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Final Report

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Glossary

DPO	Disabled Persons Organisation
ILC	Information, Linkages, and Capacity Building
LAC	Local Area Coordinators
Mainstream support	Public social support available to all people with and without disability, such as health, education, housing, home care, income support, employment services
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS plan	Funding package allocated to about 10% of people with disability for specialist disability support need
PAG	Project Advisory Group
PAR	Participatory action research
Peer navigators	People with lived experience who are peer educators in their community
PHN	Primary Health Network
PWDA	People with Disability Australia
SPRC	Social Policy Research Centre
UNSW	UNSW Sydney (University of New South Wales)

Short summary

Enable In was a project run by People with Disability Australia (PWDA) from 2018-2020. The funding grant was from the National Disability Insurance Scheme (NDIS), Information Linkage and Capacity Building (ILC). Research about Enable In was conducted by University of NSW Sydney and the Enable In team.

The first aim was to improve the knowledge, access, and confidence of people in hard to reach settings to connect with NDIS and mainstream support. Enable In worked with people with disability who were homeless or at risk of homelessness, or living in institutions, and people with psychosocial disability.

The second aim was to improve the knowledge of service providers, who support people in hard to reach settings about how to engage people with complex support needs to access disability and mainstream support.

Enable In delivered information and advice to 400 people in person, by phone and through peer support groups. It organised intensive support for 47 people. It assisted people with disability and service providers to understand who is eligible for NDIS access and how to apply for NDIS. Enable In delivered one-day service training to 29 people from 17 service providers in regional locations.

People with disability and service providers said they gained many benefits by being provided with clear and easy read information, including: connection to NDIS support, mainstream disability and social services, such as emergency accommodation, food and social connections, ability to speak out for their peers (self-advocacy) and referral to health, homelessness and mental health services.

The two main lessons that came from Enable In were, to support people who do not know about NDIS and find it difficult to trust services (especially for people in hard to reach settings) and, that building and sustaining quality relationships, networks and expertise, takes time and investment.

1. **Quality relationships and networks.** The quality of support and relationships between paid providers and people seeking support is important. It is the same for working relationships between staff in services and between services. Quality support needs trust, respect and reliability. Quality networks between services are critical to gain access to support for people from hard to reach groups.
2. **Specialist advice.** People who are less likely to engage with services often need expert advice to help services understand what they want and to arrange good support. Disabled People's Organisations (DPOs) and disability advocacy organisations are sources of that expertise, because people trust that DPOs know how to respond flexibly to their problems and opportunities.

Executive summary

The Enable In project was funded by the National Disability Insurance Scheme (NDIS) under the Information, Linkages, and Capacity Building (ILC) grant scheme for two years (June 2018 - June 2020), and was delivered by PWDA. The project's objective was to increase awareness and capacity of people with disability in hard to reach settings and the mainstream and specialist services that support them, to connect to, access and know about the NDIS and other mainstream support. Enable In delivered capacity building and support to people with disability and staff, and training to individuals and services in several locations in metro Sydney and regional NSW.

PWDA and the Enable In team commissioned the Social Policy Research Centre (SPRC) at UNSW Sydney to undertake an action research project together. The aim of the research was to understand the impact Enable In had on people and services, what worked well, and to influence good practice for services working with people with disability in hard to reach settings. The focus of Enable In was on people who were homeless or at risk of homelessness, people with psychosocial disability and people living in institutions.

Impact of Enable In

Enable In successfully delivered information to people through one on one communication (in person, by phone) and through peer support groups, to approximately 400 people in NSW. It organised and coordinated intensive support and referral for people with disability (n=47). It assisted people and service providers to understand NDIS eligibility criteria, and requirements of supporting evidence to complete NDIS applications (access request forms). Enable In delivered one-day training to 29 participants from 17 service providers in one regional and had a further 34 registrations from 23 services in one regional town¹.

The project staff collected information about the outcomes people achieved through support from Enable In. The outcomes included connection to a wide range of support, including NDIS, other mainstream disability and social services (e.g. emergency accommodation, food, social inclusion), health, homelessness and mental health support; and facilitated connections and referral to mainstream and specialist services.

Engaging people with disability in the Enable In project

People with disability took part in the Enable In project as Peer Navigators, to advocate for their peers, as well as Project Advisory Group (PAG) Members, to inform the governance and directions of the project, or as participants, receiving support.

All these people with disability reported that involvement in the project was mostly positive. It assisted them to build trusted relationships with services, including Enable In, as well as social relationships with staff, researchers and peers involved in the project, and that the project helped them to connect or access mainstream and NDIS supports and services. Several people said that

¹ Enable In received strong interest for individualised service and community training from one remote community. Due to Covid-19 these training packages were unable to be completed within the project timeline. There was further interest for the training in three other regionals areas across NSW. In addition to the training Enable In also provided tailored information about NDIS access and language requirements to service providers that were project partners.

taking part had made them more confident and self-assured. One person gained employment due to the confidence, support and experience provided through the project.

Building capacity of service providers

Enable In staff reported that it took several months to build trust and solid working relationships with the partner organisations, after contacting and trying to engage with over 400 organisations across NSW. Many services had limited capacity to collaborate (time, resources, and no previous relationship with PWDA).

In their early engagement with services, Enable In identified the following key areas for capacity building:

- how to refer and connect people with disability in hard to reach settings to NDIS and mainstream support (e.g. housing, support to maintain tenancy, mental health assessments and legal aid)
- practical resources and skills, such as writing letters of support for NDIS access applications (in particular, for people with psychosocial disability)
- effective support and coordination for people with complex needs, including homelessness and psychosocial disability
- explaining the intention and implications for effective support of what was coined the 'NDIS language' gap.

Enable In enhanced service capacity through a training package that provided information and tailored guidelines about completing access request forms to selected staff in the partner organisations. The service providers reported that Enable In had made a difference to their service offerings and facilitated them, and their clients, to receive, understand, and engage with potentially new information and available support options, including access to the NDIS plans and mainstream support.

Implications from the project

Two central implications arise from the Enable In research findings for future services to enhance the quality of support, and to increase access of people with disability in hard to reach settings to NDIS plans and mainstream support.

Relationship and network quality. The research reinforced that quality support and collaboration are embedded within working relationships, underpinned by trust, valuing each other, respect, consistency and reliability. This was true for within individual support relationships, between a paid provider and a person with disability seeking support, as well as at the organisational level, between staff working within the same service, across different organisations or service sectors and with Enable In. Strong networks and working relationships were critical to improve the quality of support and increase access to services for people with disability in hard to reach settings. Relationships require an investment of time and resources at an individual and organisational level in order to develop sustainable relationship and network based forms of support and collaboration.

Specialist advice. The second implication is about expertise to address the gap in support for people with disability in hard to reach settings, who are less likely to engage with services, or who have a range of services involved in their lives (and often find it difficult to navigate between

services). In both cases, they are likely to require specialist advice to arrange appropriate support and to coordinate it. Enable In demonstrated the utility of providing specialist advice to people with disability and to mainstream services, about how to connect these people to suitable support, including the NDIS. DPOs and other advocacy organisations are possible sources of that expertise, (1) because people trust DPOs that can respond flexibly to individual and systemic barriers and opportunities, and (2) DPOs are readily identifiable by providers as a source of expertise, that do not have a service conflict of interest. The current mechanisms to access NDIS plans and mainstream support (through NDIA, LAC, disability and other services), require specialist advice about how to meet their responsibilities to people in hard to reach settings, in order to develop a sustainable NDIS system that is inclusive of people in greatest need.

1 Enable In project

1.1 Overview

The Enable In project (the project) was delivered by PWDA and funded under the ILC grant scheme, by the NDIS. The project was funded for two years from June 2018 to June 2020.

The project's objective was to increase awareness and capacity of people with disability in hard to reach settings living in NSW, and the mainstream and specialist services that support them, to facilitate access and connection to the NDIS and to other relevant services. Enable In worked with community organisations in several locations across NSW, including the greater Sydney area and regional NSW.

The project trialled a range of strategies to address gaps in information and access to support for people with disability in hard to reach settings, focusing on people who are homeless or at risk of homelessness, living in large residential institutions, and people with psychosocial disability. The Enable In project delivered its objectives through the following activities.

Raising awareness of available supports and building confidence to reach out to support.

The project used peer approaches and tailored information and intensive (one-on-one) support to people with disability to increase awareness and support people to access services and other needs. The project raised awareness (knowledge and understanding) of available supports and enhanced confidence and trust in services (capacity building) among people with disability in hard to reach settings, about how to access mainstream services and NDIS plans. The project worked with mainstream services supporting people with disability in hard to reach settings to raise their awareness and capacity about providing access to support for their clients.

Providing general and individually tailored information and intensive support. Enable In provided people with disability in hard to reach settings with general and individually tailored information and support to access NDIS plans and mainstream services. This process included understanding the holistic support needs of a person (not focusing on disability as a primary need), taking time to build a trusted working relationship with the person, and providing support to make decisions about the most urgent needs identified by the person and how the project could make a difference. Enable In also worked closely with a handful of mainstream services they partnered with by building trust with the organisation, understanding individual worker's needs for capacity building about NDIS eligibility and access processes, and identifying and referring on to appropriate mainstream services.

