

NACCHO ADLO Program Evaluation

November 2024



NACCHO

Disability

**Our health
in our hands**



Acknowledgement of Country

NACCHO acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands where we live, where we work, and across Australia. NACCHO recognises and pays respect to Elders past, present and emerging across Australia and thanks them for their continuing care and custodianship of land, sea, culture and community.

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Notes on language used in the report

We use the term Aboriginal Disability Liaison Officer (ADLO) but respect that some people refer to themselves as Connectors, while others prefer Aboriginal and Torres Strait Islander Disability Liaison Officer to include Torres Strait Islander peoples.

We refer to people who access ADLO support as clients but appreciate services may use different terminology, such as participants.

NACCHO provides funding to ACCHOs and AMSs to employ ADLOs; we use the term ACCHO as the inclusive term, consistent with NACCHO practice.

Some services only have access to Local Area Coordinators, not Partners in the Community. We use both terms interchangeably, depending on the service offerings to which we are referred.

Glossary of acronyms

ACCH	Aboriginal Community-Controlled Health (sector)
ACCHO	Aboriginal Community Controlled Health Organisation
ADLO	Aboriginal Disability Liaison Officer
AMS	Aboriginal Medical Service
CoP	Community of Practice
LAC	Local Area Coordinator
M&E	Monitoring and evaluation
MMM	Modified Monash Model, which is a system for identifying the distance of a location from metropolitan capital cities.
NACCHO	National Aboriginal Community Controlled Health Organisation
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
PACE	PACE is the National Disability Insurance Agency's new customer relationship management (CRM) system
PITC	Partners in the Community
SEWB	Social and emotional wellbeing



Left to right -
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Executive summary

In December 2021, the National Disability Insurance Agency (NDIA) funded NACCHO to deliver the Aboriginal Disability Liaison Officer (ADLO) program in selected Aboriginal community-controlled health sector services (ACCHOs). The program sought to address several challenges that NACCHO had identified.

First, service demand as Aboriginal and Torres Strait Islander peoples are not accessing the NDIS relative to need. Second, service supply as there are insufficient numbers of culturally safe service providers. Third, there are insufficient service providers that enable choice and responsiveness to individual needs across all geographic locations, otherwise known as ‘thin markets’.

In combination, this means that less Aboriginal and Torres Strait Islander people with disability gain NDIS support than is warranted and when they do, they face culturally thin markets, regardless of their geographical location.

The ADLO program

Funding for the ADLO program was initially committed for one year, then extended a further two years to December 2024. Over this period 40 ACCHOs have been funded across urban and regional locations, all focused on highlighting and reducing barriers to accessing the NDIS for Aboriginal and Torres Strait Islander people with disability through culturally safe navigation support and increasing access to as well as advocating for culturally safe disability services in their local areas. In coordinating the program, NACCHO focused on increasing and strengthening the Aboriginal and Torres Strait Islander disability workforce and advocating for national system reform in NDIA.

NACCHO committed funding to evaluate the ADLO program in 2024 to inform the future of the program. The evaluation achieved broad coverage, reaching 36 ADLOs and 13 ADLO Managers from 35 of the 40 funded ACCHOs, as well as 19 ADLO clients and both NDIA and NACCHO representatives. Evaluation activities ranged from yarning circles, interviews and surveys to a workshop at the NACCHO-funded National ADLO Gathering, document review and analysis and an audit of ADLO Community of Practice meetings.

Summary of key outcomes

The evaluation explored four main areas of the ADLO program, with the following outcomes.

ADLO role: access, local advocacy and navigation

All available evidence indicates that ADLOs provide high quality support to Aboriginal and Torres Strait Islander people with disability who are either seeking to or already access the NDIS. Key features of this support are that it is flexible, holistic and clients feel culturally safe. ADLOs build rapport by developing relationships based on trust and transparency. While ADLOs advocate for clients, their ultimate aim is for clients to feel empowered, confident and able to advocate for their own needs.

However, clients shared that starting a NDIS journey can be arduous, costly, complex and time-consuming and that ADLO support is fundamental to them starting or continuing the application process. ADLOs play a vital role in breaking down stigma associated with disability, gathering required evidence, educating medical and allied professionals on how to write reports with language that is meaningful for the NDIS, being aware of and building relationships with local disability services and helping clients to navigate their engagement with these services, including managing the barriers they experience. ADLOs reported they have developed solid knowledge and skills in all of these areas that they utilise for the benefit of clients.

In terms of barriers, ADLOs reported that clients often do not feel culturally safe with local disability services, which aligned with their own assessment and experience of these services. At times, they do not feel culturally safe or respected by these services as professionals of equal standing. Despite this, they communicate regularly with these services, especially Partners in the Community or PITC, seeking optimal outcomes for clients.

