reflections on program development, and participant progress notes.

Consent of participants was obtained for any personal material shared. Ethics approval for the research was obtained through Southern Cross University Human Research Ethics Committee (ECN-15-108). Names in this report are pseudonyms or anonymised to protect people’s confidentiality. Participants in the films used their real identities, and made individual decisions about whether to use full names or first name only. They reviewed the film footage prior to completion of the films.

**Round one Round two Total**

Participants 42 46 46

Family 36 23 36

Staff 47 35 61

Managers 10 11 11

Community members 6 5 8

Total 141 120 162

**Table one: Participants in the evaluation**

**Films**

A professional film crew were part of the research team and, with consent from a sample of participants, documented parts of the project. This was both in response to NDS’s desire to document the project in a format that would be accessible for a broad audience and also the inclusive evaluation framework, which seeks to increase the depth of participation of participants in the evaluation as well as measure it in the program itself. To manage limitations of distance and budget, the evaluation team were also trained in taking video and made films of interviews and interactions and participants, family and service providers in the sites for the evaluation and to supplement the professionally shot footage.

The resulting material was used to develop seven short films to convey the experiences of participants and those who supported them in the CII. Three films focused on stories of individual participants in different sites, and three films focused on key themes emerging from the evaluation – **relationships, contribution** and **co-design**. The final film is an accessible overview of the evaluation.

Links to the films are provided throughout this report at appropriate points. To view all of the films, go to <http://rcypd.edu.au/projects/tys/>

**Data analysis**

With the consent of participants (and where relevant, their parents or guardians), interviews were digitally recorded and later transcribed. Visual material (e.g., maps) was photographed, and young people were offered the option of keeping their map. Photographs and videos were downloaded and securely stored.

All data was coded for shared meaning using NVIVO software. Codes were categorised, or grouped, into themes according to the emerging new knowledge about key concepts. The analysis of these themes generated new categories which were then tested to reveal interactions between multiple themes. For example, the category of ‘personal wellbeing’ was made up of a combination of themes concerning personal development, relationships and emotional wellbeing. The categories overall were catalogued and formed the basis of our findings (Richards, 2009; Blaikie, 2000).

For a full description of the evaluation approach and methods, please refer to the evaluation plan, available on the evaluation website ([www.tellingyourstory.net.au](http://www.tellingyourstory.net.au)).

**Limitations**

Limitations relate to the short timeframe, limited budget, small participant numbers per site, and qualitative methods. These factors combine to restrict the number, and therefore diversity, of people participating in the evaluation, and the depth to which they could become involved. For these reasons, the data collection was designed as formative, in the hope that participants would contribute during the course of the evaluation, adding both quantity and richness to the data (Robinson et al, 2014; Purcal et al., 2014).

Since the focus is on formative qualitative evaluation, comparison beyond the sample is restricted. This limitation was addressed by using a conceptual framework to structure the evaluation questions which is based on national and international standards, so that the results can be compared and repeated. This can be read in the evaluation plan <http://rcypd.edu.au/projects/telling-your-story/>. The evolving nature of the NDIS outcomes framework means that the evaluation of outcomes is exploratory and the findings provide a point-in-time insight linked to framework standards as these are currently articulated.

## 4. Community Inclusion Initiative

The Community Inclusion Initiative seeks to put the articulated principles of the NDIS into practice. Specifically it applies the principle that people with disability are entitled to articulate and act on their personal aspirations for meaningful community inclusion, and that when this happens, their personal autonomy and other outcomes will improve. Two elements of support enable this improvement to happen: support from the intervention itself; and support from accessing the resources in the wider community.

NDS anticipated that encouraging innovative models of service provision in community access and day services would support the sector’s shift from traditional facility-based group activities to services in the community built around individuals’ (and their families) lifestyle preferences and independence goals, including employment.

Specific objectives of the SDF Community Inclusion Initiative include:

* assisting disability service providers to trial models of support that increase community inclusion and social and economic participation, consistent with NDIS principles
* supporting service users to move from group and facility-based programs to more personalised, community-based support that offers greater independence, social interactions, learning and paid work
* promoting collaboration and co-design between service providers and people with disability, their families and carers in the development of models of support
* encouraging unique and novel approaches that enable people to achieve their community inclusion goals.

### 4.1 Policy context

The Sector Development Fund (SDF) was established to assist the disability sector (including people with disability, their families, carers and service providers) to transition to the new arrangements for disability support under the National Disability Insurance Scheme (NDIS). The SDF aims to ensure that people with disability, the disability services sector and its workforce are assisted with the transition to the NDIS through:

* building community capacity and engagement
* increasing individual support capacity and development of new forms of support to meet the needs of people with disability
* building disability sector capacity and service provider readiness to manage the transition
* assistance with the required expansion and diversification of the workforce
* building the evidence base.

Through the SDF, the Community Inclusion Initiative was established to help inform the provision of community participation support under the NDIS. The Initiative looked at community participation from the perspectives of service users and families, service providers, the funded disability system and mainstream services and the community. National Disability Services (NDS) was funded by the Department of Social Services to develop and deliver the Community Inclusion Initiative by June 2016.

Following a competitive expression of interest process managed by NDS, 11 organisations including at least one in each state and territory were selected to receive SDF funding. Projects were undertaken over a 12 month period to April 2016. Each project used co-design methods with up to five service users and their families and informal supporters to explore innovative approaches to facilitating community participation. In addition to developing and implementing the projects each organisation participated in a community of practice, worked with co-design experts, and worked with a costing and pricing expert.

The following table describes the organisations involved, their location and geographical context, and the focus they took in providing the CII.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State | Organisation | Project Location | Metro/Regional | Approach |
| ACT | Anglicare NSW & ACT\* | Holt | Metro-Regional | Model of Citizenhood Support |
| NSW | Northcott\* | Tamworth | Regional | Sustainable growth; peer mentoring |
| NSW | Red Inc | Lismore | Regional | People who challenge the system in various ways |
| NT | YouthworX NT / Step Out | Katherine | Regional | Partnership to support transition from school in rural and remote areas |
| QLD | Bowen Flexicare | Bowen | Regional | General community inclusion |
| SA | CLASS and CLP | Adelaide | Metro | Micro-enterprises |
| TAS | Possability\* | Tasmania | Regional | STEP program for skill development |
| VIC | Inclusion Melbourne | Melbourne | Metro | Circles of support |
| VIC | Karingal\* | Geelong | Metro | General community inclusion; action research |
| VIC | Scope | East Melbourne | Metro | Co-design with people with complex communication needs |
| WA | Autism Association\* | Perth | Metro | General community inclusion people with autism |

**\* NDIS Trial Site provider (5 out of 11)**

*Table two: Organisations delivering the Community Inclusion Initiative*

### 4.2. Practice approaches

The practice approaches of participating organisations were guided by two key concepts which underpinned the CII - community inclusion and co-design. For this project, each of the core concepts used by NDS and the organisations were defined as follows:

Community inclusion involves:

* Doing things that have a purpose, are meaningful and are personally selected
* Doing things that most members of the community do
* Doing things in ordinary places used by other members of the community
* Acknowledging a range of levels of inclusion – participation, encounter and presence

(NDS Community Inclusion Initiative Community of Practice Topic Guide 1)

[Co-design is] Deliberately engaging users of the system, deliverers of services and other experts to actively understand, explore and ultimately change a system together. Huddle Academy 2015, p.12

Each of the 11 organisations involved in the Initiative provided a project summary which details their practice approach to the CII. These can be seen in summary in the table above, and are detailed at Appendix C.

### 4.3. Community inclusion and co-design context

A focussed literature review was conducted to explore two of the issues of key concern in this project: the inclusion of people with disability and their families in developing understandings of community inclusion and of co-design. In particular, the literature review sought to identify research and conceptual literature about how these key concepts are understood and how they are used in practice. Hence, the literature review has a dual focus on:

* The involvement of people with disability (and families) in defining community inclusion
* The involvement of people with disability (and families) in co-design processes with disability services, government bodies and/or other organisations.

The review is not intended to be a broad analysis of community inclusion and disability services; but to better understand how people with disability have been included in articulating the core concepts underpinning the CII. It sought evidence in the literature about the ways in which people with disability have been involved in building concepts of community inclusion more broadly. This analysis supported the evaluation by establishing an evidence base which helped determine whether the initiative (or elements of it):

* is innovative;
* understands principles of co-design (and whether sites are using them); and
* articulates levels of involvement of people with disability.

**The literature on social and community inclusion** suggests that inclusion from the perspective of families and people with disability may have common elements such as: respect, being treated similarly to others in the community, having access to resources and facilities and, perhaps most importantly, the need for supportive relationships and choice and agency. Within these overarching aspects, individuals differ as to what inclusion may mean for each person. This points to the strong need for the individual to be the focus, initiator and decision maker about what is important in their lives and how they want to live within the community.

While ideas about inclusion are present in the literature there is little about how the goals of inclusion can be achieved. The need to find creative and positive ways for people to express their aspirations, hopes and desires and to then find the ways that they can be translated into action is much less clear. The CII is therefore important for the contribution it can make to shedding light on this issue.

**The literature on involvement of people with disability and their families in co-design** reveals very few examples of involvement of people with disability (and families) in co-design processes with disability services, government bodies and/or other organisations. The National Disability Insurance Agency only recently contributed to thinking in this area through publishing a co-design framework (NDIA, 2015). This highlights that whilst co-design is topical, there are few policy and practice guides for supporting the sector to work in this way. Thus a baseline is yet to be established determining the level of innovation of the initiative. Instead, the principles highlighted throughout that have illustrated the theoretical underpinnings and contributed to successful outcomes of co-design can be sought as indicators of a continuum of good practice.

For the purposes of this evaluation Bovaird and Loeffler’s (2013, p. 5), “co-design umbrella” is used for analysis as it is the most comprehensive and captures the range of projects being undertaken in the CII. This takes account of the place of co-design as one aspect of co-production – citizens becoming involved in a spirit of partnership in co-commissioning, co-designing, co-delivering and co-assessing the services they use. Bovaird and Loeffler define co-production as “… professionals and citizens making better use of each other’s assets, resources and contributions to achieve better outcomes and/or improved efficiency”

The Self Directed Disability Support literature review (Purcal et al., 2014) is informed by the co-design methodology of the Australian Centre for Social Innovation (TACSI). The component of co-design utilised and relevant to this evaluation, is the process of prototyping which “involves trying out ideas by testing them with real families until we found something that worked” (TASCSI, 2015). Therefore it should be noted that co-design is not a linear process, but an evolving one that accounts for people having a go and testing out if an activity or project fits with their aspirations and goals.

The key principles and methods of co-design are discussed across the examples of co-design with children with disability (Robinson & Notara, 2015), young people and adults with disability (Purcal et al., 2014) and the parents of children with disability (Thompson et al., 2015). The aspects of these projects that contributed to successful outcomes fall into the categories of self-determination, flexibility, support, skills and sustainability. Identifying where these areas have been enhanced and lessons learned as well as new areas identified that facilitate co-design help articulate the levels to which people with disability have been involved in the design process.

The tensions and variation in describing co-design and where it is situated amongst co-production and co-creation confirms the relevance of this initiative developing a shared definition of co-design. There is also a shared acknowledgement that co-design involves time and resources, as well as the capabilities to implement. There are constraints on the extent to which co-design can be executed in some circumstances.

The literature review for this project has an account of both inclusion and co-design. It is not meant to be a comprehensive review but rather one that was useful as a guide during the project and was a means of considering how successful co-design is in supporting people to find meaningful and fulfilling activities within the community. While co-design may have process outcomes for those taking part in it, it is essentially a means to an end. Both of these aspects are given consideration throughout the remainder of this report.

## 5. Characteristics of participants

Prior to commencement of the projects, NDS developed easy read information so organisations considering participation in the Initiative could approach people with disability and their families about being involved.

Some people volunteered to be part of the project. However some organisations chose to select participants once they had been advised of the outcome of the Expression of Interest process, out of concern for confusing people with cognitive disability in the event of an unsuccessful bid.

46 participants engaged in activities as part of the Community Inclusion Initiative across 11 locations. This includes 19 women and 27 men. Ages of participants are weighted quite heavily towards younger people, with 65% of the participant group aged 30 years or under, and 22% of the total group aged 21 years or under at commencement. Six participants are of culturally and linguistically diverse backgrounds, and four participants are Aboriginal (see table below).

The total number of participants in the initiative remained relatively steady during the project. A small number of participants left the project close to commencement, due to moving away, deciding not to participate, or not engaging with the project. This resulted in a small reduction in older participants, who were replaced with people aged 22-30 years. Only three people left the projects prior to conclusion. Sadly, this included one participant who died towards the end of the Initiative.

People with a wide range of support needs engaged in the Initiative, and together they cover a broad spectrum of abilities, preferences and personalities. Some sites have focused particularly on including people with high and complex needs in communication, with behaviour, and in physical support. Most people in the CII have cognitive impairment of some type (mainly intellectual disability, autism and acquired brain injury), and many people involved in the Initiative also have multiple impairments, including a number with cerebral palsy and also mental health, sensory and communication support needs.

**Participant Profile**

Each organisation identified at least three individuals to be part of the Community Inclusion Initiative. The table below provides a basic demographic snapshot of participants for each project.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation | # | Gender | | Age | | | | | CALD | Ind |
| F | M | 18-21 | 22-30 | 31-40 | 41-50 | 51-65 |
| Anglicare | 4 | 1 | 3 | - | 4 | - | - | - | - | - |
| Northcott | 5 | 3 | 2 | 1 | 4 | - | - | - | - | - |
| RED Inc | 4 | 2 | 2 | 3 | 1 | - | - | - | - | 1 |
| YouthworX NT | 3 | 1 | 2 | 2 | 1 | - | - | - | - | 2 |
| Bowen Flexi Care | 5 | 2 | 3 | - | 1 | 1 | 1 | 2 | - | 1 |
| CLASS / CLP | 5 | 3 | 2 | - | 3 | - | 2 | - | - | - |
| Possability (Optia) | 3 | - | 3 | 1 | 2 | - | - | - | - | - |
| Inclusion Melbourne | 5 | 2 | 3 | - | 1 | 1 | 2 | 1 | 2 | - |
| SCOPE | 4 | 2 | 2 | 1 | - | - | 2 | 1 | 2 | - |
| Karingal | 5 | 2 | 3 | - | 2 | 3 | - | - | 2 | - |
| Autism Association | 3 | 1 | 2 | 2 | 1 | - | - | - | - | - |
|  | **46** | **19** | **27** | 10 | 20 | 5 | 7 | 4 | **6** | **4** |

*Table 3: Demographic Profile of Participants*

## 6. Community inclusion outcomes of participants

This section presents the findings about the community inclusion outcomes for the participants. It describes the participants’ aspirations, what they achieved and how they achieved it. The data about the changes is from the repeat interviews with the participants and their supporters described above. It is presented through case studies and other examples from all the participants.