Delivering tailored training to service providers. Enable In developed tailored information material and training packages to mainstream services and disability providers working with people with disability in hard to reach settings. These training materials were delivered in a one-day training session. The training materials covered a broad range of topics including understanding NDIS access eligibility, how to support people in hard to reach settings to access NDIS, NDIS terminology and key works for access evidence, how the NDIS and mainstream systems work together, and practical examples of successful case studies and letters of support.

Empowering people from hard to reach groups to advocate through peer approaches – training Peer Navigators and facilitating peer support groups. The project identified and

trained a group of people with lived experience of psychosocial disability and homelessness to become advocates and Peer Navigators for their social networks and communities. The project team also worked with a handful of partner organisations, that provided meeting opportunities for people in hard to reach settings, and facilitated informal peer support groups. During these support groups, Enable In mentored people with lived experience to identify and speak to peers who may benefit from NDIS and mainstream disability support.

Including people with lived experience in the governance of the Enable In project. Enable In established a Project Advisory Group (PAG) from the start to assist and inform the directions of the project, and continuously review the lessons arising from the Enable In project through people with lived experience. An equal number of people with lived experience and service providers working with people with disability in hard to reach settings, took part in the bi-monthly PAG meetings.

Undertaking action research to reflect on the lessons, inform practice, and document the implications from the project. The Enable In team partnered with researchers from the University of NSW (UNSW Sydney) to collaboratively undertake research and reflection throughout the project's lifetime. Together, the community and university researchers, collected information and documented the questions arising from the Enable In project as a way of informing good practice of working with and supporting people with disability in hard to reach settings.

Sustaining change. The project was funded for two years. It was designed to sustain change through continuation of some of the activities and resources it developed, and the research outputs and findings. The project contributes to best practice on how to connect people with disability in hard to reach settings to mainstream and disability support. This report is intended to positively influence people and organisations that share similar aims to Enable In.

1.2 Rationale and policy background

Under the NDIS, Australia is undergoing a major change in the way disability support is provided and funded. NDIS plans are packages of funding to people with permanent impairment (about 10% of people with disability) for 'reasonable and necessary supports to live a better life' and to exercise greater choice about the support they receive (NDIS 2018). NDIS also supports all people with disability to access mainstream support, such as community services, health, housing, justice, education and employment services. Access to the NDIS assumes that people with disability have the knowledge, capacity and support in place to interact with the new system, including: finding and processing information, connecting to services, applying for an NDIS plan and access to other mainstream supports (Masters & Shelby-James 2017).

Growing evidence suggests that people who are socially or economically marginalised, or from so called 'hard to reach groups', are less likely to have their needs met under the NDIS plans or mainstream supports (Ennals, Waring, Storen, & Burns, 2017; Hui, Cortese, Nikidehaghani, Chapple, & McCombie, 2018; Smith-Merry, Hancock, Gilroy, Llewellyn, & Yen, 2018; Taylor & McLeod, 2018). People may not be aware that they have a disabling condition or identify as 'having a disability'. They may have insufficient information due to their circumstances (no mobile phone, internet access, stable accommodation) or their condition. Many people with disability in hard to reach settings, including people at risk of homelessness, with psychosocial conditions, or living in institutions have limited trusted support to overcome the multitude of barriers (Ennals et al., 2017; Hui et al., 2018; Smith-Merry et al., 2018). People from socially and economically

marginalised groups are at risk of becoming further disadvantaged because of their limited ability to be informed about their NDIS entitlements (Hui et al., 2018, p.9).

A recent report, *Mind the Gap: The NDIS and Psychosocial Disability* (Smith-Merry et al., 2018), identified gaps and solutions to improve access to NDIS by people in hard to reach groups. The solutions included: advancing advocacy as an essential part of the NDIS approach, establishing a separate 'psychosocial disability pathway', funding existing community services working with and supporting the respective groups, and investing in education and training to staff about psychosocial disability (Smith-Merry et al., 2018). Reforms to NDIS from July 2020 incorporated some of these changes, including psychosocial disability coaches to facilitate support and recovery (www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis).

There is growing literature to address confusion around the language and concepts used in the NDIS. For instance, in 2018, the Summer Foundation published a report for service providers, GPs and health professionals, who support people to complete documentation that is used in their NDIS access request application (Larwill, Hilton, & Bucolo, 2018). The report highlights the challenges faced by health professionals such as limited time to complete detailed forms and letters of support. It notes the differences in medical language and terms versus the language used by the NDIS. Examining these differences, the report concludes that the 'practice gap' is immense and many general practitioners simply do not yet have the capacity and language required for a NDIS application to be successful. For example, 'rehabilitation' is the medical term and 'capacity building' is the NDIS term that may be used to describe the same circumstances and support needs of a person but do not lead to a similar outcome in an NDIS application. A problem is the low rate of people referred to services if the healthcare professional does not think the person meets the NDIS requirements.

These gaps result in poor NDIS application success for some people with disability. In addition, the news of the low success rate is deterring some people from applying at all, as they do not believe it is worth their time and emotional investment. The reports concludes by suggesting that health care professionals need dedicated training to increase their capacity to complete NDIS applications, and more resources so they have time to properly engaging and completing the application process (Larwill et al., 2018).

1.3 Research approach, questions and data sources

Participatory action research

This report is a result of an action research project. Participatory action research is a way of undertaking research in communities that emphasises 'participation' and 'action'. The approach views people with lived experience and service providers delivering a project as experts in their own lives. It aims for research about an issue to be done with and by people who have a stake in that issue. The reflective process of taking action (here delivering the Enable In project and connecting people with disability in hard to reach settings that support them with NDIS and mainstream supports) and conducting research (evaluating the project activities and their impact on people and service providers) are linked through 'critical reflection'. The primary reason for engaging in participatory action research is to assist participants to improve and refine their practice.

Research questions

The key guiding research questions for this research were:

1. **What effect did Enable In have on people** with disability who are homeless or at risk if homelessness and other people with psychosocial disability connecting to the NDIS and other supports and self-advocating to fill gaps in their support needs?
2. **What processes were effective** for Enable In to connect people to NDIS and other supports and to improve sector engagement with the target groups: contact with partner organisations, PAG, peer support groups, peer navigators, websites?
3. **What barriers, challenges and opportunities were evident, resolved and remain** in the Enable In process and how might these contribute to better ways of working with people with disability in hard to reach settings?

Methods and data sources

Table 1 summarises the data sources and number of activities collected for each of the research methods. The information was collected by university researchers and Enable In staff.

Table 1: Data source, number and data collection method (April 2020)

Data source	Number	Data collection method
Interviews with people in Enable In	4	Face to face and phone interview
Interviews with service providers	6	Phone interview
Interviews with Enable In staff	3	Phone interview
Case studies with people	5	Notes/ interview
Case studies with providers	3	Notes
Observations of Enable In activities	2	Observation and service provider notes and reflections
Program data, people and services supported through and engaged in Enable In	All	People who received information, referral, intensive case support, specialist advocacy, peer methods; service providers that attended training

The research methods included: a brief project document review and key literature review; development of a project and research plan; UNSW ethics approval; observation at peer navigator training sessions; participation in the PAG meetings and reflecting on current practice; interviews with people supported through or participating in Enable In, service providers involved in the project, the three Enable In staff; case studies of people supported in Enable In and services; summaries of Enable In outcome data and total participant numbers.

Ethical considerations and limitations

Enable In works with people with disability in hard to reach settings who are at risk of marginalisation. To ensure the wellbeing and welfare of research participants, research information was collected and analysed to be respectful of the person, emphasise their strengths, and de-identify them.

Some people chose to have their data collected by Enable In staff, rather than university researchers, because their trust relationship had developed over many months. The university and Enable In staff discussed methods to avoid conflict of interest in the way that these data were collected and analysed.

In late March 2020, the COVID-19 pandemic spread across Australia, imposing restrictions to some of the research activities. For example, some methods (observations) were changed from face-to-face interactions to phone interviews and case study notes. The mix of data sources and methods ensured that the restrictions had a negligible on the project findings.

1.4 Report

This final report brings together the findings of the action research project undertaken by UNSW researchers in collaboration with the Enable In project team between September 2019 and May 2020. A summary of key findings will be distributed to the PAG members, research participants and broader audiences through workshops and publications.

2 Impact of Enable In

This section describes the services delivered by Enable In (outputs) and the difference it made for people from hard to reach groups and service providers who support them (impact).

2.1 Program summary

Table 2 provides a detailed overview of the engagement types and services provided by Enable In. At the start of the project in early 2018, Enable In connected with over 450 community services from NGO, private and government organisations across NSW, to seek their availability and capacity to engage in the project. Enable In formed partnerships with community services in four locations, such as a drop-in centre for homeless and/or people with psychosocial disability, in four locations to develop peer support activities and training for services. They also responded to direct statewide enquiries from people with disability and services. For more detail about how Enable In operated, see Section 3.