ADLOs and ACCHOs reported there is a high need for ADLO support in their communities and staffing levels could not meet the existing workload, let alone the unmet community need. This was one of several challenging aspects of their role. Other related challenges of high concern included: the mismatch between remuneration compared to the scope and required level of knowledge and expertise for the role, not having any career progression opportunities,

waiting times and timely access to information from the NDIS, not having dedicated contacts in the NDIS to whom they could escalate concerns or urgencies for clients, the inability to offer support coordination within the role despite this being a clear need for many clients, and the program's short-term and insecure funding.

Impact of ADLO support

ADLO clients and their families who were interviewed provided consistent accounts of the value of the program to them. All spoke positively about their interactions with ADLOs, regardless of whether they had been accepted into the NDIS, and stated they would recommend the ADLO program to others. In fact, clients described the ADLO program as lifesaving – often in the face of high stress or struggling with mental health concerns and self-harm. It offers a positive and supportive connection and helps to increase understanding of disability, ease the burden clients face of living with a disability or managing the disability of a child or family member, and managing their access to or relationship with the NDIS.

Workforce capability strengthening

ADLOs had access to both NDIS-run training options and a NACCHO-coordinated and facilitated Community of Practice. While the available NDIS-run training, both the essential and optional more advanced sessions, were well received as an orientation to the NDIS, they were not considered sufficient for meeting the knowledge and skillset that ADLOs need to develop and employ in their roles. Nor were options available that would support career progression, which they believed was needed within the program.

Areas in which ADLOs and ACCHOS wanted further workforce development included support coordination, and providing non-disability specific training in areas such as advocacy, networking and self-care for a healthy workforce, i.e. social-emotional wellbeing as they were regularly working with clients facing complex and challenging life circumstances.

The NACCHO-coordinated and facilitated CoP was experienced by ADLOs as an effective mechanism for peer support and learning. It facilitated a sense of belonging and community, reduced isolation, and provided a source of advice and direction when managing challenges with the role. However, they identified several ways in which it could be enhanced to gain greater value from it and to reflect the different support needs and skillsets of experienced ADLOs. This would support their development and the growth of less experienced ADLOs as they commence their roles. Better utilising and recognising the knowledge and skills of experienced ADLOs could generate resources for the program, NACCHO and the NDIA on culturally safe good practice working with Aboriginal and Torres Strait Islander people with disability, which would set a benchmark for mainstream disability services.

NACCHO program coordination, leadership and national advocacy

In relative terms, disability services are a newer area of focus for NACCHO and the ACCH sector, although they fit well with their holistic approach to health and comprehensive primary health care model. ACCHOs expressed confidence that NACCHO was emerging as a leader in designing, co-ordinating and delivering culturally safe service models for Aboriginal and Torres Strait Islander people with disabilities. Equally, NACCHO believed it had grown substantially in this area, but could develop further with a better funded program that included more capacity for a central policy and advocacy function, as well as program coordination and support for the ACCHOs funded through the program.

NDIA acknowledged the important role that the ACCH sector plays and expressed a strong interest in working in partnership with NACCHO on both the ADLO program and approaches to supporting Aboriginal and Torres Strait Islander participants in the NDIS. For NACCHO, this will require flexibility from the NDIA in adapting its preferred funding model to an approach that they believe works better in the ACCH sector and reduces administrative burden on individual ACCHOs.

Status and future of the ADLO program

The ADLO program has demonstrated that it provides high quality and culturally safe services that makes a meaningful difference in the lives of Aboriginal and Torres Strait Islander people with disability, their families and communities. However, under the current funding level and model, it does this at a cost that is unsustainable for individual ADLOs, the ACCHOs in which they work and NACCHO, despite their dedication to meeting clients where they are at in a holistic and flexible manner.

Currently, the ADLO program has an interim extension of funding from the NDIA. A strong partnership moving forward will be essential for renegotiating

the quantum of and model for ADLO funding, and its agreed functions (such as support coordination) so it is better positioned to address community need through the ACCH sector. If embraced and enabled to operate at its full potential, it can be a vital part of the NDIA addressing equity in how it supports Aboriginal and Torres Strait Islander people with disability, as it is a much needed bridge into and through the NDIS for potential and current clients in the locations in which it operates. This can be enhanced through expanding the program funding, including the number of locations in which it operates, what it is funded to do, specifically what the full range of functions of the ADLO role can be, and the role of NACCHO in providing comprehensive support and policy advocacy.

Recommendations

Twelve recommendations have emerged from the evaluation. The first seven focus on future program design, responsibility and funding, and the last five on program implementation.

Future program design, responsibility and funding

Recommendation 1

NDIS responsibility to lead and implement change

Advocate to the NDIA for consistent involvement of NACCHO and ADLO program-funded ACCHOs in the development and implementation of the NDIS First Nations Strategy and Implementation Plan, so they are better equipped to meet the unique needs of Aboriginal and Torres Strait Islander people with disability in an effective and culturally safe manner.

