ILC Commissioning Framework - written feedback form

Date	13 April, 2016
Organisation name (if applicable)	Dietitians Association of Australia (DAA). DAA advocates for the basic human rights of people with a disability to a standard of living adequate for their health and wellbeing. Food and nutrition are fundamental to good health and wellbeing, for people of all ages and abilities. DAA is responsible for the Accredited Practising Dietitian (APD) program as the foundation for self-regulation of the dietetic profession, and as a public assurance of safety and quality. APDs provide dietary advice to people with a disability, as well as their families/carers, to help achieve personal health goals. APDs also work collaboratively with stakeholders within the disability sector to support individuals and groups of people with disability, so as to maintain or improve their capacity to take part in society and the economy. DAA welcomes the National Disability Strategy and establishment of the Information, Linkages and Capacity Building (ILC) Policy and the ILC Commissioning Framework, as these initiatives are seen as vital steps in helping people with disability to reach their full potential and connect to the community.
State/territory	ACT
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1. The proposed outcomes for ILC and the best ways to measure them

Questions you might like to consider:

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

Access to information

The Dietitians Association of Australia (DAA) welcomes an outcomes-based approach to ILC. Setting clear outcomes and measures of success are cornerstones to building a nationwide evidence base of effective capacity building activities. Applying a consistent approach to ILC outcomes, which align with quality and safeguard frameworks, will help to elevate the quality of services in the disability sector.

The first of the nine outcomes identified for ILC is: *'People with disability have capacity to exercise choice and control in pursuit of goals'.* DAA agrees that people with a disability should have control over the goals they set. In order to achieve this, DAA considers it important for individuals setting their goals to be able to access easy-to-understand information on the products, services, activities and tools that will best help them achieve their goals, especially where the items they need to achieve their goals aren't familiar or obvious. For example, information should be available in mainstream services and in the NDIA environment about the important role of nutrition in the wellbeing for people with various impairments, and how to access assistance from a qualified professional i.e. an Accredited Practising Dietitian.

An example of this might be where the goal of a person with a disability is to increase mobility around the home and to participate in community activities. If being overweight is one of the issues restricting mobility, then weight loss may help this person achieve their goal of greater mobility. If this isn't obvious to the Local Area Coordinator (LAC) or the person setting the goal, there is the potential for this individual to miss out on accessing the professional services they need (e.g. dietary advice from an Accredited Practising Dietitian (APD), or access to a weight control group run by an APD) to reach the target of better mobility.

Empowering people with a disability and giving them the capacity to exercise choice and control over their goals is partly reliant on the capacity of the service providers and the LAC. Capacity building in any area (including the disability sector) requires training to support health literacy.

Adequate training of disability service providers and LACs will help link people with disability to appropriate services and supports within their community. As such, DAA considers training of service providers and LACs on the large range of services available (e.g. health, allied health, community, education, social, transport services etc), to be an imperative step

in achieving the ILC outcome of giving people with disability the capacity to exercise choice and control in pursuit of goals.

It is sometimes the case that the disability is such that the person concerned is unable to make an informed decision, or to understand how to express goal setting. Training and information for support workers, health professionals and families, should be available through the NDIS and mainstream services on how best to interpret the wishes of severely disabled people. Ideally current evidence should be the first consideration to inform decision making on behalf of severely disabled people regarding their goals and aspirations, and functional support needs.

Access to training for mainstream service providers

Staff in mainstream services may need additional training, as well as ongoing training, to equip them to work and communicate with people with disability, and to understand the clinical issues presented by the spectrum. For example, an individual with a disability may have disability specific nutrition needs, or they may have chronic disease health issues where mainstream APDs can help. However, APDs may not be experienced in communicating, or interacting, with people with a disability, or in pacing their support appropriately. As such, DAA considers it essential for mainstream service providers to be given access to training opportunities to help refine their communication and interaction skills, as well as technical and business skills, in the field of disability.

Measuring outcomes

DAA agrees that some challenges are likely to be encountered in measuring each of the nine outcomes. When it comes to measuring intangible outcomes (e.g. 'independence'), some more intermediate measures could be considered. Take the example of an overweight patient/client with a disability (as outlined above), whose goal is to increase independence through greater mobility around the home and in the community. Achieving a healthy weight may help this person reach their goal of greater mobility and independence. In this scenario, seeing an Accredited Practising Dietitian (APD) would be recommended and Body Mass Index (BMI), or other measures, can be assessed pre and post treatment as an intermediate measure of outcome success.

Both qualitative measurement and quantitative measurement should be valued, although DAA considers it important for qualitative measures to be rigorous. Efficiency and rigour might be gained by the Agency providing well-structured qualitative tools, (e.g. questionnaires that service providers can use to assess experience of participants with disability, their carers and support workers).