Table 2: People, peer navigators and service providers supported

Support and information type	Number
	People supported
Total people supported ¹	400
Information only ^{1,2}	373
Follow up intensive support	47
First contact through a peer support group	40
	Peer navigators
Total Peer Navigators trained	8
City	6
Regional	2
	Service providers
Total service providers ¹	450
Regional service provider training participants	63

Source: Program data 2018-April 2020. Notes: 1. Estimate 2. Greater Sydney and regional NSW. Data was not received for this report about the project with people in a residential institution.

Enable In delivered information and advice to people through one on one information (in person, by phone) and through peer support groups; organised and coordinated intensive support and referral for individuals; and assisted people and service providers to understand NDIS access eligibility criteria and requirements of supporting evidence to complete NDIS applications (access request form, supporting evidence form (for general access) and psychosocial disability evidence form).

The project delivered one-day training to service providers in one regional town and had registrations and interest from two other regional communities that did not occur due to Covid-19 restrictions. There was strong interest from three regional areas for the training to be provided. The project also responded to requests from individual project partners for tailored information about NDIS access requirements and support for completion and reviewing applications before submitting to NDIS.

2.2 Impact on people with lived experience

In this report we refer to people with lived experience of homelessness and psychosocial disability as people who took part or were assisted by Enable In (who were not a paid worker or researcher). Project support was available to persons aged between 18 to 65 years and living in NSW. There were a few exceptions, where people received support, who formally lived interstate. Enable In staff applied individualised support, which meant they observed no particular difference delivering support to people of different gender or sexual orientation, people of culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander people. Enable In responded to all requests for support and information with openness and flexibility to meet individual's needs. People engaging in Enable In had various, sometimes overlapping roles. They included:

- Peer Navigator – a person with disability from a hard to reach setting who took part in capacity building activities to become an advocate for their peers
- PAG member – a person with lived experience of disability who took part in the bi-monthly project governance meetings
- People with disability in hard to reach settings who received tailored information and intensive one on one support, including referral to NDIS and mainstream services.

People with lived experience reported that Enable In assisted them to connect to NDIS and mainstream services through staff providing consistent support and information on how to access support. Other people said that being involved in Enable In reduced their social isolation, helped to build social connections with people who had similar experiences and services. One person with lived experience gained employment through engaging with Enable In as a peer navigator and PAG member.

The project staff collected information about the outcomes of people supported through Enable In obtained.

Table 3 lists the outcomes, grouped under NDIS support, other mainstream disability and social services, health and mental health support, and connections and referrals to service providers.

Table 3: Outcomes of people supported in Enable In

<p>1. NDIS support</p> <ul style="list-style-type: none">• access to NDIS and ongoing follow up with NDIS and mainstream services if NDIS access is not granted• connecting individuals with Local Area Coordinator (LAC)• community awareness about how to access NDIS and mainstream services• increase NDIS plan implementation awareness while collaborating with support coordinator, LAC providers, NDIA• build collaboration between people and LAC/ NDIA• NDIS plan review and support relating to the access process• assistance to understand and complete applications e.g. support letters, required documentation and reports, NDIS forms, DSP, Revenue NSW• access to Enable In project activities
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2. Other disability and social services

- work closely with carers and other support networks
- emergency accommodation
- emergency food access
- free driving lessons
- community access for social isolation – personalised or group support
- individual advocate or complex disability advocacy to empower self-advocacy
- referral to community/ mainstream services for personal support needs
- connecting with community transport, i.e. hospital patient transfer, council community transport, access community service, taxi voucher through hospital social worker
- resolve financial dispute with bank and refund of funds
- explore professional development, paid and unpaid jobs, TAFE, online courses
- connecting with interpreter services
- strengthen engagement with current supports through trust and rapport building
- connecting with social network through phone, internet
- Disability Royal Commission (DRC) awareness
- build self-confidence and learn how to value own self
- support using mobile, web browser, to download apps

3. Other health and mental health services

- connecting with trauma informed services as GP, counselling
- supporting individuals and their support networks whilst in hospital and at mental health services
- immediate mental health support, while finding services for anxiety, suicidal thoughts associated with ongoing neglect, abuse and disability discrimination
- build rapport and trust with support services including GP, Allied Health professionals, mainstream mental health worker, community housing worker, support worker, Justice disability organisation and legal services
- assistance attending GP, psychologist, psychiatrist, Centrelink to strengthen support

4. Connections to service providers

- supporting service providers to assist their clients in the NDIS access request application process
- information and resource sharing with other services – NDIS, disability, mental health, homelessness
- share information about other service websites to support external service networks
- capacity building support for services while engaging with key contacts
- regular email share with internal and external networks about project updates and activities
- discuss and offer advocacy support to service key contact for cases without Enable In support
- share resources to support people connected with other services

- negotiation to convince other services to support people as required
- building network between key service organisations to speed support

Source: Enable In staff, April 2020

Building trust and relationships

Overall people with lived experience said that time with Enable In staff to building relationships and trust with each of them was essential to attain positive outcomes. People with lived experience, Enable In staff and service providers all spoke about the importance of building trust with people from hard to reach groups.

I have received 1:1 time from Enable In staff, I found the staff was someone easy to talk with and trust. I have found the staff very empathetic to me, felt listened or heard of what I have to say. After almost 10 months keeping in touch with Enable In staff, I feel that I am ready to trust someone to use their judgement to connect me with services (Person with lived experience)

A client who had experienced anxiety for years and won't advocate for themselves, so they had been on Newstart for years connected with [Enable In staff]. After spending time together, the client felt more comfortable and because of this relationship with her agreed to go to a psychologist consult for DSP access. (Service provider)

Enable In staff and service providers said that building trust with people with disability in hard to reach settings was the only way to engage with them further and connect them with NDIS support and mainstream services. This was largely due to mistrust people had when it came to engage with new services after previous negative experiences, such as support and information being discontinued by some services. Many of them did not identify as having a disability or that entitlement to disability services was relevant to them.

During project activities and engagement, people expressed to Enable In staff that the access process of NDIS or mainstream services is very difficult to understand and follow through. People said having someone work one on one with them and advocate for them to receive support, over time, built trust and rapport. This left people feeling more supported and open to being connected to mainstream and NDIS supports.

Connection to NDIS and mainstream support

People spoke about support they received from Enable In to connect to NDIS and mainstream services. Enable In worked with people in different locations to raise awareness of what the NDIS is, the eligibility requirements and the NDIS access request process. The staff provided information on how to access NDIS support and helped people with applications.

Having someone that was going to be there from the start and help me get to be able to apply for the NDIS, help me get the documents I need. Maybe someone having to come to the doctor's and explain to the doctor "this is what you have to put on the form, and this is why you have to put it." (Person with lived experience)

Some people found that just having Enable In present during meetings with service or health care providers improved their confidence to ask questions and ask for support. Enable In staff identified that overwhelmingly, health care providers were appreciative of guidance with the language required on reports and the application documents, as there was stark differences between their usual medical model of writing and the social model required within the documents.

Overall people said that connecting with Enable In increased their understanding of the support they could receive from the NDIS and the avenues through which to access mainstream supports.

Case study – support attending NDIS related meetings

Service providers reported that 80% of the people they work with would not feel comfortable or would not attend a meeting with a new service due to mistrust of support services. Negative past experiences made engaging with new services daunting and completely out of their comfort zone.

Another service provider said that people were scared to go to meetings with NDIS providers as they thought they would not be listened to or if they were, they would not know what to say or how to advocate for themselves. Most people had experienced a lifetime of rejection or being 'passed around' or forgotten about when they tried to access support.

Enable In identified that they needed to address people's mistrust of engaging with NDIS and mainstream support services to increase their capacity to access these supports. They found that building trust and becoming a familiar face over time helped the people feel comfortable with the Enable In staff. As the next step, Enable In could then support people to access NDIS and mainstream services.

Enable In worked with a man who had been in and out of jail for many years and was institutionalised to the point that he wanted to go back to jail to care for his rose garden. He lost support to pay for his prosthetic leg and did not know where to find support or whether any support service would listen to him. Through a referral from a community organisation he connected with Enable In and the staff slowly built a rapport and trust with him. Once he felt comfortable, Enable In supported him through the entire NDIS application process through advocacy at meetings. Eventually he was approved for a NDIS plan.

Social connections and support

Several people with lived experience said that being involved with Enable In helped to reduce their feelings of social isolation through connecting with people with similar life experiences.

I guess just being a part of it with other people that are in a similar stature like people having different disabilities. Something that I might have, someone else in the group might have and they do not know how to deal with it well and I may be able to deal with it better than what they can. So, they might be able to – I can support them and try and help to show them how they can maybe do things a little bit better. (Person with lived experience)

The mutual peer support that people experienced in Enable In project was a positive outcome that built confidence and self-empowerment. The Enable In team respected people's expertise about their lives and only provided further support where requested.