The section addresses the first evaluation question about the outcomes for participants and has five parts: aspirations and goals; activities of community inclusion; control in decision making; personal wellbeing; and social connectedness. Findings are summarised at the end of the chapter.

|  |
| --- |
| **Evaluation question 1**  **Was the Community Inclusion Initiative effective in improving community inclusion outcomes for people in the program?**   * To what extent did it affect outcomes as experienced by participants, including: * their current and future personal aspirations for meaningful community inclusion, * control in decisions (e.g. community inclusion, disability support), * personal wellbeing, and * social connectedness (e.g. participation, connections and informal support networks)? * Which people in the program benefited most/least? What characteristics contributed to better or less effective outcomes for some and how were the differences addressed? |

### 6.1. Participant aspirations, goals and plans

Hannah’s (not her real name) micro-enterprise is an example of community inclusion outcomes from a co-design approach which used iterative planning and activities. It illustrates the process of identifying aspirations, the activities and the outcomes involved in this approach.

**Case study start:** At the start of the Initiative, Hannah attended a day program, but it was clear that she was not enjoying it. She started to avoid going, and for the last several months refused to go at all. She also developed a significant mental health issue, is on a lot of medications, and considerations about her stamina and how long she could be engaged in activities had arisen.

To find a more fulfilling lifestyle for Hannah, the team working with her set out to learn more about what she enjoys, and the things that led to negative experiences for her. Through spending time with Hannah and talking with people close to her, they found out that she:

* really enjoyed the company of one person at a time more than group gatherings
* had a lot of free time in the week
* liked going out and socialising
* was interested in being part of her community
* liked helping people
* would work particularly well with her gross motor skills
* would probably enjoy something that would allow her some flexibility, but also some routine in the activities
* has an individualised package which will support her through the week in her work

Hannah is now developing a micro-enterprise, providing a service laundering and home-delivering towels in her local area. Hannah and her personal assistant are working together. They go through a range of tasks that includes picking up and delivering freshly laundered towels. She has contact with customers. Pick-up and delivery is to residential houses and then they visit the local Laundromat and launder the towels and return them in a same day service. Hannah enjoys driving around, and is learning to use the laundry machines.

Her enterprise management group are her mother, a previous support worker who is a long term friend, and a local real estate agent who brings marketing and other skills.

The business is now in a trial phase, to realistically define Hannah’s stamina and capacity so that when the next phase of the business develops, they know what Hannah can offer in her service – how many clients, turnaround time and so on.

The next phase is marketing Hannah’s business to the wider community, such as medical health providers, hairdressers, beauty salons, kindergartens and hairdressers.

Quote by Hannah’s coordinator “There has been significant gains that aren’t always seen as significant gains. Success is sometimes measured by the final product, whereas having worked in microenterprise we see many successes along the way. It’s not just the final product, its routine in your day, something to get up for.”

**[End case study]**

The first part of the CII process was co-design with the participants to identify their community inclusion aspirations and goals, so that plans for activities to achieve the goals could be made. In the best cases, the aspirations that participants chose were in response to meaningful planning and conversations that were part of the co-design process and which explicitly connected to goals for building community inclusion.

The aspirations expressed by participants at the beginning of the CII ranged from small-scale goals (such as chatting to people at the local shops) to ambitious and long terms plans (such as starting small businesses, or overseas travel). A few people spoke about established plans for starting micro business enterprises and about developing relationships. Others had some ideas, but were not sure of the path to reach goals, while some people were just starting exploratory processes of brainstorming and considering options. Aspirations of people with high and complex support needs were frequently interpreted by support workers and families based on people’s responses and expressed enjoyment or comfort or discomfort. Where communication and goal setting methods were not as well developed or implemented, the aspirations of participants were generally less well articulated in the projects.

**Planning and goal setting**

All participants were involved in planning and goal setting as part of the CII. For some, this involved making a plan at the outset of the CII and working to that plan, with some allowance for flexibility. For others, planning was a more organic ongoing process, and after an intensive establishment planning phase, their ideas and preferences were taken into account over the year by coordinators as new conversations happened and ideas emerged from that thinking.

Participantsspoke in very practical terms about their involvement in planning, and what they wanted to get from the planning process. Some participants spoke very concretely about their plans as documents which were reference points for their activities. Many participants were able to speak confidently about what they remembered discussing in planning conversations, and how it had been put into action.

* [Participant quote] “I would just sit down and put on the paper everything I have wanted to do and then say ‘Ok, what’s my priorities?’ And then I went from my first priority to my last one and I have been working from there, pretty much.”
* [Participant quote] “My manager is helping me to do my own business together, get stuff for shops, put it in, make it all myself together, deliver it to shops to put it in, and I have my own business cards my cousin made especially for me to give to someone.”

For others, planning was much more the domain of workers, and they were pleased to have someone take the responsibility for making things happen.

* [Participant quote] “She has been really good, helped us with all of that stuff that was going on. You know, organising all that movie stuff, she’s been very good… Just doing a lot of stuff that you want to be doing.
* [Family member quote] “A lot of the time I wouldn’t know where to start as a parent to do that sort of thing and she has done a lot of work to get to where they have got.”

In the sites which included people with high and complex needs, service providers worked to develop detailed understanding of participant’s known likes and dislikes, before embarking on a planning process with their families and informal supporters, which also included participants. A process of trying and refining activities based on the person’s responses followed, and the plans were amended based on learning from the person’s reactions to their experiences.

Where service providers were able to take up the core messages of the CII about using co-design to build community inclusion through changing the conversations with people with disability and families, they talked about and used activities in a different way. One worker put this well in talking about activities as a ‘consequence of’ the conversations and planning they did with the person and their family about their aspirations and hopes, rather than a focus of planning.

The ways in which providers connected planning and goal setting with principles underpinning co-design, community inclusion and person-centredness had an effect on both the types of activities which were reflected in people’s plans and how they were put into action.

* [Coordinator quote] “I can look at a lot of person centred plans and if there's a whole lot of ‘important for’ goals there and not an awful lot of ‘important to’ goals … maintaining our wheelchair isn't an aspirational goal! So you know that it hasn't really come from the person, it's come from the organisation. And you also know when the goals fit what the organisation can deliver or are already delivering, that hasn't come from the person. So I guess if a plan is done in a co-design way to begin with, that would be harder, because the whole point of co-design is opening it out as wide as possible.”

In several sites, providers had developed tools to measure the progress of participants’ goals which were framed according to how the activity had matched the person’s expressed goals for community inclusion. This had the joint purpose of measuring participants’ progress and keeping staff focused on participants’ priorities.

Plans changed throughout the course of twelve months for many participants, which was both challenging and a development opportunity in many instances. For a number of participants, changes occurred because new opportunities arose, such as a job or a space in a course becoming available. At other times, people chose to stop doing activities and change to something new. A number of more complex goals required a number of steps, and some of these changed partway through, as the circumstances shifted as each step of the goal was completed.

* [Participant quote] “Just lately as I’m looking on the map here, I’ve got my driver’s licence and I’ve moved along a bit with SES, so I’ve done a bit there, but unfortunately I got knocked back by the Reserves, and my TAFE teacher has said to just forget it completely.”

The iterative planning process in some sites supported some participants to identify new ideas as the CII progressed and they were exposed to new possibilities. Some of these ideas differed from what families and service providers had expected from and for participants, and opened up new opportunities.

* [Family member quote] “We sat down with him, and said ‘what about this?’, and he came up with ideas of his own. One of the things he came up with was going on a [long distance] train trip. We nearly died – we didn’t know he was interested in train trips – not at all!”

At the outset of the CII, both support workers and managers viewed the Initiative as presenting an opportunity for building community inclusion at an individual level for participants but also as an opportunity for changing the way the service is delivered. The plans and aspirations for developing community inclusion for people with disability raised by both support workers and managers were primarily around skill development and building social relationships. Workers’ perceptions of change and challenge are discussed in section 7.

### 6.2. Community inclusion activities and focus of the CII projects

**Case study start**: Penny has experienced both achievements and challenges in her community inclusion project. As the Initiative draws to a close she remains determined to continue to pursue her goals with the support of the service.

Penny lives in outside a rural town with family and uses a wheelchair. At the start of the CII she didn’t have any friends outside the service and relied on them for transport. The freedom to travel where and when she wants is a big challenge for Penny. Her family doesn’t have a vehicle that can assist with transport, and so she can’t leave the house independently. In additions, the town where she lives is hilly and many of the buildings do not have ramps

During the co-design process Penny nominated pursuing work in child care and increasing her fitness as goals. She started doing work experience once a week in a child care centre without support workers present. Initially the service provided transport and subsequently Penny travelled independently in a taxi which she booked herself. This meant she had a degree of control that she did not usually enjoy. Penny and the service decided to explore the idea of working towards running an exercise program in the child care centre.

Penny also wanted to improve her fitness while meeting people. She had previously been attending a small rehabilitation gym but wanted to increase her fitness in a more social environment. Initially, she joined an existing community group of women that was meeting weekly in a park to do their own circuit, and enjoyed this. Unfortunately the organiser of the group became unwell and the group folded. Penny has now used her CII funds to sign up with a fitness gym and have fifteen visits from one of their trainers.

During the CII, Penny herself experienced some health issues and spent over a month in hospital. She had a further setback when the child care centre decided that they would not permit her to run a formal program for the children. She is still doing volunteer work with the child care centre and the CII coordinator says she is feeling much more confident about working with children. She is currently looking at other avenues to pursue her interest in childcare.

* [Quote from Penny] “The kids are very used to having a wheelchair in the room with them now. I’ve got to know them, we’ve got a good relationship. I enjoy going there.”

Although the CII is formally completed, the service will continue to support Penny to pursue her aspirations.

* [Quote from Support Worker] “Penny has a lot of restrictions holding her back in being able to participate in the community, and even participate on her own, because she needs so many people around her to get her through the day. You don’t realise how difficult it is for someone to be able to get out in the community.”

After planning, the second part of the process was to act on the plans to achieve the participants’ community inclusion goals. In the early stages of the Initiative, a strong focus on planning was evident, with a wide range of capacity in planning and goal setting in providers. The skill and creativity of planning processes influenced the range, number and type of community inclusion activities and goals represented in the aspirations and early activities.

Participants, families and providers shared early information about activities participants were either already undertaking or had started which connected them to wider community networks. Some participants could communicate clearly what practical support they needed from services to see their goals achieved, including being assisted to join organisations, complete applications and registrations, seek training and look for work. Others, due to their more complex support needs, were more reliant on CII service providers to organise activities to try so that they could learn what they enjoyed by experience.

There was a range of perspectives about whether the activities which took place as part of the CII were additional and separate to the usual practice of the organisation (a project), or a part of a more general opportunity to build community inclusion.

At the end of the Initiative, participants, families and service providers spoke about a broad range of activities taken up in the Initiative.

**Support as needed for goals and activities**

Basic support for activities was provided to all participants and for some participants the support was adapted to their changing needs to varying degrees. Thoughtful, scaffolded, developmental and purposeful support led to stronger outcomes of increased independence and confidence.

For a few participants, consistent support to develop their confidence and skills resulted in them undertaking more activities independently. This included travel on public transport, tasks within their employment, and some social activities.

* [Family member quote] “One of the things which has resulted, and I’m sure it’s from this program – on a Thursday, which is [my son’s] day off, there’s a small group of relatively similar people [from the service] who are meeting in a local shopping centre where they have a laser tag game. And so they invited him to come to laser tag, just to bring himself, ‘cause he can drive his car down there, and join the group. Without any – it’s not part of his PSO funding, it’s not anything. And he goes, he has a ball, he absolutely adores it, and it meets a couple of things we want for him – for him to be more active, and have a group of people that he can go and do stuff with.”

In some instances, activities were adapted as needed so that they worked to the growing strengths of participants. Where this happened, employment flourished, people completed courses, and participants felt positive about their achievements.

* [Family member quote] “He really communicates with you if he is not happy with what he is doing. He is quite satisfied – [support worker] told us that this week he spent two hours fully focussed on doing art because the quality was there he was engaged … The lady who is running it … rang me and spent quite a bit of time talking to me about how she could do the course in a way that he could engage with. Because obviously her standing there talking about line and form is probably not going to engage him, so I talked to her about having good examples he can then follow on from and explore different artistic techniques. She has put the course on as if she is running it for anyone else as far as the content, but the delivery has been made more sensitive for the needs of the people who are participating. That is inclusive practice, and I am quite impressed.”

**Exposure and encouragement towards options which offer increased individual support and opportunities for social interaction, learning and paid work**

At the end of the Initiative, a clear connection to meaningful activities could be seen where early planning had been conducted with rigour, thoughtfulness and creativity. Many participants expressed their satisfaction with activities which increased their sense of purpose, and which helped develop a positive sense of identity as a contributing community member.

* *[Researcher] “Some of the things you had [going] on here were looking after the old folks and working at [retirement home] - how is that going?”*
* [Participant] “Good- I’ll show you something, I just got this here (ID card). I’m a full member of [retirement home] and there is a new lady and she used to work at [local tourist attraction], she has a certificate for me, it’s good.”
* [Researcher] *What has been the biggest change for you?*
* [Participant] “To get out of the house, because I have been stuck in the house. And being in the community, that’s nice. I like the Women’s Disability [Group] and the Writer’s Group.”

Employment was a common aspiration for many participants in all 11 sites. A broad range of types of employment was achieved by participants, including paid employment in the open market, social enterprises, supported employment, work experience, and volunteering. For most people, employment was geared towards voluntary, internships and supported employment, at least initially. For some people this was with a view to obtaining the skills and experience to continue to open employment without support in the future. For others employment was another means of social inclusion, connection and contribution, irrespective of whether it was paid. Only a handful of participants were in open employment and most of these had worked in open employment prior to the CII.

* [Coordinator quote] “He’s pretty chuffed about working out there. Every time I ask him about work, he says ‘very busy’. He’s always very busy. And there’s a lot of good humour goes on out there, he always stirs them up a bit … But he’s reached that goal.”