Recommendation 2

Program goal

Reset the goal of any future iteration of the ADLO program to reflect what is within NACCHO's power and authority to achieve.

Recommendation 3

Funding continuation and expansion

Expand funding and capacity of the ADLO program within both current and additional locations.

Recommendation 4

Funding model

Explore and resolve the difference between the NACCHO preferred and NDIA preferred funding model to reflect good practice in funding First Nations programs in the ACCH sector.

Recommendation 5**Cost-benefit analysis**

Consider options for resourcing and undertaking a cost-benefit analysis of block funding and compare with the NDIA-preferred model as a matter of urgency to underpin funding model discussions, using a methodology informed by Indigenous ways of knowing, being and doing.

Recommendation 6**ADLO functions and career progression**

Redesign the functions, and potentially the naming, of the ADLO role to create better remuneration, and a career progression pathway for ADLOs with the opportunity to extend into support coordination and reflect this within the funding model.

Recommendation 7**Responsibility for workforce development**

Renegotiate responsibility with matched funding to resource expanded workforce development for ADLOs within the funding model.

Program implementation

Recommendation 8**Program promotion**

Revisit responsibilities for and approaches to program promotion at the national and local level.

Recommendation 9**Expand workforce development**

Expand and refine workforce development to better equip ADLOs for the role and facilitate career progression options.

Recommendation 10**Access to PACE**

Negotiate with NDIA for ADLOs to have secure access to the PACE CRM.

Recommendation 11**Strengthen the CoP**

Strengthen the structure and operation of the CoP and how it addresses the different support needs and skillsets of experienced ADLOs.

Recommendation 12**Policy and advocacy**

Reconsider the funds NACCHO retains for the central program coordination team in the revised funding model and resource a fulltime policy and advocacy role.

1

Introduction to the ADLO program

1.1 / Context for the ADLO program

Aboriginal and Torres Strait Islander people have a high level of need for disability support yet are under-represented in accessing services, as identified in the *NACCHO ADLO program workplan (2023)*. NACCHO asserts this is a result of challenges in both the NDIA and NDIS service delivery, which exist for both:

- 1 Service demand:** Aboriginal and Torres Strait Islander peoples are not accessing the NDIS relative to need.
- 2 Service supply:** There are insufficient numbers of culturally safe service providers.

In addition, there are insufficient service providers that enable choice and responsiveness to individual needs across all geographic locations – also described as ‘thin markets’ – as recognised in recent national commissioned inquiries (Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability 2023; Community Affairs Legislation Committee 2024).

These two factors are captured in the formal advice provided by the Independent Advisory Council to the NDIS in their *Improving equity in the NDIS* report (2022), and also puts this in a social and historical context:

For Aboriginal and Torres Strait Islander people, the impact of colonisation, historical policies of ‘protection’ aimed at separation and segregation, the Stolen Generation and persistent high rates of incarceration, have led to mistrust of governmental institutions. Many parents have particular concern that seeking assistance for a child with additional needs may lead to the removal of the child. These factors contribute to a lack of timely engagement. (p. 25)

Government’s representation of Aboriginal and Torres Strait Islander people in NDIS documents tends to focus on thin markets in rural and remote Aboriginal and Torres Strait Islander communities. This focus obscures the identification of broader accessibility problems in NDIS policy and services for Aboriginal and Torres Strait Islander people with disability regardless of geographical location.

Government perception that Aboriginal and Torres Strait Islander people may not recognise their own needs and lack capacity to make “good” choices fails to account for the social and historical disempowerment and disillusionment of Aboriginal and Torres Strait Islander people, by the government and disability services and underpins Aboriginal and Torres Strait Islander non-involvement in services. (pp. 25–26)

NACCHO proposed the Aboriginal Disability Liaison Officer (ADLO) program as an initial response to the service demand and supply challenges. In addition to being designed to address these challenges, the program was also designed to align with the five objectives outlined in the NDIS Act (2013). Further, it was guided by all four Priority Reform areas of the 2020 National Agreement on Closing the Gap (Coalition of Peaks and Australian Government 2020) and other relevant national Aboriginal and Torres Strait Islander health strategies and documents critical to the wellbeing of people with disability (Department of Health 2021; Department of Health 2022; Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability 2023).

NDIA funded NACCHO to deliver the ADLO program in selected Aboriginal community-controlled health (ACCH) sector services in December 2021. It was an extension of the National Community Connector Program (NCCP) delivered in partnership with NDIS Partners in the Community (PITC), which was defunded on 30 June 2021. This was rebranded as the ADLO program with an initial one year of funding through to December 2022, then extended a further two years to December 2024.

1.2 / About the ADLO program

The agreed overall goal of the ADLO program is:

To improve how the NDIS connects with Aboriginal and Torres Strait Islander people with disabilities.