I like talking to the same groups of people, also feel valued when I can share information with groups to support people living in same situation as me. (Person with lived experience)

But I think what's well is just working with your peers and other people who have had a lived experience, because you can all talk to each other, because you know what it's like. (Person with lived experience)

People with lived experience found participating in the peer support groups organised by Enable In gave them somewhere to be each week which helped provide consistency in their everyday lives. Meeting other people with similar experiences also facilitated further support for people as they could contact these people to help them when Enable In was not there.

Yeah, the social thing. Cause [Person] and I speak to other when we're not in the group and things like that, so just being able to make some friends has just been the best. (Person with lived experience)

Facilitating the creation of these support networks between people means that people were not unsupported when Enable In could not provide support. It has also helped reduce social isolation and increased people's capacity to access services.

Case study – social connections

Service providers mentioned the importance of building people's social connections and networks. One service provider gave the example of helping people access housing. Once people gained a tenancy, they did not have the social networks to retain it. People needed to be connected and supported in their communities to feel like they belong.

Enable In identified social connections as important so the project prioritised building social connections of people. Many people made new friends through engaging with Enable In as they met and came to know people who had similar life experiences. One person reported that their social anxiety and confidence had improved and their capacity to engage with other people in the community had increased. Other people were supported through the connections they had made and found that their social isolation had decreased through increasing their social networks. Over time, this experience built people's confidence and generated a sense that they belonged.

Building self-confidence and value own self

Building people's self-confidence was a key outcome of Enable In as it increased their capacity to access support. Most people engaged in Enable In had experienced years of being let down by services, so it was important to help people view themselves as deserving and entitled to receive support. Enable In's practice to build people's self-worth enabled people with disability to feel confident to apply for mainstream and NDIS support. Overall, people with disability said that being involved in Enable In contributed to that goal.

Also improved his feeling of self-value, his knowledge of disability work has extended to different dimension where he sees excitements and challenges at the same time. He also made a few friends through Enable In project work to add to his social network. (Case study)²

Since Wade met Enable In staff, his social anxiety and confidence have improved. Wade enjoys other people's company and often likes listening to random conversation in places even though the people are unknown to him. This demonstrates how Wade now connecting with surrounding people and community. (Case study)

² See Appendix Case studies

Enable In supported people to speak out and ask for support. The experience of speaking out further built their confidence and sense of empowerment.

I have seen many people where they now have the confidence to ask questions, to ask for support. And engagement, many people are fearful to engage with support, with professional support and through our dedicated work they are developing confidence and self-esteem to ask for what they need. (Enable In staff)

Enable In built up people's confidence through acknowledging their expertise in their own experiences and talking about the support services they were entitled to and available for them. This helped people to build their confidence to access NDIS and mainstream support.

2.3 Impact on service providers

Increased confidence and knowledge

Enable In staff reported that it took several months to build trust and solid working relationships with the identified partner organisations, after contacting and trying to engage over 450 organisations across NSW. Most services had limited capacity to collaborate due to competing responsibilities. This initial wide-ranging contact has the advantage of raising awareness about the support that Enable In and PWDA advocacy services could offer to access NDIS and other services. As a consequence, some organisations from across the state then reached out to Enable In or PWDA when they needed advice, information or made a referral for advocacy about NDIS and other support for people with complex support needs.

The project narrowed down the key partner organisations to a smaller number of services, located in four communities in NSW, and worked with these closely throughout the project. Enable In staff attended interagency meetings, case conferencing and maintained regular contact through phone calls, face to face meetings and email exchanges. In this establishment phase, the aim was to understand the capacity building and training needs of partner organisations. After observation and discussions, it became evident that some staff in the organisations wanted training about how to support hard to reach groups to access NDIS and other mainstream support.

The partner organisations' capacity building needs included:

- how to refer and connect people with disability in hard to reach settings successfully to NDIS and mainstream support (e.g. housing, support to maintain tenancy, mental health assessments)
- practical resources and skills, such as writing letters of support for NDIS access request applications (in particular, for people with psychosocial disability)
- assistance with NDIS access request applications and reports
- effective support and coordination for people with complex needs, including homelessness and psychosocial disability
- addressing what was coined the 'NDIS language' gap.
- education about what the NDIS is and what they do (in terms of what they will and cannot fund) is and who is eligible to apply

Enable In staff and service providers noted that health and allied health professionals and mental health providers are trained to use a medical model of disability (diagnoses and illness), whereas

the goal focus in NDIS attempts to apply a social model of disability, based on daily functioning and capacity of a person to take part in everyday activities. According to stakeholders, the tension between the social and health concepts and terminology creates a barrier to access for people from hard to reach groups who rely on staff in mainstream services to access NDIS and other support.

Enable In enhanced services' capacity through their self-produced training package which assisted with responding to requests for information and providing tailored guidelines about how to complete access request forms for interested staff in the partner organisations.

The six service providers interviewed for this research reported that Enable In made a difference to their service offerings and enabled them and their clients, to receive, understand, and engage with new information and support options, including access to the NDIS.

One day training about NDIS access

As part of the services capacity building activities, Enable In delivered a one-day training session in a regional and a remote community. Together the two training sessions were attended by about 60 local representatives from community services (social, welfare, health and advocacy groups). Enable In also had interest for individualised service and community training from other regional and remote communities. The project had a further 34 registrations from 23 services in one regional community however due to Covid-19 and other circumstances these trainings were unable to be completed within the project timelines. In addition to the training Enable In provided tailored information about NDIS access and language requirements to project partners.

Two participants that were interviewed for the research and who took part in the training described the training as practical, insightful, highly relevant and beneficial to their work, enhancing their understanding of how to connect people to NDIS and mainstream support.

One positive aspect of the training was that it discussed the tailoring to individual needs. You need to understand the needs of each person, a person's daily functioning and capacity ... to get their NDIS application right ... They also provided us with examples of letters of support, how to write them in a way that gets the message across to the NDIA assessors. (Service provider)

The service providers said they had benefited from the training and their clients had positive outcomes as a result because the staff had been able to successfully assist clients from hard to reach groups to access NDIS plans.

The information presented at the training was delivered to educate providers on what is required within an access request application and what is required within supporting documentation. One provider noted that the sample letters of support that Enable In provided inspired several people with lived experience to write their own letter of support, which they felt was empowering for the person.

More holistic support

In the six locations where Enable In collaborated with the partner organisations, the team also delivered direct support and services to people, information sessions, peer support groups, or intensive one on one support and coordination for individual clients. Their practice with people also had an information, demonstration and training impact for the organisation staff. They demonstrated that the key element of engaging with people was to see the person and their

support needs from a holistic perspective and to support them in a way that felt holistic to the person, rather than separating their support, with labels such as health, disability, social and housing assistance.

Service providers highlighted the difference it made to enhance their service offerings and provide people from hard to reach groups with additional support options.

Enable In were able to take the pressure off me, because I could not help - in my charity we're limited in our resources. There's lots of people I would like to help, but I just didn't have the time. Our service can only do so much, but people have complex issues ... I trust [Enable In]. She comes along and volunteers and takes meals out onto the street in her own time now. When I see someone who asks for my help, I can then make the Enable In a next step, and I trust [worker] she will assist them, and it takes the pressure off me. (Service provider)

The Enable In partner organisations reported that they worked at capacity, had limited staffing resources, and relied on volunteers to deliver services. 'Having an extra person' to help, who is qualified and has the time to build trust, relationships and connections to people and groups, and deliver tailored information and intensive support was regarded as invaluable.

2.4 Impact on the broader service system

Enable In connected with other relevant organisations such as Local Area Coordinators (LAC) providers and other key services in the communities where they delivered the project. The aim was to collaborate, learn from each other, enhance accessibility to support for people with disability in hard to reach settings, as well as promote good practice working with these people.

LACs were engaged in different ways throughout the project. Some LAC staff were more receptive to collaborating with Enable In and developing good practices, others chose not to engage.

It was difficult to assess the extent of the Enable In impact on the broader service system, including influencing practices of support and engagement for people with disability in hard to reach settings. The project had limited resources, three staff members, was spread across several communities in NSW, delayed at the project start, and restricted in its activities at the end, due to the Covid-19 pandemic. These factors likely affected the project's ability to have a considerable impact on new practices. At the start of the project, the staff also tried to engage with people with disability in prisons and boarding houses. However, due to systemic barriers and lack of existing relationships and trust between organisations, it was difficult to engage with these sectors.

In addition, the services that support people with disability in hard to reach settings that could potentially benefit from capacity building, are very broad. They include services like primary and allied health providers and mental health, mainstream community services, and specialist services for people seeking legal, housing and homelessness assistance, social and wellbeing support. A lesson from the Enable In project is that changing practice and enhancing capacity of this broad spectrum of mainstream and specialist services requires a coordinated, targeted approach.

Sustained changes seem to have come from raising awareness among providers across social service sectors about the availability of expertise from DPOs and advocates about how to work with people with complex support needs. Enable In had a demonstration effect about good practice through training, pro forma documents as examples of how to apply for NDIS, and individual support and advocacy for people referred from other social services.

