Response to Issues Paper:

Strengthening Partnerships- Commissioning for Social Impact

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1. About ADACAS

The ACT Disability Aged and Carer Advocacy Service (ADACAS) is a human rights focussed organisation, which provides:

- Individual advocacy for and with people with disability, people experiencing mental ill health (or psychosocial disability), older people, and carers.
- Support to people making submissions to the Royal Commission into Aged Care Quality and Safety, and/or the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
- Redress Scheme support services to people who are survivors of institutional child sexual abuse and
- NDIS support coordination to a small number of NDIS participants.

ADACAS additionally has a Policy and Projects team which engages in systemic advocacy, delivering projects to embed supported decision making approaches in service systems and exploring practical responses to issues arising through individual advocacy and supported decision making.

ADACAS staff work with individuals who are "falling through the cracks" in current service systems, and facing barriers to their rights being upheld, and to an experience of equitable access to services. ADACAS offers issues-based advocacy, and the topics of advocacy are multiple and varied, ranging from housing, to access to justice, to psychiatric treatment order hearings, to quality of service issues, to child protection processes, to restrictive practice/ restraint/ seclusion, to substitute decision-making, to aged care service issues, to NDIS and NDIS appeals etc.

ADACAS is based in Canberra and the ACT and has been providing individual advocacy in this region for 28 years. ADACAS has also recently commenced providing free advocacy and information to people with disability in parts of NSW: specifically, in set areas of Shoalhaven, the Eurobodalla Hinterland, Batemans Bay, Broulee – Tomakin, Moruya – Tuross Head.

ADACAS acknowledges the traditional owners of the various lands on which we work: the Ngunnawal communities for our work in the Canberra area, the peoples from Tharawal and Yuin communities for our work across on the South Coast), and pay our respects to their Elders, and to all Aboriginal and Torres Strait Islanders in our communities.

2. Introduction

ADACAS has for many decades been supporting approaches which fit co-design and co-production principles, and welcomes the ACT government's increased focus on and decision to pursue coproduction approaches to commissioning of services, with the aim of seeking improved social impacts. We also welcome the determination of the ACT Government to aim for the framework to be complete within 9 months, and recognise that this is a timeframe that is meant primarily to hold Government to account. Given the important co-production principles that are critical to its success, we would recommend that some flexibility is built into the project such that good co-production is achieved, even if it as at the expense of the 9-month timeframe being extended, but that the ACT Government produces a progress report at this point which also estimates the length of time remaining until completion.

3. Response to Commissioning for Social Impacts Discussion Paper

1. **Does 'Our Vision' (refer to page 1) align with your expectations for the Directorate's investment in government and nongovernment community services in the ACT?**
   The vision does align with our expectations for the Directorate's investment in government and non-government community services.

   To ensure clarity, we would suggest that key terms (e.g. the term coproduction) be defined. In particular, with regards to the definition for coproduction, it should be clear that coproduction involve service users, supporters of service-users (i.e. carers/family), service providers, advocacy agencies*[1], and other stakeholders.

2. **Commissioning for Social Impact Strategy development will occur over the next 9 months, during this time how can the Directorate best support you to engage in this process?**

   The aspects that would support ADACAS' inclusion include:
   - Transparency re processes/ decisions to be made, who is involved and when and with timeframes
   - Good communications and information ahead of time (more notice is good when possible) re initial meeting commitments (and involvement in planning for later meeting frequency/best approaches to communication etc.) such that we can plan to be available (to the extent possible, recognising that changes will be needed along the way).
   - Ensuring that there is ACT government secretarial and organisational support available to coproduction committees (such that meeting notes are written up, and meetings/supports can be arranged as required).
   - Recognition of the extent of the involvement/commitment required particularly from those who use the services to be commissioned, and a commitment of funds to assist those people to have Advocacy assistance to facilitate their involvement, if required (and if a large commitment needed, added funding for advocacy to any of the advocacy agencies being asked to participate would be welcomed).

   The aspects that would support inclusion of people with lived experience could include the following or more:
   - Payment to people with lived experience for the time and lived experience expertise that they offer through coproduction processes
   - Asking people with lived experience what support would help them to participate, and then providing (or supporting the provision of this) in the ways that best suit that person

[1] Please note that we will explain the reason for the inclusion of advocates in this list later in this paper.

- Being flexible around approaches, schedules and timeframes when this is needed
- Ensuring that everyone is trauma-informed in their approach (arrange training for anyone who has not already completed this).
- Ensuring there is no one person with responsibility to speak for any particular group (that there are at least two lived experience voices able to speak to any issue).