The program strives to achieve this by highlighting and reducing barriers to the NDIS through culturally safe navigation support, increasing access to as well as advocating for culturally safe disability services. This is achieved through the combined efforts of NACCHO and Aboriginal Community Controlled Health Organisation (ACCHO)-based ADLOs, where the overall approach reflects three core facets: access and navigation, workforce, and system reform. This is depicted in greater detail in the ADLO program logic (see Appendix A):



NACCHO funds 40 ACCHOs nationally to deliver the ADLO program in urban and regional Australia – see Figure 1. ADLO programs do not operate in remote or very remote areas, as work in these areas occurs through the NDIA funded Remote Community Connector Program. Each funded ACCHO has between 1 and 7 ADLO staff who may work in isolation or as part of a broader ADLO or Access Team.

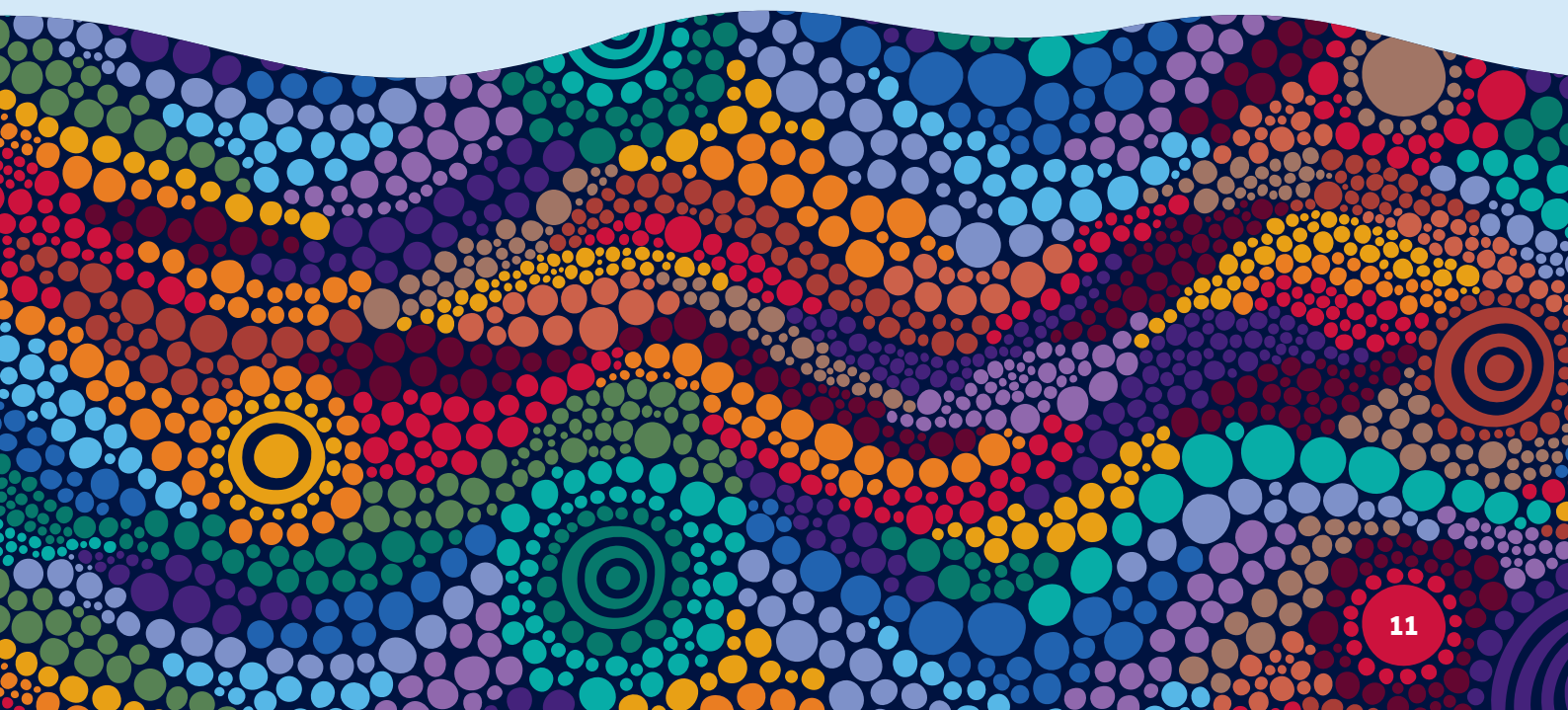
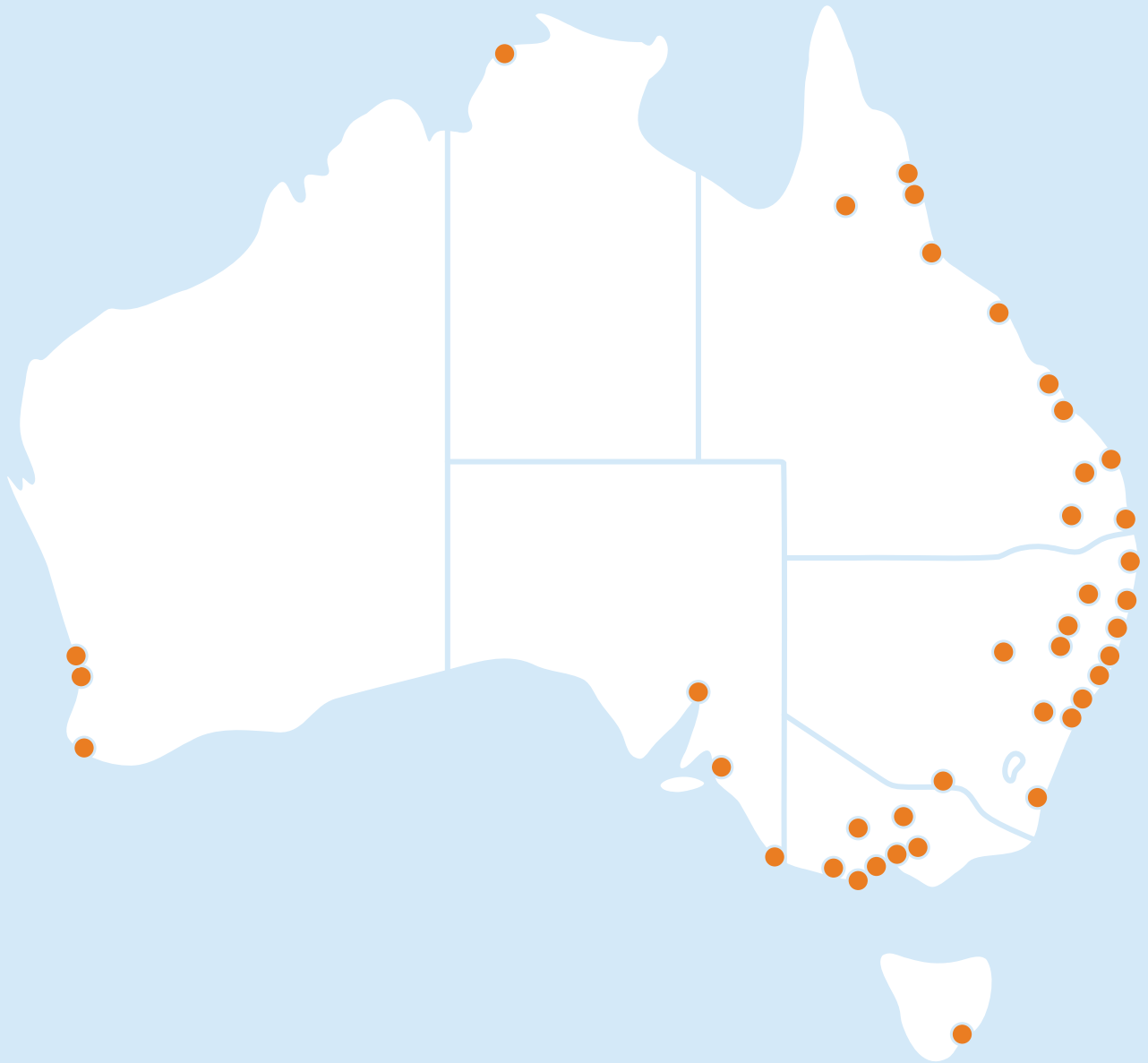
Access Teams have been created to provide integrated access support across programs that often interlink, such as NDIS service provision and Aged Care support services (i.e. through the NACCHO-funded Elder Care Support program). As people seeking support may be unaware of which service is most suitable to address their needs, Access Team staff are skilled across these programs and guide people in accessing the most appropriate service to best meet their needs.