3 Effective practices

Enable In used innovative approaches to increase access and capacity – knowledge, confidence, and connection – of people with disability in hard to reach settings to the NDIS. This section describes the main strategies that Enable In applied to connect people in hard to reach settings to the NDIS and other support, to engage people as part of the Enable In project, and to improve sector engagement and capacity. The strategies were:

- Project Advisory Group (PAG)
- Peer support groups, individual information and support
- Self-advocacy and Peer Navigators
- Building capacity of community organisations
- Resources and capacity building for service providers.

The project team was a manager and two project officer staff. They were social work trained and had professional experience working with people with disability in hard to reach settings and within the disability and NDIS context. They were also supported within People with Disability Australia by advocates and experts in complex support and NDIS.

3.1 Project governance - PAG

Enable In was strategically informed by the PAG. The PAG consisted of people with lived experience, the Enable In team, representatives of other PWDA programs (e.g. Wayfinder Hub), representatives of community services and disability advocates. The UNSW research team attended some of the meetings.

The PAG met bi-monthly to discuss and reflect on key project questions, for example, refine the project scope and delivery locations; discuss barriers and issues experienced on the ground and identify solutions; identify potential project partners and resources. Overall, stakeholders felt that the PAG was valuable to the Enable In project to identify key partner organisations at the start, avenues for collaborations, and to inform the project on a range of ideas including to use a diverse set of media and communication to reach the target groups – people with disability in hard to reach settings and providers supporting them.

An important aspect of the PAG was the inclusion of people with lived experience. They were about a third of the members. Here, we discuss the findings from the PAG about including people with disability in project governance and lessons for future PAGs.

Recognition, influencing change and making friends

Being part of the PAG was one of the ways that people with lived experience felt treated as an expert, with a platform to create change for their communities. The people felt proud to be included, consulted and heard, and their ideas taken into consideration during PAG meetings.

Both people with lived experience and Enable In staff underlined the importance to create a level of equality between all members. This was identified as a key component for the success of a PAG. Practices included paying people for their time to attend; ensuring that everyone had a voice and opportunity to contribute; organising the meeting online and in person, to allow people and

providers to take part from a distance, or when they were not too well. Payment was identified as a mechanism for the project workers to recognise and value the expertise of people with lived experience, although not all PAG members with lived experience accepted payment for their contribution to the PAG.

We actually do get paid to be a PAG member. So only PAG members get paid ... but that is really good. (Person with lived experience)

People are being talked to, not about. Steer the project directions, on psycho-social disability and homelessness. (Staff member)

Other important outcomes for people with experience were increased self-esteem, social connection and friendship between peers with similar lived experience, as well as social support and connection with the Enable In team. One person said being part of the PAG and Enable In project had opened employment opportunities for them.

So [Staff member] and I, we're in constant contact with each other. We text each other or we email each other. (Person with lived experience)

Enable In made sure that I had a voice to speak ... at that PAG meeting, because I think it's just so important 'cause at the end of the day it's about us. (Person with lived experience)

Challenges

Moderating the meetings to reduce power imbalances to make sure everyone was heard was difficult at times. Some people felt that their lived expertise could have been more strongly recognised in the PAG. For example, by recognising the vulnerability of people with lived experience, training all members in the first meeting on trauma informed practice, and ensuring that lived experience expertise was an early standing item on the agenda.

There needs to be recognition that people with lived experience are vulnerable, even if they are well enough to contribute to a PAG, they are still more vulnerable (health, socially, economically). (Person with lived experience)

Lessons

The PAG members contributed valuable information and guidance to the structure of Enable In and were treated as equals. People with lived experience brought knowledge about their own experiences and of their communities. They spoke about the type of support they require and, through their inclusion in the project, they advised how to better deliver services and how to connect to people with disability.

For project advisory groups to work well, careful planning, preparation and management of the meetings and additional support is required to ensure that power imbalances are recognised and addressed. Practices and ideas were to offer payment to members with lived experience, have agenda items for each stakeholder group to contribute to, prepare for vulnerability using trauma informed and sensitive approaches during the meetings, allocate resources to support lived experience members before, during and in between meetings.

3.2 Peer support groups, individual information and support

Enable In offered peer support groups at six locations in Sydney and in one regional town. The peer groups were delivered weekly or fortnightly in the metro area and monthly in the regional area. The groups were held at a venue where the partner organisations regularly hold activities

and deliver support to people from hard to reach groups. At the information sessions and peer groups, Enable In staff had a sign and wore a shirt with the project name to make the meeting visible to people attending a mainstream service, a community venue (shopping centre, library, neighbourhood centre), or specialist service for hard to reach groups (social venue for people who are homeless).

Flexible and responsive

The Enable In approach to peer support groups was very open, with little to no structure as the groups were formed at existing venues from subgroups of participants. This approach of building from existing gatherings was successful as people attended who already were familiar with the space and groups, felt safe within and comfortable with the service, and were open to take part in the group support. Enable In staff ensured that there was a separate area available within the Peer Support Group venues, where individual could discuss any confidential matters with their privacy being respected.

[Enable In staff] would start the group forming process as – she would observe and identify the more confident people in the small groups at each venue and then go and talk to them, provide information on Enable In and providing support where needed. This would have a snowball effect and people would start talking between groups and start sharing issues they may be having, and these groups could move between venues. (Service provider)

This process was empowering for people, as they were considered the expert of their own experiences and could learn from other people with lived experience. Enable In staff would remain in the background and offer support and tailored information to people as they wanted it. The conversations were about the person's circumstances and broad support needs, not just focused on disability. Enable In staff also responded to people's questions, with advice and information or support about the NDIS and other support, how to apply for it, and the resources available in the community, and explain information in clear way that the person could relate to and understand (empowering them to share the information with others).

Enable In also supported people living in a residential institution through individual support in a regional town. Data from this part of the project were not available to the researchers and were not included in the report.

Challenges

Enable In staff spoke about the initial challenge of developing the peer support groups. At first it was hard to develop contact with people and services. The Enable In team spoke about the need to find the right balance between providing support and information to someone and waiting for them to talk amongst each other during the groups. Initially the team did not have identifying markers, like a project T-shirt or sign. They found that being easily recognisable was helpful so that people could recognise a new opportunity.

Enable In held similar information and support meetings at the local library, neighbourhood centre and shopping centres in a regional town. According to staff, these meetings were less successful as it was harder to build trust with local services, find suitable venues, promote their service and activities. Partly this problem was because they were 'flying in and out' of the regional and remote communities and did not have a standing presence there to form reliable relationships.

Lessons

Important for the success of the support groups was to keep conversations about the person's circumstances broad, identify a person's priorities and support needs, not just focus on disability. Most queries were about other social services. It was important to respond to these questions first because it demonstrated that the staff were listening to their priorities and could be trusted to become involved in other complex needs. Only where it was relevant, did Enable In advise, inform or support about the NDIS, how to apply for it, and connect them with the resources available in the community. Both these processes – solving general social support problems and seeking NDIS support – assisted staff at the venues through demonstration, training and information for other people attending the venues.

Enable In found that having a strong presence and continually attending venues built trust not only within the targeted groups but also the community as a whole. When attending information sessions, the general community would approach with curiosity, but often not eligible for the service (for example, some people with disability would approach, however they were already engaged with NDIS and service providers). Enable In found that by having conversations with the general public and those not eligible was still helpful as others would approach saying someone had told them about Enable In.

3.3 Peer Navigators and self-advocacy

One objective of Enable In was to increase the capacity of people to self-advocate and provide information to peers in their communities. Several people self-nominated to participate in Peer Navigator training to build their capacity to deliver support and information to people within their communities. Eight Peer Navigators were identified in the metro location and two in a regional town.

Peer Navigator training

The Peer Navigators found the training helpful and appropriately designed to be flexible to individual learning styles and abilities.

I think what was really good about it is that we could sort of go at our own pace. So, someone like me who has an intellectual disability it takes me a while to learn theory stuff, so I have to basically – I'm a practical person so I learn practically. (Person with lived experience)

There was one big thing she did specify to me was how to talk to people and knowing what disability they have and directing them in the right spot. (Person with lived experience)

The Peer Navigators found the practical elements of the training were useful as they gained skills they could apply to support peers in their communities, whether that may be to access homelessness support or begin their NDIS application process. In addition, they learned new information, skills, building confidence and self-esteem as advocates for peers. Lastly, the participants felt they learned information that would help them in their own NDIS application process, which most of the peer navigators were undergoing at the time.

I know what they expect when they're on the street but I'm finding with [Staff member] and what you guys are doing, it pushes me a little bit further to help again more, not just to talk with them. So far [Staff member] and I, we've helped a couple of ladies get into homeless shelters, through [avoiding] abuse of their partners. (Person with lived experience)

This component of the capacity building had commenced when the Covid-19 pandemic changed the context and opportunities to apply the theory into practice.

Case study – peer navigators

Enable In trained Peer Navigators on how to access NDIS and mainstream support, which they could then translate to other people in their communities. People from hard to reach groups often mistrust new services, as they have constantly been let down, so it easier for them to trust people with similar experiences.