A smaller number of participants became engaged in education and training. Several people undertook courses with a view to obtaining professional jobs in areas such as firefighting, community services, and retail. Others enrolled in personal development courses focussed on wellbeing, including advocacy courses, women of resilience, and women’s groups. A woman who joined a writing group wrote a poem called ‘Feathers’ about what involvement in the CII had meant to her:

“Lonely bird in a cage dreaming of freedom.

Imagine sightseeing the world

Wanting to explore what is beyond the horizon.

Mortals with a good heart open the cage

The bird felt the wind, unwrapped her wings and flew into unknown.

The bird has seen things she has never seen before.

The overwhelming feeling of joy has filled its heart

The temptation of seeing more, going further was captivating.”

Follow the link to view Tam’s story, in which she shows how she met some goals that were important to her. <http://rcypd.edu.au/projects/tys/>.

Most people in the CII increased the amount of 1:1 support they received in part of their week. For many, this was linked to completing particular activities, such as work preparation, courses, and meeting specific goals in their plans. Some people used this time creatively to build from activities they had nominated in plans early in the CII towards other activities which connect individual and community level action.

* [Coordinator quote] “[The CII has] allowed a level of one to one support that just hasn't been available in our service. So they can do more detailed things. So if you see some of the stuff [participant] has been doing, because she wanted to do some volunteering and also she's got an interest in community advocacy. She wanted to look at accessibility and how that's impacting on her. So she's developed some fantastic digital stories with one of her staff as a result and they're really worth looking at. That's the sort of work that we haven't been able to do, so that opens up people's eyes to the possibilities of what can happen if it's resourced adequately.”

Many participants said they felt satisfied with what they had done in the CII. They liked the fact that they were busier. They talked about new jobs, meeting new people, getting out more, and being connected to more people.

* [Participant quote] “Yes, it’s good for me. I made friends with the people I work with. I made friends with [names people at several shops]. I know everyone at the [town] Regional Council, at the library, the cinema.”

* Researcher “*I remember when I was here last time, you said you wanted to go out more at night time. Did you get to?*
* Participant “Thumbs up, smiling. Turns to activities page in communication dictionary, points to concert and then to football.”

Some of the relationships, initiatives and activities participants mentioned were still developing, in addition to the goals they had achieved. A few people talked about the time and effort that it had taken them to identify what they wanted from the CII.

* [Participant quote] “It made me think deeper about what I wanted to do … because it was confusing about what path I wanted to go down. Because it was a personal thing. And I’m happy, because I finally broke through, and I’m sticking with what I want to do.”

Family members were similarly positive about activities which were closely linked to positive contribution and purpose.

* [Coordinator quote] “The day he got the job he was so proud … I went out there and said ‘Guess what? I just got a phone call and if you’re happy to you’re going to be sent a letter of offer for a job.’ And he went straight out to everyone and said ‘Guess what? I’m a working man now’.”

It was important to many families to see the changes resulting from the Initiative, especially increases in the number and quality of relationships and social interactions for the person with disability, and increases in their independence. Where parents had open expectations of the CII, they were generally satisfied with the outcomes that were linked to social inclusion gains. However, where their aspirations for their son or daughter were more focused on specific goals of employment or supported or independent living, they were less positive about the impact of the Initiative if that goal had not been reached yet.

* [Family member quote] “It’s worked out even better [than I hoped]. And I think better for everyone, not just [my daughter]. It’s that thing of what I always did when they were little – if you can teach this child ballet, you can teach any child ballet.”
* [Family member quote] “It was nice to talk to other people, but I can’t really see any major change in [my daughter’s] behaviour or lifestyle that’s come out of the program. I’m not really expecting a lot, I know it takes a long time to develop a routine and for an autistic child to accept change.”

Not all participants and families felt that the CII had resulted in the changes they had hoped for. In these cases, there was a range of barriers related to personal wellbeing, especially physical and mental health, which slowed their progress. For some people, lack of control in decision-making also restricted their progress. These barriers were complex and remained ongoing issues which were, for some, being taken up by the organisations as part of their wider changes to service delivery. Refer to section 7.4.2 for more detailed discussion of these issues.

**Encouraging new approaches that enable people to meet their goals**

Some of the providers adopted new practices and adapted existing practices to identify and respond to the aspirations of the participants. The Initiative was an opportunity for them to link together cohesive approaches in their practice, starting with the co-design. It enabled them to apply an approach in which the participants could express their goals and be connected to a practice approach that focused on iteratively improving their community inclusion, rather than acting on a series of un- or semi-related goals.

Some of the practices were particular approaches that fitted well with the Initiative and other practices were new aspects for the provider. Four CII sites identified specific approaches or models of support as core to their operation. While quite different in their application, the four approaches shared some core similarities which were they viewed as consistent with achieving participant outcomes. The four approaches were

* Circles of support, especially for people with little or no family support
* Partnering to create micro-enterprises
* Model of Citizenhood Support
* Using elements of Institute for Applied Behaviour Analysis STEP program for skill development

Other examples of approaches that the providers applied in new ways with these participants were:

* Linking individual and system level change work in several sites.
* Enmeshing outcome measurement to include participants in an accessible way. For example, a participant who did a video course made a video about the employment and social connection outcomes of another participant.
* Using lateral thinking to adapt situations to the person where needed. For example, staff completed a lifesaving course so that someone with high and complex behaviour support needs could swim where he needed/wanted at a particular beach. There were several examples of coordinators leveraging additional funding so participants were able to undertake additional activities.
* Scaffolding support, and taking a systematic approach to increasing opportunity for people with high communication support needs. For example, focusing at the outset of the CII on getting the foundations right [communication dictionaries, community communication tools; seating assessments]; having experiences; and sharing the learning for others through the development of a toolkit of resources.
* Coming in a different window to find an opportunity – a participant’s business came about through building on her relationships, her desire to contribute, geography and character of the local community.

Some of the activities of the CII projects did not directly include participants, but the impact of the actions contributed to outcomes for the participants and other people using these services. For example, in one site the coordinator negotiated a partnership agreement with a local government community centre, resulting in free access to their space. As a result, all participants in the service can now use that facility, along with members of the general public, and the organisation has set up a series of classes in art, music, dance and cooking at the centre. In one site, families were introduced to other models of support in the co-design group set up for the project.

* [Family member quote] “[Coordinator] organised for the microboards people to come and talk to us, which was really interesting. They came here, and one of the other families who are part of the project, they came here as well, with their daughter. Microboards is something that we probably won’t do just now, but it’s a really good thought to have in the back of our mind.”

This section has so far discussed the planning and activity processes to achieve participant’s own aspirations for community inclusion. The rest of the section now turns to the expected outcomes from these goals: control in decision making, personal wellbeing and social connections.

### 6.3. Control in decision making

Martin’s case story of forming a circle of support is an example of a new approach that generated community inclusion for Martin. The provider adapted the model for participants like Martin who did not have family support.

**Case Study start**: Martin lives in a supported residential service (SRS) with 20 other people. He has no contact with family, and no friendships or relationships outside of the SRS. Martin’s high support needs mean that he speaks little, walks slowly, and has very poor vision.

Martin became involved in the Circles of Support project. Finding the people who knew him well was a significant challenge in building the circle. Despite spending weeks with Martin at the day services he used and at his house, the Circles project coordinator could only find a small number of people who had any knowledge of Martin.

The circle started with two people – Kylie and Ron – both also residents of the SRS, and themselves people with disabilities. The coordinator invited Ron and Kylie into the circle on Martin’s behalf because he responded when he saw them, and because he could say their names. On this basis, she thought that he had said them before, and so had an established relationship and preference for these people. A third person, an ex-staff member from Martin’s day service, later joined the circle as well, but took a more ‘back seat’ role. They are working together to advocate around a review of Martin’s medication.

Together with the coordinator, the circle has met regularly, going out for ice cream and cake on a weekly basis. Kylie and Ron proved enthusiastic contributors to a plan to improve the quality of Martin’s life, identifying ideas such as buying a radio so he could listen to music in his room, exposing him to more music, getting him out on more outings, and learning some basic signs to help Martin express himself.

At the end of the CII, this circle had developed significantly. Kylie and Ron have adopted both a friendship and an advocacy role in Martin’s life. For example, they described discovering that Martin had holes in his shoes, and the discussion they had about using the last of Ron’s money to call the coordinator to make sure Martin could get new shoes. They showed in multiple ways that they are thinking about ways they could intervene to increase Martin’s autonomy, such as ideas to stop the staff feeding him when he can feed himself, because it’s quicker for them.

The coordinator asked Kylie and Ron to be in the circle because they were the only people she could find in Martin’s life at the time. However, they have proven a very valuable choice. As fellow residents with some status, they have built social capital for Martin at the house, are very well located to advocate with staff on his behalf, and see in detail what happens in his life.

The circle is increasingly solid, and working on a foundation of mutual regard. However, it has been time consuming to develop and support (compared to traditional circles), and is not self-sustaining, relying on the support of a paid coordinator to continue. **End of case study.**

* [Coordinator quote] “I found this community inclusion issue quite hard to get my head around because everyone was focusing on this whole idea of community inclusion and doing activities, and yet all my Circles didn’t necessarily create activities for the person, but by being in the Circle they’ve created - Martin definitely has more social capital now. People talk to him more than they used to.”

The first outcome from the Initiative aims that participants would improve control in decision making. Many participants spoke about feeling that they had increased the amount of control that they had over the activities they were involved in as part of the CII, or demonstrated this through their behaviour. Examples were of people being able to complete more elements of a particular job role independently, being able to respond more fully to questions about what they would like to do, making broader and more informed choices after having more experiences on which to base their choices, and being able to refuse activities which they didn’t want to do.

* [Participant quote] I am feeling more independent and haven’t had to rely on [organisation] so much. Just being able to get in and say ‘OK, I need this and this done’. That is probably the most thing, that I can just get around by myself and things like that.
* [Manager quote] “When the go-karts finished, he was putting his foot on the co-driver’s foot to indicate that he wanted more and he wanted it to go faster. And there were other instances, similar to that, around when he went swimming and purchased his coffee using a picture to go and communicate independently.

To see more about how this person increased choice and control, follow this link:

<http://rcypd.edu.au/projects/tys/>.

Distance between the participant and which decisions were made in their lives affected the participants’ control over decision making. For example, most participants were not able to choose the staff who worked with them in the CII, and some families vetoed activities or initiatives before they were canvassed with participants. Readiness to take more control of decisions was an issue for some participants, and also for some families. For a small number of participants, life was very chaotic, and this affected how intensively and effectively they engaged with the CII planning and activities. Some families were primarily concerned that their son or daughter was happy, and wanted services to continue to manage their family member’s ‘service life’, as this had worked for them to date.

Several participants, and many service providers, talked about the struggle for control in decision making which emerged for participants during the course of the project. For some, this involved continuation of service-led activities which they did not want to participate in, but had little choice over. For others, it was difficult to be heard and responded to, both due to their impairment, but also because services were not set up to respond to participants, but more to routines established by available staffing and resources. Sometimes the extra time and resources from participating in CII meant that they could express their preference for change, which they might have done without effect in the past, and now successfully act on it.

* [Participant quote] “I can do things for myself, that’s what I like to do, but I need someone to help me to do it. And I try to do things for myself, and they do things for me.”
* [Researcher] “Something we have found out is that you don’t really like your [electronic] communication device. That seems pretty important.”
* [Participant] “I don’t like the way it sounds. The voice.” [said with considerable effort]
* [Researcher] “*You’ve had a chance to look at some new communication devices recently, haven’t you, on an iPad?”*
* [Participant thumbs up]
* [Researcher] “*Did you see something you’d like to try?”*
* [Participant] “Yes.”

### 6.4. Personal wellbeing

**Case study start:** An animal lover who has worked voluntarily for many years has been able to use her work skills to develop a relationship with members of her local community through the CII. Until the CII, support staff dropped off the paper that was shredded to provide bedding for animals to an animal shelter, as it was too far away, and not wheelchair accessible.

As part of her involvement in the CII, this hard working lady has developed a relationship with the local pet store. She is now delivering bedding there herself, and she and the store owner are getting to know each other better each week.

Surprised to find that the route was much more difficult to access than anticipated, she conducted an accessibility audit and produced a digital narrative about what it takes to complete this trip. With the support of staff, she is planning to discuss this with the Local Council soon. **[Case study end]**

To see this story about contribution on video here: <http://rcypd.edu.au/projects/tys/>

The second set of outcomes from the aims of the Initiative is to improve personal wellbeing. People spoke positively about the wellbeing outcomes of the CII for participants in terms of personal development and emotional wellbeing.

**Personal development**

Many of the activities which participants did in the CII also had personal development outcomes. Increased confidence and self-esteem for many participants were discussed by participants, families and service providers. Successful participation in activities was identified as a source of growth in confidence and self-esteem, as was people’s involvement in conversations which deepened their understanding of themselves, their strengths and potential, and contributions. Several coordinators and family members commented on the increasing depth of communication and maturing of young people in particular as the CII progressed and iterative conversations continued.

* [Family member quote] “In terms of going-out activities, I would say not much [has changed]. In terms of building her confidence, in terms of building her self-esteem, in terms of talking about things, in terms of guiding her more maturely, I think [coordinator] and this project has quite a great impact on her.”
* [Participant quote] “I have changed pretty much the way I carried myself. I pretty much wouldn’t have talked to people back in the day. I wouldn’t have sat here and done this with you guys [research interview]. But I think showing people what I love is making me confident to come out of my shell, really.”

For the participants who were connected to a business development, their identity as person in small business was transformative. People involved in small businesses and micro-enterprises rated very highly the importance of being seen through a different lens.

* [Family member quote] “They’d look at him, as soon as you said something about the project, you’re looking at a young adult with capabilities. It was a real conversation starter, and it gave him identity, gave him status. There was tremendous status around it. I noticed he was more responsive, self-confident, opening up.”

In another example of the transformative impact of making a valuable contribution, one man is engaged in promoting his lived experience expertise so that other people learn from him.

* [Participant] I’m the Event Designer. Talking, speaking, making speeches, doing functions.
* [Researcher] There must be a lot of preparation in that?
* [Participant] Yeah … they always hang on to every word I have to say. They’re all smiling, and they’re happy to actually hear my voice.
* [Researcher] What do you talk about?
* [Participant] We made a presentation. I’ve actually got a book, a folder, and I just talk about my circle of support, my home life.
* [Researcher] What stuff does [coordinator] talk about?
* [Participant] Oh, something about the NDIS [offhand].