3. **During the development of the Commissioning for Social Impact Strategy, what communication methods will work best for you?**
   A combination of email and face to face input usually works best for ADACAS. We are also comfortable to be contacted by phone.

   In terms of people with lived experience: it will depend on the person as to their preferred methods. We note that active outreach may be needed in order to connect with people who are experiencing marginalisation/ not being adequately supported through the current combination of available services. ADACAS is willing to seek to help with alerting people to the option to become involved in coproduction.

4. **How best, and at what stage, do we engage service users in the development of the Commissioning for Social Impact Strategy?**
   In ADACAS' view - service users (and carers/families and service providers, and advocates) should be involved from the very beginning of considering the Commissioning for Social Impact Strategy and then the entire way through the development of the strategy and its implementation.

   We would also then recommend that there be added co-production processes occurring in relation to different types of commissioning/services/sectors (both development of approaches, and considering implementation and monitoring/evaluation).

5. **What does co-production look like for you?**
   For us – co-production is the most active approach of those available on the ladder of participation/ spectrum of co-design.[2]

   Co-production is about people with lived experience of support from services, and also service providers, carers/families, advocates, other stakeholders if appropriate and ACT government coming together, and working together, equally, transparently and with a shared decision-making, to find suitable outcomes. It is about power being shared.

[2] NEF (2013), *Co-production in Mental Health: A literature review (Commissioned by Mind),* accessed via: https://b.3cdn.net/nefoundation/ca0975b7cd88125c3e_ywm6bp3l1.pdf in November 2019.

For us, true co-production means:

- Involving the people who are impacted (and carers/families, service providers, advocates etc) at the beginning and be guided by and with them rather than an approach which seeks feedback on a system/solution that has already been designed, and where approval only is being sought.
- Having voices represented (multiple from different and intersecting communities- e.g. not just one person with disability, one woman, one indigenous Australian etc.)
- Paying people with lived experience for their time and expertise and involvement in co-production processes (transport costs should also be covered).
- Providing (and/or paying for) all support that is needed for people to fully participate (including (if required), decision-making support, interpreting support, transport assistance)
- As part of a co-production process, that the process is asking questions that invite people to dream for a better future and not think within the constraints of how things usually function: actively engage with people's ideas (do not dismiss things out of hand if they might seem impossible in the current context – are there aspects that could still be implemented?)

In terms of finding people with lived experience to become involved in co-production, we note the importance of:

- Outreach to those who may not usually actively participate due to structural or societal barriers. As a society, we are aware of the individuals and groups that are disenfranchised: it is imperative to find suitable and sensitive ways to reach out to people in these situations and to find ways to support their meaningful participation. It is also important to provide feedback to individuals and communities who are engaged as to what was gained as a result of their participation in co-production (or co-contributory) process.

In addition to co-production, as some of the people most strongly affected by service design/gaps may be unable (even with time, support and flexibility), for reasons beyond their control (impact of health, disability and/or circumstances) to participate in co-production processes, ADACAS recommends that there also be different ways and opportunities for more people to respond and meaningfully contribute in addition to co-production efforts (e.g. via consultations, surveys, in person, over phone etc).

6. **What are your expectations for co-production in developing the Commissioning for Social Impact Strategy, and in the implementation and delivery of the Commissioning for Social Impact Strategy?**
   As mentioned earlier - we would envisage that co-production should occur in all arenas - with the development of the strategy, in the implementation and also in the delivery.

   We suggest that early in the piece, there should be information provided to the coproduction teams about the context, and history and where things are currently at (i.e. topics that might relate commissioning include: the Social Compact, the ACT Community Services Industry Strategy 2016-2026, and past Commissioning Strategies etc), such that everyone in the coproduction team are aware of work that has occurred and the challenges, and can focus efforts on adding value and if they choose to reinvent, to reinvent only when they need to.

   All co-production processes/teams should be requested to foreground questions of intersectionality in terms of both lived experience and community responses. We encourage a whole-of-government commitment to coproduction approaches.

   We would encourage the ACT Government to be conscious that true co-production may take longer than the forecasted nine month time frame. Whilst we strongly recommend still proceeding with coproduction activities regardless, we mention this primarily so that there be some flexibility built into the structure of what is expected (even if there be an expectation of updates/progress by the 9 months).