The Peer Navigators found that they could more easily talk to people in the community as they knew some people, which meant they already had a mutual connection. Some of the peer navigators mentioned that they worked with Enable In when trying to engage with people, but the people responded with, 'we don't want your help'. The peer navigators found that they were most successful when they connected with someone (without the Enable In staff) through sharing similar life experiences and then sharing information on the supports available when the person felt comfortable.

Once the Peer Navigators had made connections with people in their communities and built a level of trust, they referred people to the peer support groups at different locations. This allowed people to receive informal peer support and when they felt comfortable, they could also access more formal support from Enable In.

Self-advocacy

Over time taking part in Enable In, as a PAG member or Peer Navigator, increased people's confidence in their abilities in self-advocacy, to build rapport with peers and community organisations. This sense of self-esteem and empowerment was further enhanced when Peer Navigators were able to speak to and provide direction to their peers. They felt they could make a difference to other people's lives. They were listened to and respected by their peers because they shared similar life experiences.

I think they've found it easier to speak to me, because I'm like, "Well, I get where you're coming from. I've had these experiences in life." So that part I really, really enjoy. (Person with lived experience)

I was able to give them the knowledge and things like that so they could take it back to their managers, and I think sometimes people listen when it's someone else. (Person with lived experience)

While this part of the Enable In project was still in its early days, the inclusion of Peer Navigators promised to assist Enable In to build connections in communities they would have otherwise had no access to. Enable In staff offered virtual group facilitation twice a week to all peer educators and other interested people attended Enable In activities before Covid-19 began. This ensured that volunteers and peer educators remained connected to the project and reduced the social isolated experienced by many people in the community.

Lessons

Training people with lived experience as Peer Navigators empowered people to engage in their communities to connect with and support or refer them to the Enable In project and other services. The practice training elements of the peer approaches were affected by COVID-19. The strategy has the elements to empower people to greater input into their communities and how services are delivered.

An important lesson for future similar approaches is that some Peer Navigators felt that they should be compensated or paid for their contributions. Enable In staff also highlighted the resources and time that went into running, planning the training and supporting people with lived experience during and between meetings.

3.4 Building capacity of community organisations

Enable In staff engaged and networked with many community organisations working with the target groups across NSW. The team identified that staff in mainstream services, including primary practice, social services, housing support providers, food and homelessness services were often a major source of information and support for people from hard to reach groups. These key contacts play a critical role in assisting people to make the first step to request additional support; organise and collect documentation and support letters with the applicant; attend planning and assessment meetings (e.g. mental health); and support people in their role as a trusted advocate.

Some staff in the partner organisations were familiar with the support and referral processes required for NDIS and mainstream services. Others said they had gaps in knowledge about what to do and confidence about how to get it right, which could present a barrier to providing support for people with complex support needs. As a result of the initial engagement work with organisations and services Enable In narrowed down the capacity building needs that they aimed to address throughout their project. They focused on training in selected communities and working with partner organisations. For more detail, see section 2 Impact.

The project planned to create resources to support people with disability in hard to reach settings and the services that support them, to access the NDIS. Advice from the PAG and partner organisations, however, was that people were unlikely to access information online or in print formats. The project planned to make the training available online for service providers, but it was not achieved during the project.

Enable In continued to connect to key stakeholders and networks (e.g. the Primary Health Networks (PHN), representatives from NDIA, and other mainstream and specialist services) in the communities and worked with them throughout the project. The team developed a regular email update to keep partner organisations informed about the education and training and collaboration opportunities. They attended professional networks and information campaigns to share the learnings emerging from the project and build connections to services (e.g. internal team meeting organised by service provider, statewide homelessness and/or disability conference).

4 Lessons from Enable In

This section summarises the key lessons that emerged from the project about how to connect people with disability in hard to reach settings to the NDIS and other mainstream support, promote self-advocacy, and enhance good practice among the services and staff that work with them.

The report concludes with a discussion about how to translate the lessons from Enable In for future implementation for the NDIS.

4.1 Good practice elements

Enable In has demonstrated that it takes time and resources to build relationships and trust between people with disability in hard to reach settings and a provider, service or worker. Enable In staff approached people attending a venue with an openness to find out about the person and their life in general, rather than an immediate focus on disability. A central success factor in their engagement was to approach every person with respect and dignity. The person did not need to reveal any personal information until they were ready.

These connections were facilitated quicker when a person had a trusted relationship with a staff or volunteer, who could seek advice from Enable In staff about how to access disability and other support particular to the person's needs.

Enable In worked with Peer Navigators to provide support and information to people in peer support groups. The capacity building work of Enable In demonstrated that people with lived experience (Peer Navigators) could successfully build trust and rapport with hard to reach communities, leading conversations that were non stigmatising, and engage people to consider accessing support. This approach from peers worked even with people who are reluctant to seek out services and do not consider themselves as having a disability.

Enable In found the project challenging at times because its goal was to engage people with disability who are most marginalised from support. The staff required sophisticated flexibility and adaptability in their approaches to meet that goal. The staff applied a solution focused and person-centered theoretical approach to the project, which focused on the voice of people with lived experience when it came to decisions and choices. These approaches in combination with trauma informed practice guided the Enable In techniques to engage with people from hard to reach groups.

Overlying the practice frameworks was a trauma informed practice that helps place people in the trauma they may have experienced and help you to be sensitive towards what their triggers may be and what their past experiences with service providers may have been in the past. ... Using different questioning techniques such as opening questions or open-ended question are useful in getting people to open up. (Enable In staff)

Through applying these frameworks, Enable In was able to engage with people with disability in hard to reach settings and take the time to slowly build relationships with each person. Initially, Enable In staff acted as each person's individual advocate, as this process built trust and helped develop connections. The experience was contrary to many people's past negative experiences when they had unsuccessfully tried to engage with new services.

I have been a person of homelessness for 25 years, so I know how bad the system is. The systems at that stage where a lot of people stop trusting the system because it lets you down. You become a number. (Person with lived experience)

Enable In took the time to build relationships and valued each person as the expert of their own life.

Services need to start from the point that treats the individual person as a resource as they are the expert of their own life; that they are resourceful, and every person has something valuable to contribute to the broader community. (Staff member)

Service providers and people with lived experience interviewed for this study said that the ability of Enable In to develop and build trust with people from hard to reach groups was essential to the effectiveness of the project. It also built the capacity of Peer Navigators to develop connections in their communities and demonstrated good practice to service providers.

The project achieved this outcome by having the flexibility to adapt its strategies and responses to individuals' needs and circumstance; having resources to do outreach work or support people to attend appointments with other services, and provide intensive support where needed, and by employing highly experienced, trained and empathetic staff.

4.2 Self advocacy by people with lived experience

Building the capacity of people with lived experience of homelessness, psychosocial disability and complex support needs to advocate for themselves and their peers, was a successful strategy and outcome of this project.

Enable In built people's capacity to self-advocate through training for the peer navigators. It provided people with additional knowledge of the NDIS and mainstream support options that they could use to refer peers from hard to reach groups, while engaging with them in the general community. It also meant they had a better understanding of their own NDIS access journey.

The Peer Navigators were initially supported by Enable In to engage with people at different service locations when they felt ready and comfortable. The three Peer Navigators interviewed said this had been a good experience for both them and the person they engaged with as it was a chance to practice what they had learnt.

Just learning about other people's experiences as well, like I met someone who had really severe PTSD, but being able to speak to them and relate to them, I think that's the most amazing thing with having lived experiences. (Person with lived experience)

The inclusion of people as Peer Navigators was a successful way to connect with people with disability in hard to reach settings. All the Peer Navigators found it easy to engage with people who had similar life experiences as them and with the support of Enable In they were able to provide useful information. Unfortunately, the practical application of Enable In supporting Peer Navigators to engage their peers was cut short, due to Covid-19. This component of the project could not be fully developed but it showed promising early results. Two Peer Navigators from metro region continued regular communication with Enable In staff to support their neighbours and friends during Covid-19. This support demonstrated the benefit of a trusted source of information to people in emergency accommodation.

A key finding from building the capacity of Peer Navigators was that this work required substantial resources and staff investment to keep working with the group over a long period, not only during a few weeks of training. Enable In supported Peer Navigators with their own needs, as well as when they engaged a peer as part of their engagement work. Some Peer Navigators felt that it would be fair to be financially compensated for their engagement work.

4.3 Importance of time to build trust and intensive support

Enable In worked hard to make service provision collaborative, attending case conferences and meetings with other organisations, presenting project information and opportunities to work together, so that consumers received follow ups and consistent support as much as possible. The project team identified this as a major gap in the current system of support for people with disability in hard to reach settings. Enable In team acknowledged that individual's mistrust reflects the requirement for intensive support and understanding to build engagement.

Services do not always have capacity and follow up on what "they promised" to do, that means that some people will disengage lose trust in services and fall through the gap ... Services need to remain accountable to what they are funded to do, and what they promise to deliver to an individual person, even if an outcome cannot be achieved, staying in touch and providing updates is important. (Enable In staff)

Because of limited capacity to work continuously with people and limited coordination between services, some people with disability in hard to reach settings have been let down by the service system. According to all stakeholders interviewed, this has affected people's capacity to engage with a new or unfamiliar service, including NDIS and disability providers.