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

Questions you might like to consider:

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

The Dietitians Association of Australia (DAA) agrees it will be important to develop an outcomes based framework that outlines a nationally consistent minimum set of measures, which take into account the different environments ILC activities will be delivered in. As such, DAA welcomes its involvement in the development of outcomes based reporting for ILC providers, especially allied health service providers.

Funding concerns

DAA is concerned by the stance that ILC will not provide core recurrent funding. Both good nutrition and hydration, as well as the maintenance of medical therapeutic diets where required, will improve the health and wellbeing of people with a disability and enable them to participate and enjoy daily activities and holidays as the community is striving to achieve. Achieving long term health goals requires continued input and having a project-based approach to funding is less supportive of this.

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

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

Questions you might like to consider:

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

Volunteering

The Dietitians Association of Australia (DAA) sees value in engaging volunteers to help build social capital in the disability sector. Meals on Wheels is a good example to draw on where volunteering works well to strengthen and nourish communities.

However, DAA considers it important for all support workers, volunteers and carers in the disability sector to have training in basic nutrition to (1) encourage general healthy eating, (2) to assist in the prevention and management of malnutrition and chronic disease, and (3) to support clients with specialised nutrition needs (as some disabilities have specific prognoses that preventative intervention can guard against). Training of support workers, volunteers and carers in basic nutrition will complement the work that Accredited Practising Dietitians (APDs) do to implement and lead nutrition programs in organisations and the community, and manage individuals with identified nutrition issues. Given the prevalence of malnutrition, chronic disease and obesity in Australia, issues of food security in the community and specialised nutrition needs of vulnerable groups, more is needed in terms of training for support workers, volunteers and carers in the disability sector.

Training students to help grow social capital

Engaging universities and opening up opportunities for university students to participate in practical placements within the disability sector is a potential strategy for developing the workforce and worthy of consideration by the Agency. Giving university students across a range of different disciplines (e.g. health, allied health, teaching, research etc) the opportunity to experience first-hand training in the disability sector will help to:

- increase interest and upskill students in the field of disability;
- achieve the goal of growing social capital within the disability sector.

It should be noted that having students on placement requires supervisors with relevant experience to be available, so grants and structures would be needed to support university placements in the disability sector. In addition, thought is needed on how to make it attractive for practitioners to take on the role of supervisor, for at present, remuneration is only sufficient for service delivery, not for education to support a sustainable skilled

workforce. DAA recognises the need for models to be developed that (1) harness the skills and expertise of experienced disability staff in the training of students, and (2) reward staff for the skills required in supervision, and compensate staff for the income forgone by not seeing clients to generate income.

Carer support

A barrier to achieving a functional carer gateway will be limited skills and knowledge of people in call centres. DAA supports the training of staff in call centres to recognise nutrition issues. Experience of commissioning MyAgedCare (MAC) by the Department Social Services and then the Department of Health demonstrates that insufficient training and numbers of staff will prevent carers getting the help they need, when and where they need it. As such, DAA recommends a careful review of the MAC experience to avoid repeating mistakes in the disability sector.

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

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

Questions you might like to consider:

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

As part of the grant application process, it should be a requirement for applicants to engage with appropriate stakeholders (i.e. professionals or authorities in the relevant field) and disclose this in the grant application. For example, in the case of an organisation proposing to build nutrition literacy as part of lifestyle and physical wellbeing programs, it should be a requirement for the organisation to consult with an Accredited Practising Dietitian (APD).

The Dietitians Association of Australia (DAA) considers it important for the Agency to appoint grant assessment panels with relevant skills and experience. For example, a capacity building grant that focuses on lifestyle management through healthy eating and physical activity should include an assessment by a panel with an Accredited Practising Dietitian and an Accredited Exercise Physiologist.

DAA therefore recommends that organisations employ appropriately qualified and credentialed people to deliver capacity building programs (e.g. APDs and suitably trained foodservice workers/chefs to deliver food and nutrition training to disability support workers, volunteers, carers, or people with a disability) and they provide regular supervision and updates to ensure that staff remain focused on current requirements and are supported to provide safe and high quality nutrition.

5. Rural and Remote

The Agency would like to make sure that ILC meets the diverse needs of people with disability across the country.

Questions you might like to consider:

- What does the Agency need to consider when rolling out ILC in rural and remote areas?
- How can we encourage and support growth in ILC type activities in rural and remote areas?
- What things work well in supporting organisations working in rural and remote areas?
- Is there anything else we need to consider?
- Is there anything else you would like to tell us?

Grant applications should encourage flexibility and innovation in service delivery. For example, alternative modes to face-to-face training for support staff, volunteers and carers, such as webinars or videoconferencing, will provide flexibility for people wanting to participate in training, no matter what their geographical situation, especially in rural and remote areas.