**Emotional wellbeing**

Many participants spoke about how the things that they were doing in the CII made them happy, because they were enjoying or loving what they were doing. They said they were feeling better as a result of what they were doing, and feeling proud of what they had produced.

* [Researcher] How does it make you feel, having your pottery in the shops?
* [Participant] “I love it all, and it is very special to me.”

Several people directly referred to emotional difficulties they have had, and felt that their involvement in the CII had helped them by setting goals and doing activities that they found interesting and engaging.

* [Participant quote] “It is who I am as a person, music and cooking it is a personal thing to me. I do it because I love it. It runs through my blood, to get my name out there, to be confident in my own skin. It is a therapy for me, if I am sad, happy, sick, it makes me feel better.”

Service providers and family members spoke about how the focus of the Initiative for some participants had progressively been able to turn to addressing longstanding issues with challenging behaviour, depression and anxiety. Referrals to professionals to assist in better supporting participants during the CII were seen to have effective outcomes for some people, although they stressed the long term and incremental nature of this kind of change.

* [Coordinator quote] “[These two people] were very depressed at the beginning. Because they didn’t have much vision of who they could be, and to see themselves in the world … I think as much as you can change the environment, you also have to change the psychology of the person so that they open up a little bit. Because they’re used to being closed, and to having little.”

Participants also showed through the ways that they changed their behaviour that they were increasingly engaged in new activities, and feeling good about them. For example, one person who previously had a lot of challenging behaviour on days she was going to a day program now happily dresses in her work clothes to be ready for work. Another who previously was unable to spend time in the company of others has been incrementally supported to join in with a small group and is now sharing his music with others over lunch. He is starting to use new signs to communicate consistently with staff about his preferences. A third person expressed a clear preference to spend time with his peers at a disability service.

* [Family member quote] “I think he has the right to be in a range of communities, and this [disability support service] is a community that he is part of and that is still inclusion. Sometimes he likes it so much that he asks us the night before ‘Can I go to [service]?’ And we have to say ‘It’s nine o’clock! You have to wait until tomorrow.’ It means that he really likes it there.”

Some goals were opportunities for personal growth for participants and for the other people involved. Circles of support particularly stood out with the multiple members reflecting about the benefits they saw from participation in the circles.

* [Family member quote] “So I’ve learned I’ve actually got to step back even further, take the emphasis off sharing responsibility and put the emphasis on building a social network for him and let the sharing and the helping grow a bit more organically… I have to step back and give them space to breathe and grow and let him develop those networks and relationships to work for him.”
* *[Researcher] What did your mum talk about at the conference?*
* [Participant] Oh, just letting me go, and how she’s not a part of the circle of support.
* [Researcher] *Has it been hard for your mum to let you go?*
* [Participant] A bit.
* *[Researcher] Has it been hard for you?*
* [Participant] Yeah, a bit awkward.

To watch people reflecting on the importance of relationships, follow the link: <http://rcypd.edu.au/projects/tys/>.

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### **6.5. Social connectedness**

**Case study starts:** Dave lives with his parents on a property 30km out of a regional city. He likes working with his hands and has had experience at home in building and in operating machines. Dave had been attending a day program each day but was bored and wanted something different. One of the staff from the service knew the Manager at a local steel supplier, and made contact with her about the possibility of Dave working there.

Dave started doing work experience at the supplier one half day a week, later increased to two half days a week. He cuts steel, goes on deliveries with a co-worker, checks off orders and communicates directly with customers. The next step for Dave is to get his forklift licence, which would enable him to expand his role. He is using CII discretionary funds for this purpose.

Dave finds number skills challenging, but the service has started working with him to improve these. However it has been difficult for staff to find enough time to devote to this. The service is considering tutoring as an option for Dave to develop these skills. Improved numeracy would enable him to do tasks like measuring the steel and taking the order from the customer.

Initially a service staff member attended work with Dave, but now he goes by himself. Public transport to the site is poor and Dave lacks confidence in using it. Currently a staff member drops him off up the road so he can arrive on his own, and he catches the bus on his return journey.

Dave’s confidence is growing since he has been at the steel supplier. The workplace is very keen to have Dave at work for a full day and possibly move towards paid employment, but Dave has not yet agreed to extending his hours. He is concerned not to miss the bus at lunchtime. The service is looking to support Dave to gradually build his involvement at work, for example by initially staying for lunch and then extending this. He still attends the day program at other times and is now enjoying it.

Dave greatly enjoys going to work experience and is very much part of the team. Service staff reported that he is ‘pretty chuffed’ about working there and when asked about work, he always says ‘very busy’. He and his co-workers enjoy a laugh together and Dave has been attending work social events including the Christmas party. He even won a work bowls competition.

Another CII participant whose goal is to make movies, made a short film about Dave’s CII project, where his work colleagues talk about how he contributes to the team, and how his skills and confidence have grown over time. **[Case study end]**

* [Coordinator quote] “He’s part of the [work] team. He’s even included – I heard an advert on the radio, they’re a sponsor on local radio… and they’re asked to tell the radio audience who the team were. And I tell you now, he was part of that team. Local radio, that’s a big thing… I heard it, going home one day. I saw his father one day, he said they heard it themselves.”

To see another young man, Harrison, talking about the impact of work on his life, follow this link:<http://rcypd.edu.au/projects/tys/>.

The final set of outcomes from the community inclusion activities is social connectedness. At the start of the CII, many participants established goals that focused on making active contributions in their community, including paid and unpaid work, education, training, small business and other useful community connections. Increasing social connectedness and building relationships were at the core of many of the goals, activities and statements made by participants, families and workers.

* [Manager quote] “You know, the goals are all quite similar for a lot of people. It involved having a meaningful, valued role in the community.”

They also expressed a strong desire to expand their social network or change the quality of their relationships through their community inclusion goals. The opportunity was laid through the structure and philosophy of the CII to use these activities as a foundation on which to build relationships and meaningful connections and reflect the breadth of contribution that participants were seeking.

As the CII drew to a close, many participants made it clear that having a purposeful and meaningful role mattered to them, and that they had placed a high value on participation in activities which they felt had developed such roles. This was reflected particularly strongly in employment, and also spanned their personal relationships, their relations in the services they use, and their wider community interactions and relationships.

* [Family member quote] “That’s why getting this job of hers was so important to her, because everyone else had it. She had an expectation that you should contribute … She sees it as her duty. It is your responsibility to pull your weight in life. Everyone has to contribute, and that’s how she was raised.”
* [Participant quote] “[The women’s group] get together and they do things or plan things or do things for other women… Because to make better, not for yourself, but to make better for others too. It is very important and they can learn from you and you can learn from them too.”

As people related stories of significant change in their social connectedness, a common list of factors that contributed to that achievement emerged:

* Clarity around the outcome they were seeking
* A motivation for change
* Consistency in support
* Openness for new opportunities in the chain of the interaction or relationship
* Time and resourcing for adequate support
* Positive expectations for inclusion of the person
* A positive expectation that the person is someone who people would want to be with.

Some of the ways in which social connectedness grew for participants involved service providers exploring different ways of supporting them to be a part of their communities, so that the services they used could take a less dominant position in their lives and encourage informal relationships to come to the fore.

* [Coordinator quote] “Sometimes we forget that everyone in [our rural town] is related, especially with Aboriginal families. There is normally a connection somewhere, because [our town] is a meeting place for all the groups. They know this person or that person, and when they introduce themselves they talk about country and say ‘how are you?’ and ‘where are you from?’ so there is that instant connection of, you know, ‘oh, that’s my mum’s country’, or that sort of stuff. So, I think she probably has a lot more people that she is connected to and probably more recognisable down the street. So that opportunity when they see her down the street, but they wouldn’t go out of their way to go to [services] because I guess it’s institutional, you know ‘that’s not my place, that’s where she lives, or she goes’. But, if she is down the street it is quite comfortable to say ‘g’day’ and ‘how you going’ and that sort of stuff. It’s not awkward for them at all.”

* [Family member quote] “I really see now the greater value in this is not about the circle doing tasks, although that’s fantastic. It is the relationships and the social and inclusive support that it offers, connections and so forth – absolutely.”

To watch people reflecting on the significance of a sense of contribution in their lives, follow this link: <http://rcypd.edu.au/projects/tys/>.

Building social connectedness was challenging for some staff, particularly for those who supported people with high or complex needs. Staff and families talked about unwelcoming community attitudes and the fear of negative community attitudes, and the influence that this had on their practice. While only a small number of negative experiences were discussed, several support staff and coordinators and some family members spoke about their perception that the wider community was unwelcoming or not ready to accept people with disability. The importance of the CII in bridging this gap was clear to them.

* [Family member quote] “[Coordinator] has a personal relationship and connection with the [dance] instructors and introduced him and now he feels like he belongs to that group. But if he had walked in off the street, he probably would have been standing in the corner by himself … It requires a connector to get people to open their minds that it’s okay and that is the case with all levels of inclusion. So we have all these wonderful community groups out there but they’re not inclusive.”

Physical accessibility in the local community, especially in regional and rural communities, also inhibited social connectedness for some people, irrespective of how innovative staff were in trying to overcome these physical barriers.

* [Family member quote] The things that have been a real hindrance has to be in this town accessibility to buildings. It is just a nightmare, it really is. There are so many places that she has to stop at the door and call out, shops and that, call out and ask someone to come to the door because she can’t get in there.

### 6.6. Summary of outcomes

*Aspirations and goals*

The first part of the CII process was co-design with the participants to identify their community inclusion aspirations and goals, so that plans for activities to achieve the goals could be made. In the best cases, the aspirations that participants chose were in response to meaningful planning and conversations that were part of the co-design process and which explicitly connected to goals for building community inclusion.

*Activities of community inclusion*

All participants used a range of activities. Some activities were more innovative than others, and linked to achieving goals. When co-design planning and activities were effectively brought together, there were deeper, richer outcomes. Participants were involved in a range of activities, and other benefits were also more fully realised – social participation, social connection, relationship development for the person; learning for the organisation about collaboration, partnership, and building capability in people and staff.

*Control in decision making*

Many participants spoke about feeling that they had increased the amount of control that they had over the activities they were involved in as part of the CII, or demonstrated this through their behaviour. Several talked about the struggle for control in decision making. Sometimes the extra time and resources from participating in CII meant that they could express their preference for change, which they might have done without effect in the past, and now successfully act on it.

*Personal wellbeing*

People spoke positively about the wellbeing outcomes of the CII for participants in terms of personal development and emotional wellbeing. Successful participation in activities was identified as a source of growth in confidence and self-esteem, as was people’s involvement in conversations which deepened their understanding of themselves, their strengths and potential, and contributions.

*Social connectedness*

Increasing social connectedness and building relationships were at the core of many of the goals, activities and statements made by participants, families and workers. As the CII drew to a close, many participants made it clear that having a purposeful and meaningful role mattered to them, and that they had placed a high value on participation in activities which they felt had developed such roles.

Building social connectedness was challenging for some staff, particularly for those who supported people with high or complex needs. The importance of the CII in bridging this gap was clear to them.

## 7. Effectiveness

This section addresses the second question about the aspects of the Initiative that contributed to the participant outcomes. The findings are framed in terms of strengths and changes to practice to overcome difficulties. The information is from the interviews at all sites and observation of the NDS processes and resources for the Initiative. The section includes two parts about **facilitators** (co-design, service delivery and program management) and **challenges or barriers** (individual and organisational) contributing to effectiveness, ending with a summary of lessons from the evaluation about factors that facilitate good outcomes. The next section discusses the implications for sustainability and change from these findings.

**Evaluation question 2 (part 1)**

**In relation to these participant outcomes, what aspects of the Community Inclusion Initiative contributed or were barriers to effectiveness and how were they addressed?**

* To what extent did the design contribute to the effectiveness, including the co-design process, service delivery (support workers, funding), program management and governance?
* What aspects hindered the Initiative from working as effectively as it could and how were they addressed?
* What were the main external factors, including community capacity and opportunities assisting or inhibiting support, and how were they addressed?

### 7.1 Co-design for community inclusion

The first factor contributing to the effectiveness of the Initiative is the co-design process to understand the participants’ aspirations for community inclusion. Co-design in this Initiative was explained to the providers as “Deliberately engaging users of the system, deliverers of services and other experts to actively understand, explore and ultimately change a system together.” (Huddle Academy 2015)

Previous research in this area also emphasises the importance of working to establish common values, ensure mutual learning, and draw on creative approaches to break down usual constraints on participation in service environments (refer also to section 4.3) “A wide range of specific techniques are used in co-design including tools such as story-telling, diary studies, personas, crowd sourcing, scenario building etc. They often involve getting service users to imagine situations in which the normal constraints on service design have been relaxed so that more imaginative approaches are suggested and can be built on by other members of the co-design group (Bovaird & Loeffler, 2003, p10)”.

In the co-design process, the organisations worked with each participant, and where relevant, their family, friends and other supporters, to identify their goals, plan and support the activities to achieve community inclusion. When done well, co-design meant that the way of working together and what they did, developed as the Initiative progressed. Each participant, family, coordinator and each organisation approached the opportunity differently according to their understanding, past experience and organisational constraints. These experiences are discussed in this section in terms of the approaches to co-design taken by the people and organisations involved and changes to the way they understood and applied co-design over the life of the Initiative.

**Approaches to co-design**

Section 6 above discussed the perspective of many participants that co-design was helpful when it was implemented well, enabling them to articulate their aspirations and act on them. They were pleased to be involved, have a say, and do what they wanted to do. In this way the evaluators observed how many participants were involved in co-design processes that identified and acted on their goals and choices for community inclusion.

Most families found the principles of co-design inviting, many appreciating the opportunities to be more deeply involved in conversations about aspirations and ideas for ways that the life of their family member might become more fulfilling. Some families found it hard to take an authoritative position with the organisation about what their family member might want – they were not used to having this role, in contrast to an annual planning consultation. Other families were pleased about the organisation’s expectation that they would participate in workshops and consultation, but were disappointed about progressing action for their family member.

* [Family member quote] “I suppose I do feel like I have had to do a fair bit of driving. Some things I think that was because we have energy, but I still felt like it took some driving on our part to make things happen. There is a difference between consultations and having to drive it.”

All providers found that using co-design to frame the Initiative was valuable. They said it enhanced the ways in which they approached and implemented the Initiative in their organisations in several ways, as illustrated in the processes and outcomes described in Section 6. Where co-design principles and practice were fully realised in the projects, a flow and connection between individual and systems level outcomes can be seen.