Enable In recognised that providing one on one intensive support, including outreach, and case management or case coordination where required, was critical when working with people with disability in hard to reach settings. It helped people to overcome their mistrust in services, build connection and feel supported. The project team also found that it took many months to overcome mistrust in services and professionals that some people had built up over years.

Intensive support case management is central to working with this cohort of people from hard to reach communities, as they all have multiple support needs ... Some of the outcomes of providing this support includes building confidence and empowering people in the situation they are in. (Enable In staff)

People with lived experience also spoke about the importance of receiving consistent support and case management for some people with disability in hard to reach settings, especially those who have several services involved in their life.

I think just sometimes it is just very hard to – when you've been let go by the system, to trust. One of the things you've got to do with agencies – there's got to be some level of trust. So trust that they're going to do the job right. That they are not going to let you go and they are not going to leave you out to dry when you need something or whatever. That happens and a lot of people fall through the cracks. (Person with lived experience)

Enable In staff recognised the importance of being aware of the rejection people may have experienced in the past. They addressed this through the inclusion of empathic listening, trauma informed practice, intensive support where needed, and slowly building a trusted relationship. This approach built a person's capacity and openness to being referred to and engaging with further services.

The experience of the two-year project was that activities to support hard to reach people in regional and Aboriginal and Torres Strait Islander communities requires a local partner with current relationships or additional time and resources. Two years was not long enough to achieve these goals. Future projects would need local partnerships or resources for consistency in the contact with the services and communities to build and maintain trust between with stakeholders and people. City based organisers attempting to do this regional work would need time and resources for travel for direct face to face activities.

Short term projects working with hard to reach communities are important to ascertain what does and does not work, though there is a requirement to ensure that future funding models are in place to continue the important work that is being undertaking by those projects that prove themselves to be providing a good service.

4.4 Resourcing and collaboration between services

Mainstream organisations and specialist services need to have capacity to collaborate, to achieve better outcomes for a person, but also to participate in projects like Enable In that offer capacity building opportunities. The limited capacity of services to collaborate either to support a shared client or to engage in Enable In was a major challenge for the project.

Most organisations were not ready to prioritise staff capacity to support people from hard to reach groups to access the NDIS. Enable In invested many months contacting organisations to build relationships for potential collaborations. Challenges were weak networks, distance and capacity of the service sectors. The organisations providing homelessness, mental health and primary health services operate at capacity and have little time and resources to engage in new initiatives and capacity building. It would require them to reallocate current time and resources or add new dedicated resourcing and structural planning.

Another finding from Enable In, highlighted in 4.3, was the implications of the limited coordination and communication between services, especially where a person has several organisations and providers involved in their support. This limited communication affected the quality of support some people received as well as their outcomes.

4.5 NDIS language and responsibilities

Responsibility to support people to access NDIS is ambiguous for many organisations. All stakeholders – people with lived experience, service providers and Enable In staff – reported that NDIS words and concepts were sometimes difficult to understand and that this created its own set of barriers to access.

Confusion about NDIS eligibility, responsibility, and how it connects to the mainstream system and what disability entails (especially psychosocial disability) was common among people from hard to reach groups and non-disability community providers, including general practitioners, health and mental health providers and Centrelink.

The problem of confusion is examined in other reports about the challenges around using the right terms and concepts when supporting someone to apply for a NDIS plan. The Summer Foundation report, '*Getting the Language Right*' (Larwill et al., 2018) focuses in depth on some of the most commonly misused and misunderstood terms and concepts. Using practical examples, the authors illustrate common misconceptions. For example, the NDIS term *building capacity* can be

understood as rehabilitation by many general practitioners (GPs), however the NDIS does not fund rehabilitation. Whereas if the same support is 'framed as capacity building', support may be funded through an NDIS plan. Many other examples are covered in the report – from functional capacity, functioning, reasonable and necessary support, to what constitutes 'core' daily activities.

Enable In reported that many providers they worked with were unclear about what constitutes disability and a health condition for the purpose of NDIS eligibility; the concept of functional capacity; and specific terms and concepts can impact on the eligibility and NDIS access processes for people they support. Mainstream services such as GPs and other health professionals were commonly seen as holding a key role in the application process, however, they questioned their understanding, time, and language they used to complete access request forms.

We have to train the doctors. The doctors need to find out beforehand, when a person is coming in, who needs to have a support letter for NDIS ... That's where the NDIS comes in or the LACs, so like coordinators should be going out and doing the training to the GPs and stuff. So they know how to fill in the forms properly without getting rejection letters. (Service provider)

While many stakeholders voiced innovative ideas about how to enhance the capacity of health, mental health and other mainstream services to better support people from hard to reach groups to access the NDIS, they simultaneously identified the challenges of doing so. Influencing practice and developing capacity of providers remains challenging if organisations have not identified this new area of development as a priority. Few organisations have yet recognised their responsibility in their strategic plan, dedicated implementation plan and resourcing or monitoring to the benefit of the organisation and the people they support.

Enable In was linked in with two networks to connect service sectors and enhance their capacity to work together to support NDIS access. According to stakeholders, the focus of future capacity building initiatives should be on mainstream services, including homelessness services, GPs and PHNs, and services that many Australian use, like Centrelink, as a central starting point to work with providers.

A lesson from the Enable In project around upskilling and building service capacity was to start by understanding the training needs of an organisation, how they wish these to be delivered, tailor content and delivery as much as possible to identified needs, and make training practical and embed content in real life examples. Case studies and sample documents are ways to make it more tangible.

Another finding from Enable In around terms and responsibility, referred to in the literature, is that the NDIS has introduced a set of new concepts, terms, funding and support mechanism. Its goal is to put the person first in determining their needs and priorities. This is a shift of major proportions: it changes ways of working (practice), understanding of health, wellbeing, disability and illness, and the meaning of participation (concepts), and may contradict with established ways of supporting people with disability from hard to reach groups (rights and needs based versus eligibility to support based on diagnosis). Change will therefore require a coordinated approach, significant investment of resources, and a diverse set of approaches to bring about this cultural change in good practice.

5 Future directions

Two central implications arise from Enable In research for future services to enhance the quality of support, and to increase access of people from hard to reach groups to NDIS and mainstream support.

Relationship and network quality. The research reinforced that quality support and collaboration are embedded within working relationships, underpinned by trust, valuing each other, respect, consistency and reliability. This was true for within individual support relationships, between a paid provider and a person seeking support, as well as at the organisational level, between staff working within the same service, across different organisations or service sectors and with Enable In. Quality working relationships and networks were critical to improve the quality of support and increase the access to services for hard to reach groups. Relationships require an investment of time and resources at individual and organisational levels to develop sustainable relationship and network-based forms of support and collaboration.

Specialist advice. The second implication is about expertise to address the gap in support for people from hard to reach groups, who are less likely to engage with services, or have a range of services involved in their life. In both cases, they are likely to require specialist advice to arrange appropriate support and coordination. Enable In demonstrated the utility of specialist advice to the people and mainstream services they have contact with about how to connect them to suitable support, including NDIS access and mainstream support. DPOs and other advocacy organisations are possible sources of that expertise, because people trust that DPOs can respond flexibly to individual and system barriers and opportunities, DPOs are readily identifiable by providers as a source of expertise, and DPOs do not have a service conflict of interest. The current mechanisms to access NDIS and mainstream support (through NDIA, LAC, disability services and other mainstream services), require specialist advice about how to meet their responsibilities to people from hard to reach groups in order to develop a sustainable NDIS system that is inclusive of people in greatest need.

Implications for NDIS (NDIA and LAC), disability and mainstream services

A key lesson for services supporting and working with hard to reach communities (disability and mainstream services) is that additional practices are required to build relationship based connections to people from hard to reach groups and professional networks to other services, based on trust and respect. This way of working includes outreach work, facilitates intensive case management and supports coordination with other services for some people. The aim is to more effectively respond to the interrelated needs of people from hard to reach groups. NDIS investment in the capacity of mainstream, NGO and NDIS services and providers to meet the needs of hard to reach groups means increasing their capacity to collaborate with each other and with the people they support.

The NDIS principles aim to shift how the community and service system understand disability and how services are delivered. It is a major culture change that requires dedicated strategies and resources to address the collaborative capacity of key sectors (community, health, housing, justice and disability and non-disability specific services) involved in facilitating access to the services people are entitled to.

Disabled persons organisations and other advocacy organisations

The impact of Enable In demonstrated the utility of resourcing DPOs to apply their expertise to advising people and services about how to bridge gaps to suitable support. This capacity to bridge the gap is not yet met by other parts of the service system, and possibly never likely to be, since it requires expertise and reputation in the community. Other advocacy organisations (mental health, homelessness, justice) might also have that capacity if they have deep relational expertise with people in the hard to reach groups and collaborate with disability and other mainstream service providers. The approach reveals the investment required to build relationships and collaboration in the social service sectors and to enhance the capacity of its staff to provide consistent trauma informed care and support.