7. **Are there any other perceived, or actual barriers that would inhibit you from engaging on the development of the Commissioning for Social Impact Strategy?**
   In terms of barriers for ADACAS staff on participating: we envisage that these could include:
   - Timeframes (if insufficient notice provided for meetings/interactions)
   - Workload pressures (although given the possibility for wide-scale (positive) impact of co-production processes, we would seek to ensure that other workload pressures did not affect our participation

   In terms of barriers for ADACAS client groups in participating in co-production (ADACAS clients include: people with disability and/or older people and/or people who experience mental ill health and/or carers), we thought it might be helpful to highlight some information from the NSW Government Guide to Build Co-design capability[3] (which we have excerpted below). Whilst appreciating that the focus of the publication is different (co-design for healthcare instead of co-production in commissioning), we find the framework

[3] NSW Government Agency for Clinical Innovation (2019), *A Guide to Build Co-design Capability,* accessible online via: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf, accessed November 2019.

a useful starting point (note that the guide has expansions on each of the points):

Barriers that people with lived experience of a health condition might face (in participating in co-design)

- "Inflexible processes and unwillingness of others to be flexible [. . .]
- Not feeling safe [. . .]
- Facing stigma [. . .]
- Feeling isolated if you are the only consumer or carer representative [. . .]
- Being heard by the team [. . .]"[4]

ADACAS staff would add to these potential barriers:

- Timeframes: if the timeframes are driven around external pressures rather than the amount of time needed for individuals to participate.
- Financial impacts of participating (if travel costs, interpreting costs, support worker costs and payment for time/expertise are not covered)
- Insufficient (or inadequate kinds of) support available (for example, if support to participate or individual advocacy, or supported decision-making approaches are required). We note the need for any such support to be tailored to (and chosen by) the individual concerned.
- Approach to power and decision-making by ACT Government/expert staff (if this does not occur in a shared and inclusive way)
- Trauma-informed: to ensure inclusive processes, it is important that co-production processes occurs in a trauma-informed and trauma-responsive way.

We note that the abovementioned guide[5] also has information on the barriers that executives, service managers, staff and co-design leads might face, which we would highlight also for your information.

8. **Should we develop an Aboriginal and Torres Strait Islander Commissioning Framework, or a separately defined commissioning process to support Self Determination? If yes, do you have any recommendations for this?**

ADACAS strongly supports the principle of self-determination for Aboriginal and Torres Strait Islander Communities and firmly believe in the value of direct dialogue with these communities. As such – we defer to (and support) also responses of Aboriginal and Torres Strait Islander leaders and communities on this question.

[4] NSW Government Agency for Clinical Innovation (2019), *A Guide to Build Co-design Capability,* accessible online via: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf, accessed November 2019.

[5] NSW Government Agency for Clinical Innovation (2019), *A Guide to Build Co-design Capability,* accessible online via: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf, accessed November 2019.

9. Are there any other Commissioning Priorities (refer to pages 13) that need to be considered for inclusion in a Commissioning for Social Impact Strategy?

We would suggest that there should be additional priorities around:

A. Responsiveness to the needs of individuals who are most affected. That the needs of people who could be vulnerable are specifically considered and addressed, in a way that expects and plans for intersectionality, and the compounding impacts that can occur when people are experiencing prejudice or multiple biases against them.

These groups should include (but not be limited to (list in no particular order)):

- Aboriginal and Torres Strait Islander people
- People with disability and/or mental ill health
- People with acute and/or chronic health issues (including chronic pain issues and health conditions that are sometimes stigmatised such as substance use issues, or sexually transmitted infections etc.)
- People from culturally and linguistically diverse (CALD) communities
- LGBTQIA+ communities (people who identify with one or more of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, plus)
- People who have experienced trauma including those for whom such trauma has been an intergenerational experience
- People experiencing poverty, marginalisation or entrenched disadvantage
- People who have or are experiencing family violence or other types of violence/ abuse
- Detainees in prisons, and/or those who have experienced imprisonment.
- Care leavers, and forgotten Australians and children and families in situations where child protection staff are involved.
- Older people
- Carers
- Children
- People who are homeless
- Veterans
- Women

We acknowledge that many people will have intersectional experiences of more than one/many of the above life experiences.

B. Monitoring and Evaluation. We would encourage this process to consider ways in which community organisations could be financially and otherwise supported in developing better/simple mechanisms for outcome-focussed feedback. Outcomes from funded activities are reported and used to monitor and evaluate the success of

policies/strategies (a cyclical, grounded research type approach, where learnings are fed back into further improvements).