**Case study start:** One provider completed a research project to better understand the similarities and differences in the way that people with and without disability perceived community inclusion in their area. Results indicated that the people with disability they worked with emphasised connection and feeling like they belong, while people without disability focused on logistics of physical access, transport, lack of funding and the way this lack of resources affects people with disability in the community. Promoting these findings widely to staff and community members who participated in the regional town was a creative way to build community inclusion.

From this, she set a framework in which she and other support workers worked with individual participants on their hopes and aspirations and ways in which the organisation might respond to these, having established some of the broader parameters which would help them understand and implement the goals. Some of the outcomes which resulted had benefits for individuals, but also for the wider community – for example, one person’s goal to swim at her local pool involved significant lobbying for a hoist which has lasting benefit for many people in the town. **[Case study end]**

You can see this story discussed on video here: <http://rcypd.edu.au/projects/tys/>.

The co-design approaches taken differed between organisations and developed over time in the way they worked in partnership with each other and with participants to ensure that their preferences revealed through co-design were held centrally as plans and activities were developed. An effective example can be seen in one of the Circles, which is now moving into its second cycle. The first circle of support proved a valuable gathering of people who supported one man in moving into a more independent way of living, providing both practical and emotional support as he moved into his first home. Some of the members have moved away, and as the evaluators conducted the second visit, the core circle members and family members discussed practical arrangements for rejuvenating and reinventing the circle as it moves into a new phase. This is a different way of thinking about where and how people’s needs are identified and met – a combination of practical support, relationships, and increasing and sustaining social networks. These are different but related things, and different people step up for the tasks. Underneath it, is the underlying message to the man at the core that these are people who choose to spend time with him because they like him, and think he is a good person to be around. Another example was micro-enterprises, within which co-design of a business idea could develop with the participants over time, as they grew to understand the opportunities and interests.

**Understanding and applying co-design**

Organisations were generally satisfied with what was achieved through co-design and could see capacity built through the CII in participants and providers, and growth in community inclusion. They also identified opportunities for future development for the participants and the wider organisation, and for deepening the inclusion experience.

* [Manager quote] “The service providers and the partners have really come together… rather than working in isolation they have come together with a targeted approach to increase people’s participation.”

Throughout the project, the organisations identified that co-design for community inclusion was more complex and time-consuming to develop and deliver than they had anticipated. Sharing their practice experience was a way to continue to improve their effectiveness.

* [Coordinator quote] “I think it has [worked out as I thought it would]… but I think it has taken a good amount of time to get off and running and I think that’s simply because building trusting relationships with the people that you are working with and getting to know them and getting to know their families well, and trying things out has taken longer than expected.”

Organisations also found co-design challenging, and at times confusing. At the outset of the Initiative, several providers were uncertain about co-design and how they could apply it to their work with participants. By the end most providers spoke with more authority and knowledge about co-design and its application. Some providers managed to adopt *new ways* to decide what to do and how to do them through a development process in partnership with participants and their families.

* [Coordinator quote] “When I went to the co-design training it actually changed my whole outlook, it changed my life, I think there is a quite a few things that I do naturally but it was nice to have some words around that and what it actually looks like and made me think about some things I do naturally and how to do it better.”

**[Case study start]** Angus is a young man who has recently left school. He is welcoming, cheerful and engaging, showing through his actions rather than words the things that are important in his life. During the CII, Angus was in the transition period from school to a disability support service. As part of this process, several meetings were held between school, service and his family to plan for his future. In these meetings, Angus’ family raised the issue that they like to go riding as a family, but it is difficult for Angus to join them because when he rides the bike he doesn’t put his feet down when it stops, so often falls over, and it can be dangerous out on the roads. They also had concerns for his health and wished him to be doing activities while he was using the service that would help him keep a healthy weight. Everyone thought it was a good idea, but there was no funding to purchase the trike.

Through the CII, a number of goals were brought together for Angus to help this happen. A three wheeler trike kit was purchased so that Angus would be able to ride safely. The trike needed to be put together, but instead of assembling it for him, this became an activity to be completed over time with his support worker. Angus’ dad had been keen for some time that he spend some time with a male support worker, and was happy to learn this was the case with the trike building:

* [Parent] “He is building up a bit of a bond with that bloke down there. The way he is treating my son, I am very proud of that. “

When the evaluators visited Angus for the second time, he was visibly happy and excited to show them his trike and to demonstrate how it was he who was building it by getting out the tools and checking the bolts. His dad also observed what it has meant for him to be engaged in working towards his goal:

* [Parent] “Yes he is very good mechanically. When we were out on the block he spent a lot of times with me working and he was always by my side … It’s almost sounding to me that Angus is feeling achievement. I am very proud of that.”

**[End case study]**

Coordinators attended a workshop about co-design in the early stages of the Initiative. They rated highly the workshop for both learning and practical application to their work environment. Several commented that they would have valued this workshop at the outset of the Initiative to assist in framing the projects. The importance of preliminary training is consistent with their comments about how co-design represents a significant practice change for some organisations and workers.

* [Coordinator quote] “It would have been great if we did the co-design in the beginning, and had much more of an understanding around that to start with because I’ve kind of felt that it’s been two separate things – the community inclusion and educating the community and the co-design and the participants and working with them and their families. It has almost been like two separate pathways, and it has been hard juggling both things at the same time.”

Sharing their experience about co-design throughout the Initiative was helpful for the organisations. A sub-group of coordinators contributed to an online group which continued to develop understanding about co-design. At the close of the Initiative, one coordinator shared her reflection on co-design, developed for a workshop with the 60 support staff in her organisation (shared here with permission).

* [Coordinator quote] “The thing about co-design is that it is subtle, and when you think you have a handle on it – you don’t. The point of co-design is that it is not something you master; it is something that you learn to play with. You learn to unlearn all that you think you know about how things should be done and how they should go. You learn to sit back, to listen, to elicit, to be second even when the person with you cannot speak or be directive.
* You learn to look for new things, new ideas, tiny new green shoots, you learn to ask questions and more questions, and not need a concrete answer. The answer is in the awakening space, not the answer. You learn to create room for new vision and opportunity for families, clients, carers, the community – even when they don’t believe anything is possible, and you learn that even the tiniest glimmer of hope can bring about the greatest change, as long as you don’t jump on it, but let it grow and blossom at its own pace.”

Some providers were familiar with person-centred planning and community participation. Where they felt that their person-centred planning applied the same principles as co-design and community inclusion, they were comfortable with adapting their practice to make the approach more explicit. For example, one site emphasised the role of peer education for people with disability about the potential of co-design. Through workshops at the beginning and towards the end of the Initiative, participants spent time with mentors who themselves had disability. The mentors worked with them to provide guidance, training, advice and support on planning and goal setting. Others voiced that it was ‘the way we have always done things’ and that co-design was something they already used within the service. It was evident that in better practice, principles were used such as person centeredness and some planning methods, such as mapping paths. The outcomes achieved through the CII process combined with the additional time and resources produced some innovative results, as evidenced by services investigating strategies to sustain the projects once the CII concludes seemed to positively extend this existing practice.

* [Coordinator quote] “[co-design is] a bit more nuanced that person-centred practice, because person-centred practice refers to people directing their life and self-directing their supports ... but co-design really pushes that to happen a little bit more effectively, I believe … it’s confusing for me still to try and differentiate the two. The best way I can do it is to think of it in more linear terms of the tools and things that co-design workshops use to try and drive people to participate more … I’ve seen lots of organisations say that they use person-centred practice and they don’t, and co-design kind of forces that, because you can’t escape, you can’t just give it a nice motherhood statement and say this is a person-centred plan, when people haven’t been involved and when you’ve imposed your ideas on it.”

Some coordinators felt that some participants were not ready for co-design or that setting goals was unrealistic, perhaps reflecting their unfamiliarity with individual planning with an incremental, developmental approach, breaking down goals to small steps in short time frames. Other organisations and workers found it difficult to adapt their practice to a co-design and community inclusion approach. Where their organisational structure was not adaptable, it was difficult to introduce a new approach even with good intentions.

* [Coordinator quote] “I think right from the start not everyone was clear what [co-design] was, because it was quite loose … Everyone was really busy, and not sure what was happening at the start, despite a two day workshop with a planner about what we wanted to do and what we wanted to achieve.”

Some of organisations attempted to increase community participation through finding more activities to do or increasing the amount of an activity and social interaction. At a minimum, it meant that all participants had new experiences. Where the organisation was constrained in how they applied co-design, they did not necessarily have a way to develop an understanding about the participants’ goals for community inclusion, with consequences about choosing suitable activities.

To watch people reflect on the co-design process in the CII, follow this link: <http://rcypd.edu.au/projects/tys/>.

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### 7.2 Service delivery

The second facilitator of effectiveness is the way services were delivered, including the coordinator and support worker roles, and service delivery in the context of NDIS implementation or preparation.

**Coordinators and support workers**

Support workers, coordinators, managers, families and participants all shared views on what helped make the CII work effectively. The role of the coordinator was the most frequently raised by all groups as a strong contributor to the success of the Initiative in their organisation. Service delivery in the Initiative depended on the way the coordinators articulated the approach and put into practice. While the organisations and managers generally interpreted the principles behind approach in the context of the opportunities and constraints of the organisation, the coordinators were the ones who were a central point in its implementation.

* [Participant] “[Coordinator] helped me with what I wanted and that was good
* [Researcher] “Have you had other people help before, or was she the first person who tried?”
* [Participant] “Everyone tried, but I don’t think they knew how to. [They] knew how to.”

* [Family member quote] “[Coordinator] is a gem. She’s one of those unique individuals that gets it and it just a natural at her job. She has a really good vision and belief about what can be.”

The general role of the coordinator varied between organisations and was similar to a case manager or key support worker. In general, with the participant, they initiated the co-design process to identify aspirations, goals, planning and activities; they communicated with the participant, family, friends, other support workers and other organisations in the person’s life; and they implemented and changed the activities in response to the iterative co-design process. In the organisation and Initiative they were the contact point for practice development relevant to that participant, referral point to other services and participated in other developmental activities to reflect on the implications of the Initiative. Examples of these roles are discussed throughout this report. Some coordinators were employed specifically for the Initiative, some were existing staff, some only did this role and some had other roles in the organisation. In some cases the coordinator was the support worker, in others the coordinator managed support workers.

The evaluation identified several elements that the interviewees said contributed to the successful development and implementation of the coordinator role.

* *Sharing co-design knowledge:* Effective coordinators brought the knowledge of the CII principles and framework into the organisation and introduced it to the participants, families and support workers.
* *Holding the person at the centre:* They held participants and their priorities at the centre of the project, and were able to sustain their focus on this small group of people.
* *Driving and leading:* They drove the support provided to participants, ensuring that they received support in the way(s) needed to undertake the activities they had nominated. They also built the capacity of staff and more broadly in communities through information, training and engaged conversation.
* *Project managing:* They had strong skills in project management – collating and sharing information; facilitation; negotiation; coordination of competing priorities and time pressures.
* *Gathering and building:* They brought together resources and people who could offer a range of perspectives and skills, and open different doors to community inclusion for participants.
* *Knowing and growing a longer term vision:* They grew to know participants well, so that they could work together with them to build a longer term vision for what they hoped for in their lives.
* *Transferring knowledge:* They were able to generalise the learning from the project more widely into the organisation and parts of the community.

In several of the sites, coordination was shared across more than one staff member. These sites reported that while there were advantages in bringing multiple perspectives into the Initiative and having two or three coordinators allowed for specialisation, it was challenging for them to maintain a coherent hold on the project in the midst of other organisational busyness.

* [Coordinator] “To be honest, it felt a bit disjointed, and I don’t know if that’s because there were so many people involved within [our organisation]. There were so many people involved doing different things … I didn’t feel like I could give it the focus that it deserved.”

In these sites particularly, the staffing arrangements meant that the greater demand for 1:1 activities increased pressure on other staff, especially where the staff in the Initiative were the skilled staff needed to keep other parts of the organisation operating.

Not only the skill, but also the quality of interaction between workers and participants influenced the willingness of participants to be involved in activities. Participants, families and service providers commented on the personal qualities of particular workers, saying that they had been integral to the success of the project for the person, due to their particular commitment, positivity, energy or willingness to share knowledge.

* [Support worker quote] “They recruited the personal assistant, did the interviews with [participant] … The PA had not been a support worker, he had a business background. He treated him as an intelligent man who wanted to learn, and [participant] responded well to that. In the past he hadn’t responded well to something new, in fact had responded by being noisy and disruptive. It was obvious he was engaged and interested.”
* [Family member quote] “One of the big successes is that we now have a young man who is his support worker. So, one of the things we wanted was to model friendship, so it was important that we had someone that was in his age group, and male, rather than a female older person. [The worker] is 21, he’s a perfect match.”

A few support staff talked about their feelings about the ways in which their roles were changing with the CII, now that they were supporting people more in the community. For example, a support worker reflected on the benefit he received from building his confidence after mentoring and informal training from the coordinator, and how he is passing this on to other workers who also support the person he works with. Similarly, in some organisations, other staff feel they do not have much time to spend on practice improvement. They appreciated the role of the Initiative, especially the coordinators, taking the load off them, by focussing on new opportunities with these participants.

Other support staff in some sites remained hesitant about how best to support participants, taking responsibility for interactions and managing conversations. Sometimes, the way support workers managed interactions reduced the effect of the tools and resources which had been developed for participants to use, for example when a worker kept communication resources a participant needed to have interaction with a café owner in their own pocket until the point of the transaction, rather than ensuring the person had them before or on arrival at the cafe. It may have been an effect of longstanding patterns in support relationships, and may indicate a need for more staff training and support. Still others talked about having to push past personal feelings of discomfort.

* [Coordinator] “Well, you don’t know, when you take somebody out who can’t speak, and who definitely has a disability, what reaction you’re going to get from people … a lot of people are very scared. They don’t know what they’re supposed to do, if they’re supposed to speak. They don’t know – they just walk, and smile sometimes.”
* [Researcher] “It’s an increasingly important part of your role, isn’t it, as you’re going out more with people?”
* [Support worker] “Advocating, yeah. I try and go ‘oh, this is so and so’. People get a little shock, and go ‘oh, I have to say hello now’ [laughs].”
* [Researcher] “Do you find it easy, difficult? Does it come naturally to you”?
* [Support worker] “Probably not. I do have to force it sometimes.”