People with disability and peers

Building the capacity of people with lived experience of homelessness, psychosocial disability and complex support needs to advocate for themselves and their peers, remains important for future investment. People with lived experience are experts in their preferences and want assistance to control their support, not to be marginalised as mere recipients of support.

Enable In inclusive practices were to employ people with lived experience in strategic decision making and program design, engage community researchers, and empower people to speak up and advocate for their own and their communities' needs. Inclusive practices needed to avoid tokenism, which required dedicated planning, resourcing, and acknowledgement of people's expertise. It required forums to voice and hear people's ideas, payment to recognise the value of their time, contributions and participation, and support to connect with other people in their communities and to act on the social changes important to them.

Building peer capacity required substantial resources and staff time over a long period to develop the group culture and priorities. The staff investment extended past the initial weeks of peer training and included supporting individual members with their own needs, as well as when they had engaged a peer as part of their engagement work.

Appendix A: Case studies

Prepared by Enable In staff

Case Study 1: Robert

Robert has multiple disabilities, Post-Traumatic Stress Disorder and heightened anxiety. He lives alone in NSW housing and has had ongoing issues at the property for several years. Over the years Robert has lost many of his social connections due to his disability support needs.

Support provided

Robert is at high risk of losing his tenancy because housing staff do not acknowledge Robert's disability support needs. Before Robert connected with the Enable In team, he received support from an individual advocate, who helped try and negotiate Robert's relocation. Due to the constant housing challenges, Robert often demonstrates having frequent suicidal thoughts. The Enable In staff identified that Robert's social isolation, mistrust and engagement issues with housing staff were contributing to these thoughts. To address these issues Enable In is working towards building Robert's confidence to feel comfortable in extending his social connections with other people, services and mental health support. Robert mentioned that he would like to increase his social networks so Enable In is supporting Robert to increase the opportunities and ways he can communicate socially.

Outcomes

So far Robert has found the Enable In team's flexibility and understanding attitude as key to helping him to trust someone new. Robert's individual advocate is now working in collaboration with Enable In to help support Robert with ongoing housing issues. Enable In is further supporting Robert through contacting with his GP and working to find referral to possible mental health services and other mainstream community access services.

Future

Before the Enable In project finishes, the staff aim to connect Robert with several support services that could increase his social connections and offer support for his mental health. These connections include community organisations, mental health support services and providing Robert and his individual advocate with information about NDIS access applications.

Case Study 2: Camellia

Camellia lives alone. She has multiple disabilities including mental health issues. She does not have NDIS access and is currently on Disability Support Pension after few rejections. Camellia currently has housing issues with Housing NSW and is in contact with several services to help support her with these problems.

Support provided

Camellia's living and financial situations have affected her health and wellbeing over the last few years. Enable In provided personalised support to help connect her to support services. Enable In spent time building rapport with Camellia through being empathetic and respectful of past negative experiences Camellia had engaging with services. Building this trust helped Enable In connect Camellia with a specialist individual advocate to provide direct support her housing issues.

Outcomes

It took Enable In several months to build a trusting and supportive relationship between Camellia. Enable In is currently working towards liaising with the different services Camellia is connected to, to try and create cohesive support for Camellia. Through the support of Enable In Camellia has increased capacity to make an informed decisions, prioritise tasks and advocate for herself.

Future

Enable In staff will ensure that Camellia has ongoing individual advocacy support and relevant case management service before ending work with Enable In. Ideally NDIA would be very beneficial for Camellia for long term future however due to the time constraints about resolving housing and other issues first, Enable In might not be able to even begin the NDIS access process. If Enable In is unable to complete the NDIS access process, Enable In resources would be beneficial for Camellia's future individual advocate to offer guidance to appropriate support contacts for NDIS access.

Case Study 3: Wade

Wade currently lives in a Housing NSW property and receives the Disability Support Pension. Wade has ongoing health issues and experiences anxiety and other mental health issues.

Support provided

A service provider connected Enable In with Wade and has had good engagement with the project ever since. Enable In provided Wade with consistent support to access the services he wanted. Enable In supported Wade by attending appointments with a clinical psychologist for his Disability Support Pension application, because Wade was not ready to attend the appointment by himself. Wade has been very open with Enable In about his circumstances and support. Wade found the practical support provided by Enable In increased his self-confidence and capacity to self-advocacy.

Outcomes

Engaging with Enable In improved Wade's social anxiety and confidence to the point that he feels comfortable listening to random conversations in public places, even though the people are unknown to him. This is something that Wade likes to do, as he enjoys other people's company, and this is how Wade connects himself with surrounding people in the community. Wade has continued to stay in contact with Enable In and feels confident and comfortable to approach the staff and have a chat in various locations.

Future

Wade would need additional support before a Local Area Coordinator could assist Wade to apply for NDIS access. Enable In is currently working towards building the capacity of a key service contact. Currently Wade does not feel ready for the NDIS access process therefore Enable In staff have connected him with another trusted service so they can continue supporting Wade.

Case Study 4: Kate

Kate lives in social housing and is in contact with multiple services providers. Kate lives alone and has very limited to no contact with family. Kate has physical disability and complex psychosocial disability, including high anxiety and PTSD from domestic violence.

Support provided

As Kate lives alone, she receives individual advocacy support for housing and Disability Support Pension issues. Enable In provided further support by connecting Kate to specialist individual advocacy support. Even with the additional support Kate finds dealing with multiple ongoing issues with housing overwhelming at times. Enable In recognised that there needs to be increased coordination between all services Kate is engaging with to decrease the stress it is putting on Kate.

Outcomes

Kate has found it difficult to engage with services providers due to their lack of trauma informed practice. Enable In have addressed this through working with Kate's GP, case workers and mental health supports to ensure they understand Kate's support needs. This process is also slowly improving Kate's understanding about the various roles of different services as well as Kate's capacity for self-advocacy. Enable In have recently started working with Kate and her GP to complete a NDIS access form.

Future

Kate requires ongoing specialist individual advocacy support even when she is in contact with a LAC due her need for trauma informed care. With her permission, Enable In will share their observation notes and different strategies, approaches with an individual advocate before the project finishes to help ensure the continuity of a high level of appropriate support for Kate.

Case Study 5: Oscar

Oscar currently lives alone and has mental health issues. He previously worked with people with disability, but his mental health needs limited his capacity to continue this work. Oscar is currently on the Disability Support Pension. He mentioned that one day he might consider applying for NDIS to receive support.

Support provided

Enable In supported Oscar to contribute and shape the direction of the Enable In project. Oscar found this experience empowering and a transformative experience as he was supported to have a voice on an area where he is the expert. Enable In supported Oscar to share his views about project activities and some of the research components, which meant he had a sense of purpose, which he found very rewarding. Oscar felt comfortable being a part of Enable In and the team respected his needs and provided support and resources when Oscar needed them.

Outcomes

Being a part of the Enable In team improved Oscar's feeling of self-value, through being respected as an expert. Oscar's knowledge of disability work and his capacity to help increase people's access to support increased, which he sees as an exciting and yet challenging opportunity. Through engaging with Enable In, Oscar has made a few friends which has added to his social network.

Future

Oscar hopes that he can keep in touch with the people he met through Enable In as it was great for his social networking. Oscar found the easy to understand training activities very helpful and to be well suited for people with any disability needs. Oscar would like to take the skills he learnt from Enable In to apply for his own NDIS plan and help other people in his community access mainstream od NDIS support.

Appendix B: Enable In Project logic

Process	Impact on person	Impact on partners and service providers	Evaluation method
<p>Referrals and organisational capacity</p> <ol style="list-style-type: none"> Contact organisations that support people - homeless or at risk of homelessness, and other people with psychosocial disability Training and resources for staff Engage with people with disability in peer groups or 1:1 Referral received directly and indirectly to Enable In 	<p>Awareness of NDIS process: eligibility and application</p>	<p>Practice change to support people to use NDIS</p> <p>Resources about how to support people to use NDIS</p> <p>Identify gaps in additional resources needed</p>	<p>Interview participants, partner organisations and service providers</p> <p>Number of participants, peer support groups, peer navigators</p>
<p>Support to person with disability</p> <ol style="list-style-type: none"> Work with person about their disability and other support; identify what gaps they have; eligibility for NDIS Share information about NDIS and mainstream services Provide 1:1 support where necessary Introduce and link them to organisations with their permission Check services are effective for the person and repeat where necessary 	<p>Aware of own support needs and NDIS eligibility</p> <p>Aware of how to organise support, self-advocate</p> <p>Access to services including NDIS and mainstream</p> <p>Connection to organise services</p> <p>Receive services</p> <p>Issues resolved and referrals made to appropriate services</p>		<p>Case studies</p>
<p>People and organisations involved</p> <p>Participants – people who are homeless or at risk of homelessness, and other people with psychosocial disability</p> <p>Enable In – advice from peer support groups, peer navigators, Enable In webpage on PWDA website, Wayfinder Hub project, People with Disability Australia</p> <p>Partner organisations – referrals, space for Enable In to meet people with disability (peer groups, one to one), training and information for staff</p> <p>Service providers – disability, mainstream, homelessness</p>			

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