The ADLO role is designed to support greater awareness and connection to the NDIS for Aboriginal and Torres Strait Islander people with disability. There are multiple components of the ADLO role - two main components are:

- 1 Support individuals and families to access the NDIS:** This happens through offering outreach services, identifying and breaking down access barriers, attending and setting up appointments with other professionals, gathering the evidence and supporting documentation to submit a NDIS application, linking to other support services, and supporting and advocating with PITC services, including organising appointments and supporting participant handover once they have access to the service.
- 2 Engagement activities:** This occurs through providing a range of promotional activities that build community awareness about NDIS and ADLO services and build advocacy and capability of individuals to understand their rights and exercise choice and control under the NDIS. ADLOs also work collaboratively with external agencies to increase their understanding of culturally safe disability services for Aboriginal and Torres Strait Islander people.

Figure 1

Location of ADLO programs across the ACCH sector



2 The ADLO evaluation

In early 2024, NACCHO commissioned an external evaluation with a priority focus on the second funding cycle (January 2023 to December 2024), whilst also drawing on learnings and knowledge captured during the initial year of the ADLO program.

2.1 / Evaluation design and process

The ADLO evaluation journey followed the main steps in Figure 2 and was grounded in a collaborative approach between the monitoring and evaluation (M&E) team and NACCHO ADLO program team.

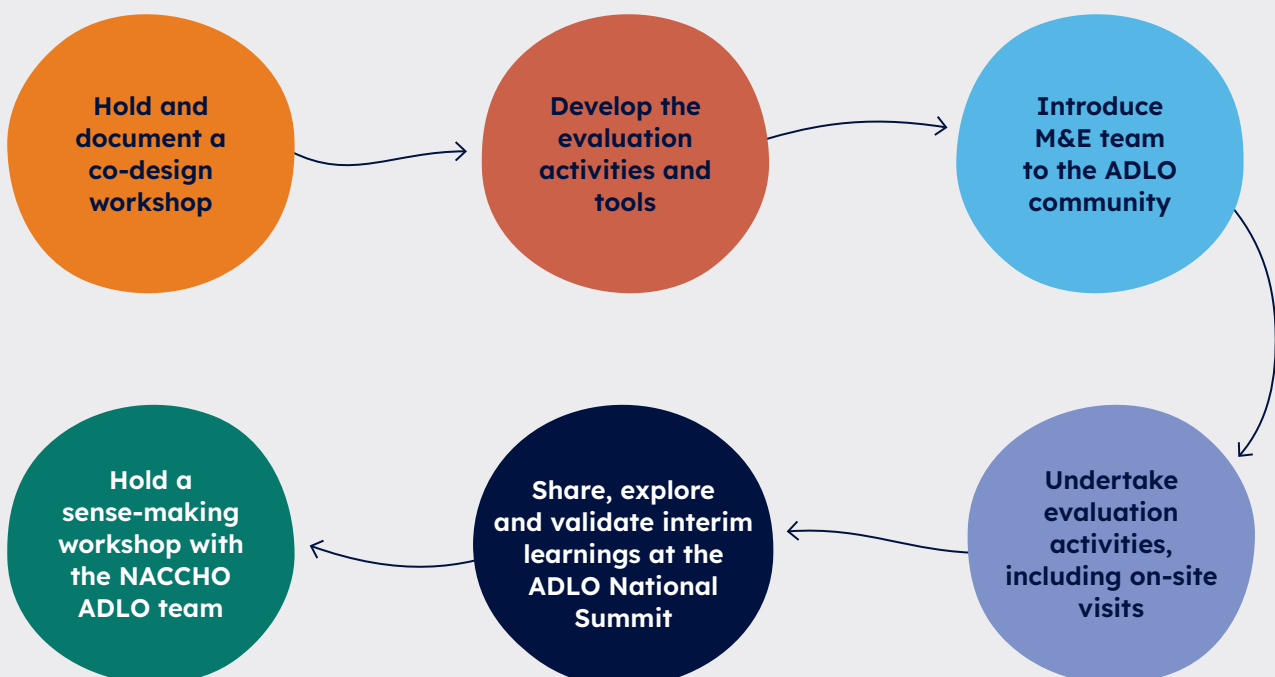
A co-design workshop was held with NACCHO ADLO program staff in late January 2024 to identify what would and could be explored in the evaluation, whose voices and experiences needed to be represented (i.e. relevant stakeholders), how this would occur,

and the division of internal and external activities. The stakeholders invited to participate in the evaluation included: ADLOs and their Managers from all 40 funded ACCHOs, ADLO clients, NDIA representatives, and the NACCHO ADLO program staff. Where possible, participant voices and experiences were gathered through more than one evaluation method to provide a richer story, as well as enable a detailed assessment of program processes and achievements to date. This was documented in an evaluation plan and tools were created to support the agreed evaluation activities.

Before any activities occurred, the M&E team were personally introduced to the ADLO community, ACCHO-based ADLO staff and their managers, through one of their online Community of Practice (CoP) meetings. ADLOs and ADLO Managers both received information on the evaluation, its purpose, planned activities and how they could be involved. The discussion with ADLO Managers covered how they could support ADLO involvement, while the discussion with ADLOs explored how they could also support client participation.

Figure 2

ADLO evaluation design and process



As part of a ‘member checking process’, the interim learnings from engagement with clients and the ADLO community were shared and explored through workshops at the ADLO National Gathering to check whether and how this reflected their collective experiences and identify their future priorities. Once all evaluation activities were complete, a sense-making workshop was held with the NACCHO ADLO team to jointly interrogate and interpret the findings before final analysis and reporting.

2.2 / Who was represented in the evaluation?