10. **Do you have comments on the Commissioning for Social Impact Operational Framework on page 14?**
    We recommend as per question 9, that the operational framework includes other vulnerable individuals and groups (in addition to Aboriginal and Torres Strait Islander individuals).

11. **What can you contribute to the development of a Commissioning for Social Impact Strategy?**
    As an advocacy service that works with people who are often marginalised, vulnerable, experiencing discrimination and barriers to inclusion and/or entrenched disadvantage (including those who due to circumstances might be unlikely to be able to participate in coproduction at this time), ADACAS staff can offer a unique perspectives and insights/understandings of the breadth and depth of different experiences of the people with whom we work. (ADACAS staff have especial expertise in working with people experiencing one or more of disability, mental ill health, a caring role, and/or older age. ADACAS staff also frequently work with people with intersectional experiences across a variety of the life experiences/identities described in question 9 above).

    ADACAS staff could also offer insights into what is working/ not working, ideas for improvements, and critical appraisal/analysis/critique.

    ADACAS staff also have expertise in rights, advocacy, and supported decision-making and by nature of the role of advocacy, strong interpersonal and communication skills, and experience in finding creative ways to encourage inclusion/ problem-solve, and to resolve issues

12. **What areas of best practice or innovation do you believe we should consider in the development of a Commissioning for Social Impact Strategy?**
    Opportunities for best practice/innovation:
    - Co-production (delivering true co-production in an inclusive and way)
    - Ensuring a diverse yet representative group of people with various types of lived experience are involved, including people in the most complex of circumstances (with tailored support as needed).
    - Provision of support to participate (including: that people with lived experience participating in co-production processes are paid for their time and effort, and that transport costs are covered, and also then other supports to participate as required, whether these be: via one or combinations of supported decision-making approaches, interpreters/translators, provision of individual advocacy support, ensuring that all needed reasonable adjustments are made etc.)

- Incorporation of Restorative practice approaches as needed (see the ACT Government publication: Canberra as a restorative city: Our Vision[6])
- Approaches that are flexible, but also seek to minimise red tape.

13. What do you think may be the greatest challenges that Commissioning for Social Impact may face and are there any recommendations you would make on how these challenges may be addressed?

One of the key challenges will be ensuring that the right mix of participants in co-production processes and that there is adequate support for all co-production group members to ensure that true co-production can occur.

Other challenges are likely to include: resourcing, timeframes, challenges to usual approaches to decision-making, ensuring that the process is driven by all co-production participants (especially those with lived experience), that

We reference the various challenges outlined (and solutions proposed) in the aforementioned NSW Government: *Guide to Build Co-design Capability*[7].

We also note suggest reference to the broader literature, including publications such as:

- NEF (2013) Co-production in mental health: A literature review (Commissioned by Mind)[8]
- WACOSS Co-Design Toolkit[9] etc.

14. Is there anything else you would like to comment on?

We would welcome opportunities to make further comment/ be further involved with these processes.

15. Do you have any questions about commissioning? If yes, what are your questions?

We would ask:

- What outreach approaches will the ACT Government seek to take to ensure that you find the right participants for co-production processes?
- What additional options will be available for people with lived experience who might want to contribute but are unable to participate in co-production?

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[6] ACT Government (2019), *Canberra as a Restorative City: Our Vision*, accessible online via: http://www.justice.act.gov.au/news/view/1789/title/canberra-as-a-restorative-city, accessed November 2019.

[7] NSW Government Agency for Clinical Innovation (2019), *A Guide to Build Co-design Capability,* accessible online via: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf, accessed November 2019.

[8] NEF (2013), *Co-production in Mental Health: A literature review (Commissioned by Mind),* accessed via: https://b.3cdn.net/nefoundation/ca0975b7cd88125c3e_ywm6bp3l1.pdf in November 2019.

[9] WACOSS (2017), *Co-Design Toolkit, accessed via:* https://wacoss.org.au/wp-content/uploads/2017/07/co-design-toolkit-combined-2-1.pdf in November 2019

4. Conclusion

The approach “Nothing about us, without us” has resonated broadly across rights movements over decades for strong reasons: it is imperative that people have a right to be heard and participate in relation to the design of systems/structures etc that impact, affect or are about them.

Given this - ADACAS welcome the ACT Government decision to take a co-production approach to commissioning. We look forward to supporting and being involved with the processes as more information comes forward. ADACAS staff would welcome opportunities to be involved in coproduction processes, and welcome further comment on any of our feedback provided to date.