**Service delivery in the NDIS context**

It was evident that CII projects in NDIS trial sites had some design advantages. While constraints on flexibility affected participants and providers in non-NDIS sites, providers clearly worked hard to mitigate any negative impact. In the NDIS sites, service providers were already familiar with individualised funding and support, and had more resources to hand in the combination of NDIS packages and with the additional funding support of from the CII funding. All sites are preparing for NDIS implementation, even if they are not already operating in that context; and most organisations have been familiar with person-centred approaches and individual packages for at least a decade. Even so, they were generally welcoming of the increased opportunities from the imminent introduction of NDIS and applauded the compatibility between the anticipated NDIS planning and resources and co-design for community inclusion.

* [Coordinator quote] “[One to one support is] put into practice during the project, but not in a sustainable way, because we haven’t moved into that NDIS world here. So if our guys were all in that NDIS system, it would be easier, because you’ve got the plan. I like the whole NDIS accountability thing, because the service is so accountable to what’s in the person’s plan. And if that person has a list of goals that they’re contracting you to help them facilitate, then it’s much more clearly identified.”

Participants too welcomed the additional choice available from knowing they had funds to manage as they wished, although they noted that constraints remained, particularly in the size of the package.

* [Participant quote] “The NDIS gave me funding, but not that much because I go 5 days a week sometimes, and after 2 months the funding’s finished, and it’s too much money for the taxis.”

In the sites with NDIS or other forms of individualisation, some of the organisations were already familiar with setting up support in a person-centred manner, using co-design processes. The additional resources from the Initiative assisted some organisations to take these plans further, initiating new activities and planning for sustainability. Examples were the micro-enterprises and some circles of support. These NDIS sites seemed to have less uncertainty about the potential of the CII given the changing landscape both from service providers and parents than did non-NDIS sites.

* [Manager in a non-NDIS site] “Sometimes we’re so stressed and there’s so much to do to get ready for the NDIS that you know, it’s affecting some of the really good stuff that we do.”

Reiterating the importance of the skills and approach of the coordinators, a manager in an NDIS site questioned whether they could keep up that level of understanding through individual packages only but without a dedicated role. Perhaps this implies that extensive training is required before other support staff can apply the co-design approach. A number of managers emphasised the importance of the higher-level skills of coordinators in drawing together individual support and wider community development approaches. One provider had approached the NDIA to discuss the potential for adapting the CII approach for the NDIS into the future (refer to section 8.2).

* [Manager in an NDIS site quote] “I’m confident they [participants involved] will continue, but I think the success of the Community Inclusion Project has been about having a dedicated project officer and someone who really does understand what it means to be included in the community, and has got really good skills to facilitate that. Having somebody three days a week has been really important to work really intensively with people to get the best results so far for each of those five individuals. We are not going to have that intense focus... We are currently working with NDIA about continuing this project… It has certainly achieved the outcomes that the scheme wants … so I am confident.”

Ensuring that support workers were adequately skilled and resourced to provide participants with the support they needed to both develop and implement their plans was also an active concern for some coordinators. In non-NDIS sites, their concerns centred on the adequate allocation of time and resources for staff to do the background research needed, and whether and how participants are involved in that process.

* [Coordinator quote] “The other cultural thing that probably needs to change is staff understanding that they have a role to play in facilitating that more proactively. They're used to having everything sort of laid out for them and a coordinator organising everything. Going forward in an NDIS world that can't happen. Support staff if they're allocated to someone to do something, it's going to be up to them to pursue all the little details that go around it and not expect some project person or some coordinator to do all the background world. So they're going to have to do that and NDIS should probably realise that if there is intensive planning involved that should come in with some of that support.”

Where the NDIS was already in place services and parents spoke practically about next steps being approaching the NDIA for funding to be used to continue participant’s goals.

* [Parent] “The other side of this is if the provider comes to us and says we haven’t got the funding for doing this, the NDIA isn’t funding us enough for what has to be done, then we simply go back to the NDIA and say [participant’s] plan isn’t sufficient and then it becomes between the provider and the NDIA to work out what money they need to deliver on [participants] goals …”

In contrast, some sites outside the current NDIS implementation were still in the early stage of attempting to shift from group-oriented resource allocations and staffing, which inhibited their flexibility. In many of the sites, participants were limited in the activities that they could initiate by the time and rostering requirements of services. A number of coordinators discussed the fact that participants were constrained in their activities by the fact that support hours were limited to the organisational structure they were working within – that is, weekday activities during business hours. Evening and weekend activities were supported in several sites, but staff talked about both personal and organisational costs in this (refer also to Section 7.4.2 Organisational factors influencing effectiveness).

This resulted in participants being involved in activities of their choice, but not in a way that mirrored their same age peers. For example, a young man with complex support needs had a goal of being more involved in music. Staff identified that he really liked pop and youth music – the music he listened to at home with his younger sister. He showed through his reactions that he did not enjoy a ‘greatest hits’ style disco, but did enjoy going to a disco with other younger people, especially young ladies, at which current hits were playing. While he enjoyed the event, it was held at his service in the mornings as a scheduled program activity. At the outset of the CII, his mum and coordinators had both acknowledged the complexities facing this particular person, but also expressed hopes that this Initiative might offer the prospect of bringing his life closer into alignment with that of other young men his age.

Some sites like this which had used the resources and approaches of the Initiative to assist participants were concerned that they would not be able to sustain the gains once the Initiative finished, until the additional resources from the NDIS implementation applied to these participants.

### 7.3. Program management and governance

The third facilitator of effectiveness is the program management and governance structures and approach, including the NDS support and the organisations’ implementation.

**NDS support**

As described in Section 4, NDS applied Sector Development Funds to develop and support the Initiative. Its role was to commission the 11 projects, manage these contracts and support their implementation through establishing and resourcing a community of practice of the coordinators in the participating organisations and providing access to consultants for design and implementation advice to the organisations.

The community of practice met on average six-weekly during the year to share their experiences and develop their understandings about the practice approaches required in the Initiative. Coordinators, managers and other staff attended the meetings as relevant to the stage of the implementation. The coordinators reported that the community of practice operated well and was useful for their responsibilities. The multi-modal delivery through online discussions and written materials was effective to support organisations distributed nationally and to overcome distance. The regular meetings meant that the members became familiar with each other and could share problem solving experiences during and outside the meetings that NDS arranged. NDS supported many of the providers and participants to present at state NDS conferences on their CII projects. Making the community of practice written resources publically available to other interested staff and organisations shared the information to a wider group of stakeholders to begin to effect change during the life of the Initiative.

In addition, NDS also organised access to consultants with particular expertise to advise on co-design, the formation and operation of the community of practice, and costing and pricing. The coordinators and managers reported that the process was effective for developing shared understandings of the new ways of supporting participants. Engaging consultants also appeared useful for NDS staff to develop resources and practices that could be applied to other joint development projects and by other disability services providers applying the approaches of the Initiative.

These activities were resource intensive for NDS and the organisations, requiring staff time, technology and consulting fees. Their utility for supporting practice change seemed positive and applicable to other changes likely to be needed to adapt to the NDIS context.

**Organisation management**

The 11 organisations appeared to have clear structures to manage the project. The commissioning process required that the organisations had considered these structures and resources before the project began, which seemed to benefit each organisation’s understanding of project roles within the organisation, the structure and resources for the projects, and management and staff understanding about objectives and implementation.

In most organisations, a range of people had various understanding about the objectives and implementation requirements. Most coordinators commented on the high level management commitment to the opportunities that participating in the Initiative offered the organisation. With this level of management support, it meant that most coordinators were relatively well resourced and could take responsibility to change practices with the participants.

Some organisations also implemented structures to share the lessons from the Initiative with other staff. For example, one organisation also paid for the project officer to have an extra two days a week to expand the learnings from the project into the existing community support program. This facilitated mentoring, sharing co-design learning, and running workshops for all 60 staff in the organisation. The position was extended for 3 months after CII to embed the learning into the organisation.

As described in Section 4, the approaches or models varied between the organisations, from the four specific approaches, targeted groups or more generalist approaches. The management effectiveness of this range of approaches did not seem to be consistent. In some organisations, a specific approach seemed to be helpful because implementation had some commonality between the participants. Investing the planning time in setting up a strong model seemed to be a solid foundation for some of these organisations. In other organisations, larger changes, such as staff turnover, managing partnerships, and geographical distances restricted the opportunities for shared problem solving. It was important that participants had sufficient choice within the models.

### 7.4. Challenges to effectiveness

Three types of challenges or barriers to effectiveness were experienced in the projects – individual factors, organisational factors and external factors. Sometimes, where organisations were able to anticipate these challenges, they could design their practice and implementation to avoid them, particularly the individual and organisation factors. External barriers such as community attitudes and community access are incorporated in the other discussions.

### **7.4.1 Individual factors influencing effectiveness**

Individual factors influencing effectiveness can be viewed as challenges rather than barriers, since the approach of the Initiative was to address these factors through co-design and other current good practice. The individual challenges were not specific to the approach of the Initiative, nor do they reflect on the limits of the Initiative for people with these support needs (see further discussion see Section 6). For this reason, some of the organisations intentionally included participants with high support needs or disengaged from their service, so that they could learn new ways to adapt and improve their practice for people with these needs.

Some of the participants experienced additional needs during the project that affected their participation, including physical and mental illness or the impact of impairment. Some organisations adjusted to these additional needs by building up the skills of the staff so that they were more confident to deliver good individualised practice, coordinated between staff and other supporters, especially for people with high and complex support needs.

* [Family member quote] “You can only achieve a little thing at a time. The staff are stable at the moment, but there were quite a lot of staff changes last year, which complicated things. Stability of staff is really, really important. You can’t separate this project from the other things you’re involved in. I think that’s one thing we’ve found – to have a really consolidated approach to everything. We get a bit from here and a bit from there. It complicates things, rather than that real overview of everything coming together.”

Another challenge was some participants’ readiness to engage in co-design, planning and goal setting, if they had not had the benefit of such an approach in the past. This included readiness to identify initial goals and readiness to respond to changing goals. Again, organisations and staff with good practice took small incremental steps to explore new ideas at the pace and in the ways that were suited to the person. This measured pace was sometimes difficult in the time limited project, but consistent with a practice approach built on processes that are responsive to the person.

* [Family member quote] “With [my son] it’s about planting an idea and allowing it to develop – you can’t rush him into anything.”

A related challenge was the time required to build rapport with some people and families, particularly if they were new to the organisation or had not been actively included in support choices with this organisation or staff. A positive example of this challenge were participants who were already so engaged in other inclusive activities that they did not have time or motivation to prioritise the co-design process.

* [Coordinator quote] “Sometimes even building a relationship with a client is a mission. Just trying to get in and for them to open up and be friendly and used to having you around – just that could take six months for some people to get used to having that certain support worker. And then, if that support doesn’t work, we have to introduce somebody else, and that process, it does take a while for some of our guys.”
* [Support worker quote] “The constraints and challenges we faced with [participant] was her family’s beliefs, and now they have embraced what is best for her. We have learnt how to work around it. In the old days we might have avoided these tough conversations, but because of community inclusion we pushed a bit harder and it produced a good result.”

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### **7.4.2 Organisational factors influencing effectiveness**

The second type of challenge or barrier to effectiveness was organisation level factors, including staffing, administrative processes and resources.

**Staffing**

Several of the organisations had high staff turnover that affected the implementation, particularly when the coordinators left. The Initiative was about practice change, which relied on staff adapting their practice and sharing that experience with other staff in the organisation. When a key person, such as a coordinator left, it was difficult for their new experience and insights to be passed on. In four sites, coordinators left during the course of the CII. In two of these, the position was not filled, and support staff completed the projects with participants according to the plans which had been made to the point at which the coordinators left. The impact of staff turnover was significant for all, and in some sites very disruptive.

* [Coordinator quote] “It wasn’t so much staff turnover as we lost all of our key staff at once.”

The degree of training about new approaches to support was also a challenge in some organisations, where some staff remained resistant to some of the participants’ ideas and reluctant to facilitate community attitude change. These organisations did not have sufficient strategies or resources to address the cultural change that they needed to support staff, as well as the wider community, to adapt. One organisation decided that they needed to invest some of the CII funding in activities that promoted service interests in an effort to overcome these cultural barriers.

* [Manager quote] “One of the biggest barriers was getting the staff on board. Getting them out of that caring role into a more facilitative one. And they still don’t seem to have grasped that concept of active support, in terms of being involved, working alongside the person, not just sitting back and watching them do something.

**Resources**

Some organisations introduced the Initiative in an organisational context where the participants had no previous access to individualised support, they had few or no options for support outside this Initiative or the support they received was highly rationed and managed in group context. In this context, it was difficult for a small number of organisations to maintain a close link to the co-design and community inclusion principles of the CII. Instead they decided that they should prioritise support hours for participants in recognition of the poverty of experience they had in their wider life.

* [Manager quote} “Since [coordinator] put in her resignation we have looked at the budget and put in more supports for each participant in lieu of engaging the project officer. The money now comes back directly to paying service delivery for the client. [Participant is] getting more one on one hours that were not previously available to him.”

Within these constraints, good support workers were at a minimum able to slowly work towards identifying goals and beginning to implement them. For example one participant was allocated two hours per week one to one support, which enabled him to go to places he liked, with someone he liked to be with and do something he wanted to do.

A common resource constraint was transport or the cost of travel, particularly in regional and rural areas.

* [Coordinator quote] “One major goal for her was to travel … she wanted to attend a writers’ group event about two hours from here. Though probably I would have spent about two full days on communication to [town] trying to organise a vehicle because taxi transport wasn’t an option, it didn’t happen.”

**Administrative processes**

The administrative processes of some organisations were not sufficiently agile to respond to the opportunities available through the Initiative, despite the additional resources that it offered. This seemed to be due to slow processing and risk aversion. Some organisations did not have systematic processes to assess or plan support for participants in communication, speech, posture or behaviour, or plans were outdated. In other organisations, the plans for some participants included additional assessments or equipment, such as chairs, personal care equipment and mobility equipment, in order to participate in the activities they required. The slow purchasing of this essential equipment delayed implementation of the activities for several months for some participants.

* [Coordinator quote] “[participant] had a fall here, so we put in place what we thought was a heavier duty chair. Then she fell off that and it snapped, and we became concerned about her safety, and basically we had a look at it, and no equipment we had here was rated high enough for her to sit on, so we knew we had to get hold of some special equipment. So we have someone who drastically needs to engage with our programs for her health and can’t get her in because no-one could even lend us this equipment until we had organised grants to be able to have this equipment that we didn’t even know we needed until the event arose. So really, she hasn’t been able to attend ever since [over three months].