The range of evaluation activities that were conducted both virtually and in person are listed on the left side of Figure 3. They included focus groups (with an inbuilt survey) for all ADLOs, personal interviews for select ADLOs and ADLO Managers, in person interviews with ADLO clients and families, an online focus group with NACCHO ADLO staff, and interviews with NDIA representatives. The total number of evaluation participants for each stakeholder group for all activities combined is shown on the right side of Figure 3.

Note that when quotes are used in this report, ADLOs, ADLO Managers and ADLO clients who did personal interviews will be coded according to the interview number and their MMM group (MMM groups are explained in the next section): for example, (ADLO client #3, MMM2). Evaluation participants in yarning circles will be coded according to which of the five yarning circles they were in: for example (ADLO, Yarning circle #1).

ACCHO representation for jurisdictions and locations

Representation is presented in three ways. First, overall representation in key evaluation activities. Second, representation based on jurisdictions – the states and territories. Third, representation based on geographical location/remoteness using the 2019 Modified Monash Model (MMM). MMM1 refers to a metropolitan area through to MMM7 that refers to a very remote community.¹ ADLO services are only offered in MMM1-MMM5 locations as the separate NDIA-funded Remote Community Connectors provide services to MMM6 and MMM7 locations.

¹ See: <<https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm>>.

Figure 3

Activities, stakeholders and representation in the evaluation

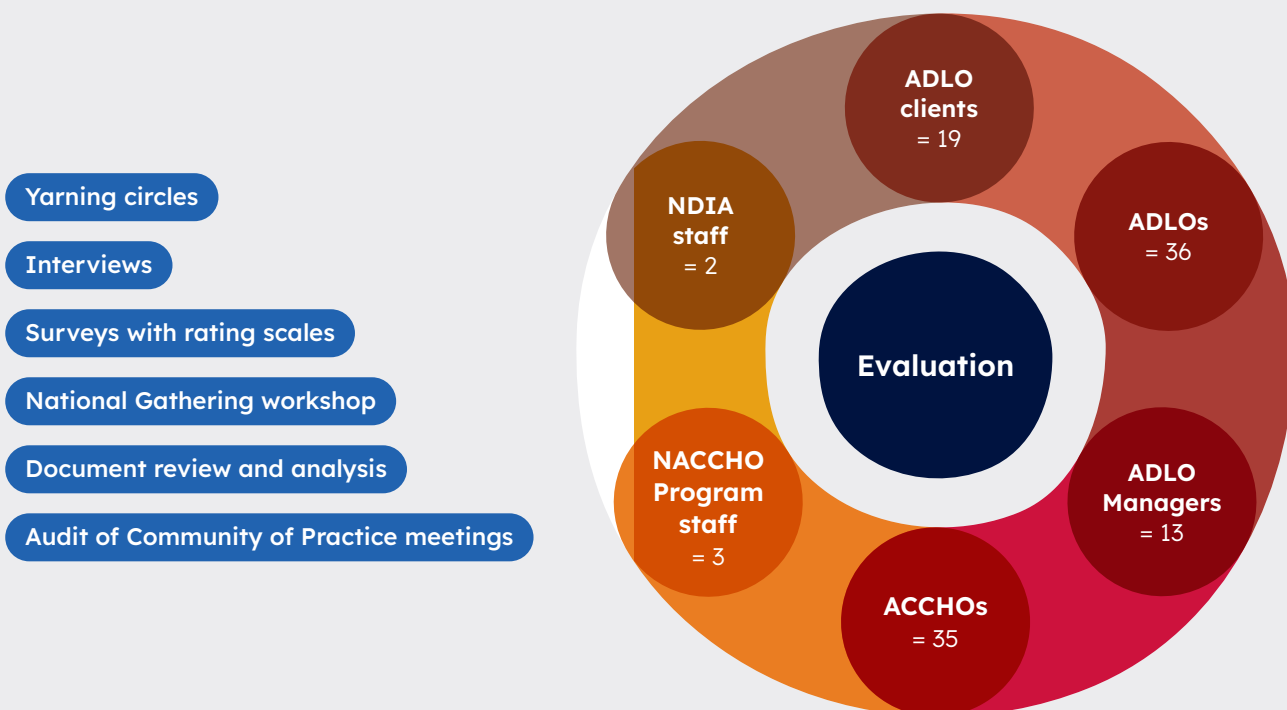


Figure 4 shows how the 40 funded ACCHOs are represented in each of their evaluation activities. When representation across these activities is combined, 36 ADLOs and 13 ADLO Managers from 35 ACCHOs participated in one or more evaluation activities.

Figure 5 shows the distribution of the 35 participating ACCHOs compared with the 40 funded ACCHOs in their representation across jurisdictions. This is followed by Figure 6 that does the same comparison for geographical location for the MMM groups funded under the ADLO program; as mentioned earlier, only MMM1 through to MMM5 ACCHOs were funded.