Several participants were prevented from achieving their swimming goals for more than 3 months, waiting for management risk assessment and until multiple staff obtained qualifications and were simultaneously available to supervise swimming sessions. While safety is important, these examples illustrate administrative processes that do not take advantage of lateral solutions to implement the goals, such as support from qualified people other than current staff or through means available to other members of the community.

Administrative processes were often slower or constrained if they also required coordination with other sectors or providers, such as education, health, employment and local councils. The effect was that the service systems added boundaries around what could easily be co-designed. For example, once young people left school, they encountered fewer constraints about how, when and whether their goals could be implemented because fewer people had to engage in the process.

Some organisations had so much change underway preparing for the NDIS, that it was difficult to observe what change was attributable to CII or other developments in support for participants, families and staff not directly involved in the Initiative. In the positive, this could mean that support for all people supported by these organisations is increasingly aligned to a similar approach to the CII; or in the negative, that it was too difficult to implement the co-design approach in the context of so much change.

In many of the sites, participants were limited to activities that fitted with the time and rostering requirements of services. Evening and weekend activities were supported in some sites, but staff talked about the personal and organisational cost to this.

* [Manager quote] “The sorts of barriers you have are the way that organisations are structured. The roles and responsibilities that staff have, their position descriptions, the span or scope of people’s jobs … people get taken all over the place. They’ve got to do rosters, they’ve got to fill in incident reports if there’s an incident with someone, they’ve got to do staff appraisals, they have to do individual service planning, they’ve got to go out and find activities for people to do that match their goals – I mean, it’s just massive.”

### Summary of effectiveness

This section provides a summary of the factors associated with the Community Inclusion Initiative that facilitated good outcomes for participants.

*Co-design for community inclusion*

Where co-design principles and practice were fully realised in the projects, a flow and connection between individual and systems level outcomes can be seen.

Where the organisation was constrained in how they applied co-design, they did not necessarily have a way to develop an understanding about the participants’ goals for community inclusion, with consequences about choosing suitable activities.

**Service delivery**

*Coordination and support work*

The role of the coordinator was the most frequently raised by all groups as a strong contributor to the success of the Initiative in their organisation. Service delivery in the Initiative depended on the way the coordinators articulated the approach and put into practice.

Not only the skill, but also the quality of interaction between workers and participants influenced the willingness of participants to be involved in activities.

*NDIS context*

It was evident that CII sites in NDIS trial sites had some design advantages. In the NDIS sites, service providers were already familiar with individualised funding and support, and had more resources to hand in the combination of NDIS packages with the additional support of the CII funding. Some sites outside the current NDIS implementation were still in the early stage of attempting to shift from group-oriented resource allocations and staffing, which inhibited their flexibility.

**Program management and governance**

*NDS support*

NDS support to the CII organisations supported practice change, and seemed positive and applicable to other changes likely to be needed to adapt to the NDIS context.

*Organisation management*

The 11 organisations appeared to have clear structures to manage the project and commitment to it at high levels. A small number of organisations implemented structures to share the lessons from the CII with other staff.

**Challenges to effectiveness**

**Individual factors affecting effectiveness**

Some organisations adjusted to individual challenges for participants (illness, readiness to plan, time needed to build rapport) by building up the skills of the staff so that they were more confident to deliver good individualised practice, coordinated between staff and other supporters.

**Organisational factors influencing effectiveness**

*Staffing*

Several of the organisations had high staff turnover that disrupted the implementation, particularly when the coordinators left. The degree of training about new approaches to support was also a challenge.

*Resources*

In contexts where participants had not had access to individualised support, they had few or no options for support outside this Initiative or the support they received was highly rationed and managed in group context, it was difficult for organisations to maintain a close link to the co-design and community inclusion principles of the CII.

*Administrative processes*

The administrative processes of some organisations were not sufficiently agile to respond to the opportunities available through the Initiative, despite the additional resources that it offered. This seemed to be due to slow processing, risk aversion and time and rostering requirements of services.

### 8. Sustainability of support and potential for adaptation and growth

This section addresses the last part of the evaluation questions about the sustainability and adaptability of the Initiative for other participants and service providers.

**Evaluation question 2 (part 2)**

**In relation to these participant outcomes, what aspects of the Community Inclusion Initiative contributed or were barriers to effectiveness and how were they addressed?**

* How were services organised to increase sustainability of support and what improvements could be made?
* How would the approach need to be adapted to extend to other people and other service providers?

### 

### **8.1. Sustainability of practice that facilitates outcomes**

In the progress report, the evaluation team identified the risk of CII organisations losing the knowledge developed during the project in cases where there is no plan for sharing lessons with the organisation or more widely. As the CII came to a close, three of the eleven sites had no plan for sharing the learning from the CII, and said that they considered the project completed. Amongst the remaining eight sites, a range of strategies were in place to adapt CII learning into the organisation and more widely.

Preparation for embedding the new practice and ideas which came through the CII after the conclusion of the funded twelve months ranged widely across the sites. This was similar for action to adapt CII learning into organisational practice and to share it more widely in the sector.

Some participants were planning to continue to build on the gains they had made during the year, and continue activities in which they had succeeded, along with those they had enjoyed.

* [Researcher: *What do you think about going on your own [to work] in the future?*
* [Participant]: It’s easy, and sometimes we go to the movies by ourselves.

As the funded twelve months of the Initiative drew to a close, several coordinators were focused on documenting key learning so that it could be shared within their organisations.

* [Manager quote:] “We still haven’t found an opportunity for [coordinator] to run a session to go through all the information, but at least now we have some handouts that we can actually base upon, or discuss with the support staff. That will be good in terms of providing sustainability, providing the follow up from here.”

**Commitment to participants’ ongoing support**

An aim of the CII was that project activity would add sustainably to what participants were already doing through the funding and support they received through community participation programs, and not result in sustainability problems at the conclusion of the Initiative, either for participants or organisations.

However, working to ensure that the outcomes were reached, and goals in progress for participants were not lost at the end of the CII was a priority for many of the providers. Having experienced new and more inviting ways to be involved in receiving and negotiating support, few participants or families desired a return to their previous way of being supported.

Some providers spoke about feeling an ethical commitment to the participants in their project, to ensuring that they were not left disadvantaged by their participation in the CII as funding for additional support concluded. Some raised systemic issues about capacity to continue to fund 1:1 support so that participants could experience more community inclusion. Others talked on an individual level about their concern for individual participants and their particular circumstances, emphasising what was needed in order for them not to backslide with the gains they had made.

* [Coordinator quote] “She needs encouragement to feel safe about a lot of things … she really needs that reinforcement from someone else … I imagine if someone isn’t continuously doing that now it is going to fall apart, and that is not going to occur.”

For sites not in NDIS, providers spoke about finding funds and creative ways to fill the gap between the end of the project and the rollout of the NDIS in their region. In at least three sites, continuing project activities started by participants will be reliant on a combination of additional paid support and also sourcing volunteer support.

* [Manager quote] “Initially we’ll probably have to look at some additional paid support worker time, but we’re certainly pursuing the notion of volunteers. And particularly where … we might explore some connections with people who attend that [religious activity] around how we support that level of engagement and looking at shared interest as well.

At an organisational level, managers in a number of CII projects saw a responsibility to continue to support the participants who had been involved in the Initiative, even where it put resource load on the organisation.

* [Manager] “So at this point in time, the organisation will continue to support [what has been] established in this project because we recognise that … we can’t withdraw. If we withdraw at this point, some of those [things] will fall over and those people will find themselves lapsing into some of these old ways that we’ve worked so hard to help people escape from.”

**Embedding learning from the CII more widely**

Some providers talked about the time and resource constraints that they were facing during the CII, and as the projects came to an end, felt that this would impact on their capacity to do anything further with the knowledge they had gained.

* [Coordinator quote] “We haven’t had a lot of opportunity to pass around the purpose, the aim and the theory behind the purpose to the key support staff. So it will be a bit tricky in terms of the implementation, or the application with every shift. That’s going to be a challenge for us to keep things up when the project finishes.

The time-limited nature of the CII was a challenge for some of the providers. The majority of the organisations had plans to embed the learning from the CII into the wider organisation, but at the conclusion of the funding period had made limited progress in this area. Several reasons were offered about why it had been difficult to include learning activities within the twelve month period, including prioritising participant activities, the disruptive nature of transition and change across multiple service sectors, resource and time constraints, and staff turnover.

* [Coordinator quote] “I think there’s probably been a tiny bit of infiltration. Mostly with ideas. Because we’re in a bit of a state of transition, I think a lot of things are shelved in the ideas department, as in ‘we could do that’ and ‘once we work out what’s going on with this, we could’… I think our communication might’ve improved in regards to practice, maybe [accepting] the use of volunteers. But I don’t know that we’re there yet. We probably will, it will move in and infiltrate a bit more. The co-design stuff – I think we might practice that a little bit more in the future.”

Some providers would have liked more time to embed the learning into the organisation after finishing working with clients, suggesting between six and twelve months longer. In some cases this was due to unexpected organisational change which disrupted project progress, and in others recognition of the busyness of the role and lack of time for professional and community development work.

### **8.2. Potential for adaptation and growth**

Some providers had strategies in place, or in development, to adapt key elements of the CII for future participants and potential market opportunities. One provider used additional internal resources to extend the coordinator role for an additional three months in order to embed the learning from the project more deeply in the organisation, and to support further expansion of community inclusion principles in the organisation through specific activities including staff training, developing a key worker role, and reviewing planning resources. Another provider was considering ways to build requests for information into a sustainable business model that supported existing participants and potentially built capacity for growth.

* [Manager quote] “There are other opportunities available to us, such as [coordinator] delivering fee for service training to other organisations, or to families … So there are some options there [to offset the costs of ongoing support to participants]. How do we then as an organisation support these current individuals … when they don’t necessarily have funding for them? We don’t know, that’s just the conversation we need to have. How much time would it take [coordinator] each month? Can we afford to just wear that? Could she take some time in lieu, all those sorts of things, so effectively, it’s got to be built into a work schedule.”

A third provider was negotiating to modify the CII approach to become more closely aligned to the insurance model of the NDIS, and work with the NDIA on extending into NDIS funded support:

* [Manager quote] “We have had to think in terms of an insurance model, and a return on investment, and approach it from those kind of perspectives. So how we have written it up is different to how we would have done it in the past… they don’t fund positions, they fund supports for people, so we have had to tailor it … even though it’s individualised, you need to get a critical mass of people wanting to do something so that you can get the best quality of staff possible to get the outcomes. [From the CII we have learned that] there has been a lot of work, and my concern is in the future we would have to do it with a lot less hours invested. But that is just the reality… I do think we can still work around it, and it will just be a much leaner model.”

In addition to discrete project opportunities, some organisations discussed the significance of new conversations in their organisations in developing cultural change which could support a more empowered space for people with disability. Several coordinators talked about the ‘ripple effect’ of people with disability (and their families) who were not involved in the CII seeing what participants have been doing, and asking for similar things for themselves – more interesting activities, more 1:1 support, and more family involvement in planning. Another discussed the impact of sharing stories that reframe participants’ control over decision-making across their large organisation.

* [Manager quote] “We certainly shared a lot of the stories across the organisation, that people have been very moved by and really re-framed their thinking for some of the participants ...We’ve shared those… to try and bring about a shift in attitude and culture around your expectations, around what to expect, what to focus on.”

Others discussed the wider benefits to the community in change which started with participants’ activities, but which were harnessed to wider community development activities.

* [Manager quote] “The project has had a ripple effect in the community. It has been highlighted to the Town Council, the mayor. [Coordinator] organised an inaugural disability awareness event which a value add to the project. So there was a calendar of events which went over a week. It triggered an access audit of the main street, which is good. Those recommendations have gone back to Council, things like pedestrian crossings near the school is a big one.”

The development of practical resources to support planning and co-design of support was a practical way that organisations were expanding the reach of the CII resources. Three sites developed toolkits based on co-design principles as part of their projects. One of these was used in another environment, in which people with disability involved in devolution were supported to make large-scale decisions about where and how they would like to live in the future.

* [Support coordinator] “There has been strong elements of co-design within the redevelopment process to date, in terms of engaging with the residents about where they want to live, who they want to live with, how they want their houses to look, what’s important, and so on.”

Career development of staff was raised as an issue affecting not only the effectiveness of the CII, but also the potential for the knowledge to be taken forward. The commitment made by the coordinators and other key staff involved was seen to also need to be matched by structures which provided valued roles, opportunities for career development and job security.

During the course of the CII, the role of NDS in leading and shaping discussion with providers about adaptation and growth was consistent and constructive. Through the community of practice, several practical resources and opportunities for in-depth discussion were provided. The costing and pricing expert provided individual and group advice. NDS supported several sites to present about their projects at their state National Disability Services conferences, which a number of participants and providers mentioned in interviews as a positive experience, and well-received. Opportunities for providers to develop networks and professional connections through this and the community of practice were strongly valued.

### **8.3. Summary of sustainability and potential for adaptation and growth**

As the CII came to a close, a range of strategies were in place to adapt CII learning into the organisation and more widely. Several coordinators were focused on documenting key learning so that it could be shared within their organisations. Most sites made limited progress in this area, due to prioritising participant activities, the disruptive nature of transition and change across multiple service sectors, resource and time constraints, and staff turnover.

*Commitment to ongoing support for participants*

An aim of the CII was that project activity would add sustainably to what participants were already doing, and not result in sustainability problems at the conclusion of the Initiative, either for participants or organisations. However, working to ensure that the outcomes were reached, and goals in progress for participants were not lost at the end of the CII was a priority for many of the providers. For sites not in NDIS, providers spoke about finding funds and creative ways to fill the gap between the end of the project and the rollout of the NDIS in their region.

**Potential for growth and adaptation**

Some providers had strategies in place, or in development, to adapt key elements of the CII for future participants and potential market opportunities. In addition to discrete project opportunities, some organisations discussed the significance of new conversations in their organisations in developing cultural change which could support a more empowered space for people with disability.

### 9. Implications and conclusions about the Community Inclusion Initiative

This section considers implications for practice and policy arising from the findings.

The investment in the Community Inclusion Initiative was worthwhile. The individual outcomes of participants varied in significance and the approaches varied in degree of innovation. However all of the sites involved demonstrated increased capacity in their understanding of co-design and the rationale for building community inclusion with and for people with disability. This cultural change across all of the sites and the people involved was linked to clear and supportive oversight mechanisms, practice-building, and knowledge transfer.

Each of the key components of success identified below are discussed in light of their implications for community inclusion outcomes for participants; effectiveness of the CII; sustainability of support and potential for future adaptation and growth; and policy.

**Co-design**

When service providers established and implemented a thorough conceptual understanding of co-design principles and practice, the planning process and goal setting improved for some people. This process in turn helped to increase participants’ control over decisions and improved community inclusion outcomes for some people, including wellbeing and social connections.

As a result of the co-design training and development, some organisations developed planning tools based on co-design principles. Where organisations committed resources to promoting the new knowledge within the organisation, these tools and the skills to use them were also incorporated into staff development for other staff. Consequently, some staff have begun to use new individual planning tools and new approaches to applying them.

Implications for organisations and workers wanting to apply co-design to its fullest potential are that organisations need understanding and commitment about the new approach at all levels of the organisation. A community of practice internal to the organisation or shared with other peers is one way to promote this developmental approach to practice change throughout the organisation. The change requires resources to support leadership, training and exchange of information about new practice. Time is also necessary to ensure that people with disability, family, supporters and workers are able to engage effectively in processes of co-design as they are adapted to the organisational and community context.

**Community inclusion**

Effective coordinators understood that they needed to apply creative processes to develop and reveal participants’ priorities for how they wanted to experience community inclusion. In order for plans to reflect and be responsive to the priorities of participants takes time. Sufficient time and resources for pre-planning activities which develop relationships of trust, encourage people’s sense of agency, and build self-confidence allowed people with high and complex support needs or environments to demonstrate their priorities. Good practice included small, interim planning and goals so that success through the process could be experienced by the person, family and workers. This incremental approach built a platform of confidence in the new approach from which to iteratively develop more ambitious goals and outcomes.

Implications for implementing a person-focused community inclusion approach are that, at the minimum, organisations and workers need support and training to understand and become committed to a creative incremental process that enables them to develop and reveal participants’ priorities for community inclusion.

**Coordination**

The coordinator role in the CII was a key driver of change for participants when core staff capabilities and understanding of the approach were available. This was demonstrated with strong outcomes for participants who had coordinators who:

* Held the person at the centre, got to know them well, and facilitated the person to develop a longer-term vision for change to achieve what they wanted from community inclusion
* Gathered and used knowledge about what might build community inclusion for participants, for example from other people who knew them, making opportunities and observing what the participant enjoyed
* Brought strong skills in project management, collaborative leadership, capacity building and knowledge and practice sharing with the people around the participant

Effective coordinators brought the knowledge of the CII principles and framework into the organisation and shared it with participants, families, support workers and managers. They were supported from management, and trained and supported other workers.

Implications for staffing a co-design community inclusion approach are that the coordination role is significant for connecting individual aspirations with systemic change in organisations and the local community. For this to happen effectively, coordinators need to develop a trusted relationship with the person they support and other people who know them. Support coordination needs to jointly emphasise personal support, organisational change activity and community development activity. Complexity is present across organisations and communities, and allocating time and resources for support coordination needs to take this into account. In organisations that don’t already have this approach this requires workforce development, and perhaps a transition champion.

**NDIS**

Most organisations in NDIS trial sites had begun and were familiar with changed practice to prepare for NDIS rollout. Some organisations not in NDIS sites had also begun to adapt their practice approach, staffing and resourcing in anticipation of the changes. This familiarity with change helped them to implement the CII, because some participants were funded and supported individually, and had recently undertaken planning activities. Less structural change was required of these organisations to implement the approaches in the CII and to support their staff to adapt their practices. Some staff in organisations not in NDIS sites were uncertain and worried about what changes they might need to make.

Implications for preparing organisations to apply a co-design approach is that if they are not yet in an NDIS site, they might need more support to become familiar with individualisation, control of decision making, resourcing and staff development to implement it.

**Program management**

The NDS oversight of the CII was an important contributor to the successful practice outcomes. Their role in drawing the 11 organisations together into a community of practice, contracting the external consultants and marshalling their expertise, and disseminating shared learning more widely in the sector lifted the profile and impact reach of the Initiative. A manager was necessary for this level of aspirational change to guide the development and conduct of the Initiative, monitor progress and exchange practice.

Implications for the sustainability of this type of practice change are that structured leadership is required to share the results and draw in other interested people so they can learn from and with those already engaged. This could take the form of fact sheets on co-design, websites, youtube videos or other accessible formats which may appeal to a wider audience of people with disability, families, advocates, workers, organisations and government agencies.

**Organisation management and sector change**

Organisations that had a culture of staff development, individualised resource allocation and flexible administrative processes were more likely to have structures to effectively implement this co-design approach.

Some organisations in the CII were so resource stretched (particularly those in non-NDIS trial sites) that some supplementation of practice occurred despite NDS advice. A coordinator role was required for good inclusion outcomes to occur, and the effort entailed was above and beyond what organisations provide under usual arrangements. Implications for future practice are whether funding for community participation support is adequate to put together the staffing model that is needed to deliver good outcomes.

In the latter stages of the CII, several sites initiated planning to disperse the knowledge gained through the CII more widely in the organisation and local community. This was good practice for time-limited Initiative, where a closing organisational and community development phase was helpful by focusing attention on knowledge translation.

Implications for organisational management of a co-design approach are that organisations need support to reach a point where they are structurally ready to manage project development, including staff development, individualised support and flexible administrative processes; and knowledge sharing within the organisation, other organisations and in the local community. This implication also affects organisational adjustment for readiness to implement NDIS.

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Table two: Organisations delivering the Community Inclusion Initiative

Table 3: Demographic Profile of Participants

### Appendices and References

### Appendix A: Evaluation framework

**Participant outcomes**

(Comparative standards for change in outcomes are derived from the UNCRPD, National Disability Strategy, National Disability Agreement, Disability Services Standards and National Disability Insurance Scheme (material standard of living; participation, growing and learning; health and wellbeing; social relationships; autonomy; whole of life) (Purcal et al., 2014, Fisher et al., 2013).

* Control in decisions (e.g. community inclusion, disability support)
* Personal wellbeing

### Social connectedness (participation, connections and informal support networks)

**Activities and focus of Community Inclusion Initiative Projects**

Co-designing innovative support projects with participants with disability and their families which enable people to meet their community inclusion goals

* Skill development in planning and goal setting
* Support as needed in undertaking activities nominated in project
* Connection to and linkage with wider community networks
* Exposure and encouragement towards options which offer increased individual support and opportunities for social interaction, learning and paid work
* Encouraging unique/novel approaches that enable people to meet their goals

**Characteristics of Community Inclusion Initiative**

* Participants have choice, flexibility and control over planning, support
* Supporting participants to move from group-based programs to more personalised, community-based support with great independence, social interaction, learning and paid work
* Experimenting with different options that increase community inclusion and social and economic participation consistent with NDIS principles
* Encouraging innovation
* Promoting collaboration and co-design between service providers and people with disability, families and carers in development of models of support
* Responsive to Indigenous people; and cultural, linguistic and religious diversity
* Age and life stage appropriate; key transition points (e.g. post-school transition)
* Quality assurance – continuous improvement expectation, regular review, time-limited support and funding from NDS, staff development in co-design and organisational development

**Participant characteristics**

* People with disability, their family and support networks, support workers and managers, organisations providing CII

### Appendix B: Community Inclusion Initiative summary of projects

NDS asked each of the 11 organisations to describe their projects. Here is what they said…

**Anglicare (ACT)**

Anglicare’s Community inclusion Initiative project provided participants and families with an opportunity of exploring their dreams and aspirations through ‘fireside chats’ facilitated by Robbie Williams from JFA Purple Orange. These provided the participants and families opportunities to explore community inclusion as a whole and choice about employment, education, recreation and civic activities. Participants were able to participate in developing connections and friendships by engaging with the community through employment or volunteer activities.

Outcomes included the establishment of small micro-business focused on one participant’s keen interest in art and providing an opportunity to share his talents with the community. Another participant increased participation as a volunteer. The project provided another participant with opportunities to participate in self directed activities within the local community.

**Autism Association of West Australia (WA)**

A project officer was appointed to work with three participants with Autism. The project included focus groups, the purchase of equipment, staff mentoring, development of a new goal setting tool and building community partnerships. Key components were regular family visits; spending non- directive time just getting to know the families; using co-design tools; looking at participants current service goals within a wider life-framework and allowing the participants to safely begin to express who they are and what they want to do. All three participants achieved goals that were beyond family and individual expectations.

**Bowen Flexicare (Queensland)**

BFC worked with five participants, holding meetings with families, carers and other stakeholders. To consider what a ‘better life’ could look like for the participants, and individual’s dreams and passions. Participants were enthusiastic to attend any educational opportunity, including Jane Sherwin’s ‘*Self Direction for Bigger and Better Lives*’, QDN Plan Ahead workshop, Community Inclusion with Ric Thompson; to educate what a bigger and brighter future can consist of.

BFC initiated additional staff training Improving to enhance the general understanding of staff roles in community inclusion. We increased the level of interaction with the community to increase awareness and empathy. BFC developed and produced of a 2 minute theatre advertisement promoting community inclusion – now running at local cinema every time a movie is shown. Participant journeys were recorded on film and photobook and a dedicated Facebook page and will be shared with the broader community.

**Community Living Association (South Australia)**

Over the last year participants from CLASS and Community Living Project have set up Micro-Enterprise Projects as an alternative to centre-based day options. These projects included supplying local cafes with decorative living table plants; propagating plant stock for sale at a road side stall and local markets; a laundry business that caters for local allied health and food service outlets; and providing portable wheelchair ramps for cafes, restaurants and venues.

**Inclusion Melbourne (Victoria)**

Inclusion Melbourne has been working with five participants between 21 and 65 who have an intellectual disability to establish and maintain a ‘Circle of Support’. A Circle of Support is a group of people that come together on a regular basis to assist a person to be involved in the community, socialise with people they know in an informal capacity and develop, support and action their goals. Throughout the project Inclusion Melbourne has also created a series of training, written and video resources for families and people with a disability, and an evaluation of the Circle of Support.

**Karingal (Victoria)**

Karingal supported five people with disability aged between 24 and 40 years using a variety of co-design methods to identify individual community inclusion goals and support their achievement. All five participants increased their social participation and some examples are: joining a local camera club, a self-help group, writers group, art classes, accredited mainstream training, and volunteering. Two participants are now working.

The project provided evidence that co- design improves community inclusion outcomes for participants and develops the community’s capacity to be more inclusive. Karingal has adopted this model of service delivery and is adapting it to the NDIS context. The project also informed the development of training for staff.

**Northcott (NSW)**

Northcott’s project focused on increasing community inclusion via participants’ specific areas of interest and connecting up with peers with disabilities. The peers acted as mentors to assist with guidance, training, advice and support where needed. Support workers assisted participants towards their goals on a day to day basis. Each participant focused on improving their relationship circles, improving their independence through up-skilling and the withdrawal of support and establishing lasting, meaningful connections with people and businesses in the mainstream community.

**Possability (Tasmania)**

During the project Possability worked with ten participants with a mix of support needs. We worked on co-design and goal implementation through supporting participants with planning and building community connections and through skill development. To achieve this we trained key staff in co-design, plan writing and implementation. We provided a self-advocacy program called ‘*The Road to Success*’, in partnership with SpeakOut Advocacy and also have trialled the use of iPads to monitor outcomes through creation of visual portfolios and monitoring of goal attainment.

**RED Inc (NSW)**

RED Inc explored the notion of inclusion with four participants, their families, support people and the wider community. This was underpinned by a study and comparison between what inclusion means for the person with a disability to what it means for people without a disability. This identified challenges that needed to be negotiated for the person with a disability to achieve a meaningful inclusive life.

Each participant was given a camera to document their current life story, what makes them who they are, what their passions and dreams are. Through the project RED Inc was able to support participants to develop business opportunities, go swimming, participate in adult education, build ongoing relationships, and improve self-esteem and community connectedness.

**SCOPE (Victoria)**

For their project called ‘Connecting Me’, Scope worked collaboratively with four individuals, their families and circles of support while transitioning from the traditional block funded services, to co-design an innovative, individualised service delivery model. This model of service was co-designed to facilitate greater community inclusion, and social and economic participation and independence.

Scope collaborated with people with complex communication needs, support workers and specialist speech pathologists to develop a tool kit for support workers to engage and enable individuals with complex communication needs to communicate choice and exercise participation, control and self-determination, in a co-design model utilising a range of tools and strategies including augmentative and alternative communication methods. A number of events were hosted to share learnings and outcomes of the project. This included webinars, seminars, information sessions, and NDS conference presentations.

**YouthWorXNT (Northern Territory)**

Katherine is an isolated regional remote town in the Northern Territory with a highly transient population. In previous years, the disability community here has experienced extreme frustration with lack of resources, time and capacity for consultation. The project has provided a forum and direction to partner together as a collective and explore creative ways to develop sustainable effective pathways for young people with a disability transitioning from school. Each of our four participants had a simple goal – to try one new thing. We tried more than that; and developed stronger relationships, opportunities and pathways across the sector in the process.

## References

* Bovaird, T., & Loeffler, E. (2013). We’re all in this together: harnessing user and community co-production of public outcomes. In C. Staite (Ed.), *Making Sense of the Future: Do We Need a New Model of Public Services?* : Institute of Local Government Studies and Third Sector Research Centre, University of Birmingham.
* National Disability Insurance Agency (2015) NDIA Co-Design Framework. Commonwealth Government, Australia. <http://www.ndis.gov.au/sites/default/files/NDIA-Codesign-Framework-2015.pdf>
* Purcal, C., Bevan, N., Cooper, S., Fisher, K. R., Meltzer, A., Wong, M., & Meyer, P. (2014). Self directed disability support – building people’s capacity through peer support and action research, Final report. Sydney: SPRC.
* Robinson, S., & Notara, D. (2015). Building belonging and connection for children with disability and their families: a co-designed research and community development project in a regional community. *Community Development Journal*, 50, 4, 724-741.
* TASCSI. (2015). The Family by Family program. Retrieved 20/10/15, 2015, from <http://tacsi.org.au/project/family-by-family/>
* Thompson, A., Blaxland, M., Valentine, k., & Sawrikar, P. (2015). Co-design and Family Agency Capacity Research Project: Final Report (SPRC Report 1/2015): Social Policy Research Centre.