Figure 4

Representation of funded ACCHOS (n = 40) in all evaluation activities

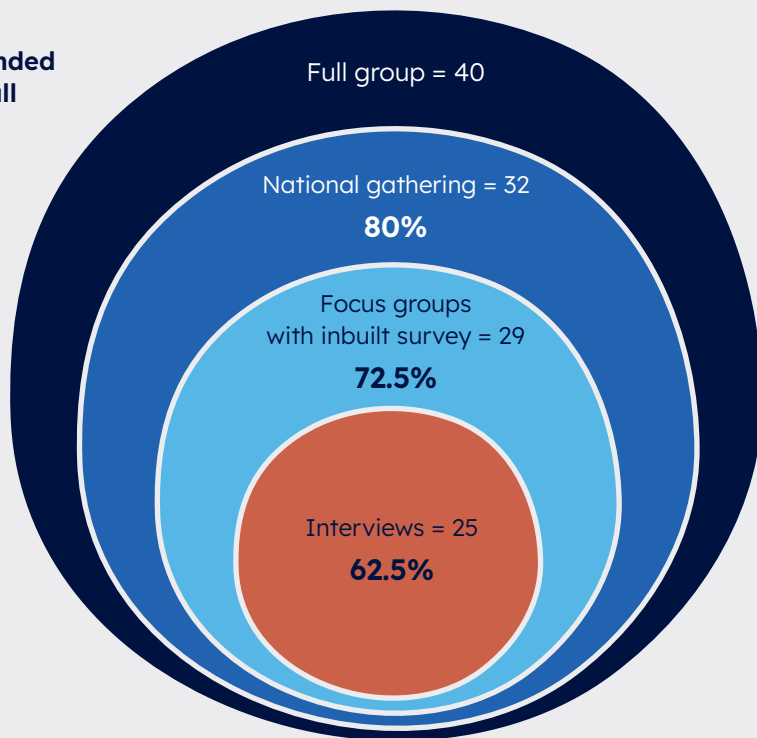


Figure 5

Representation of funded ACCHOS (n = 40) vs in evaluation (n = 35) by jurisdiction

■ Representation of all funded ACCHOS ■ Representation of ACCHOs in the evaluation

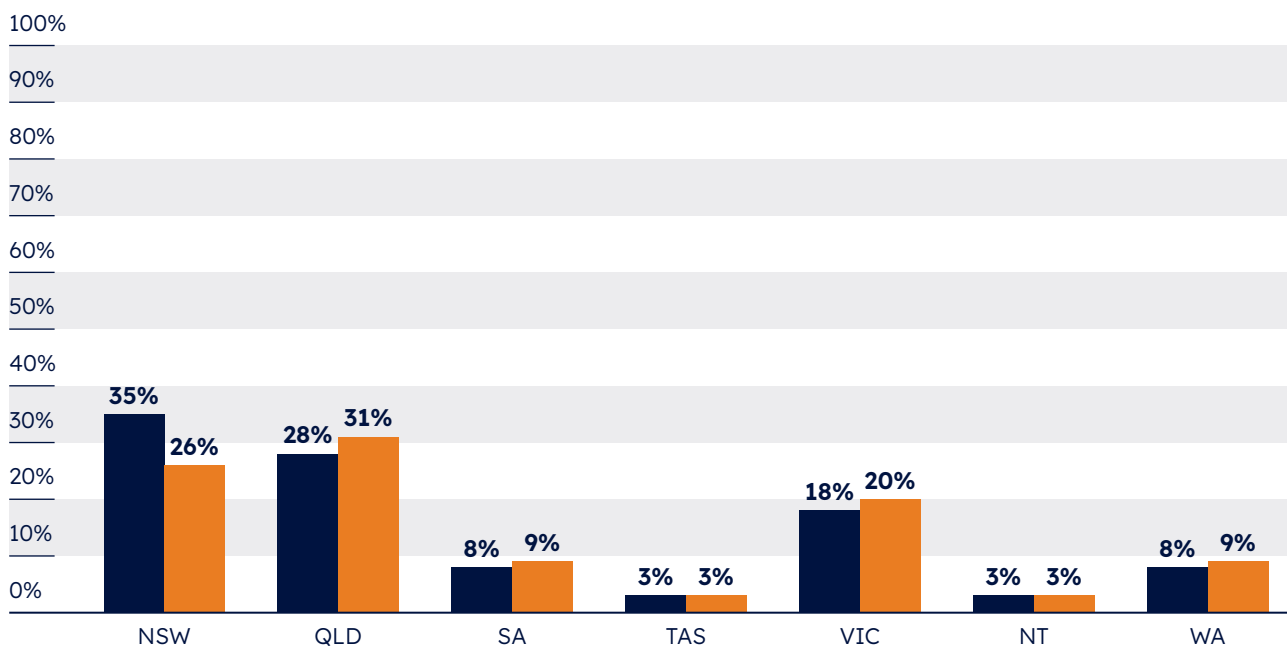
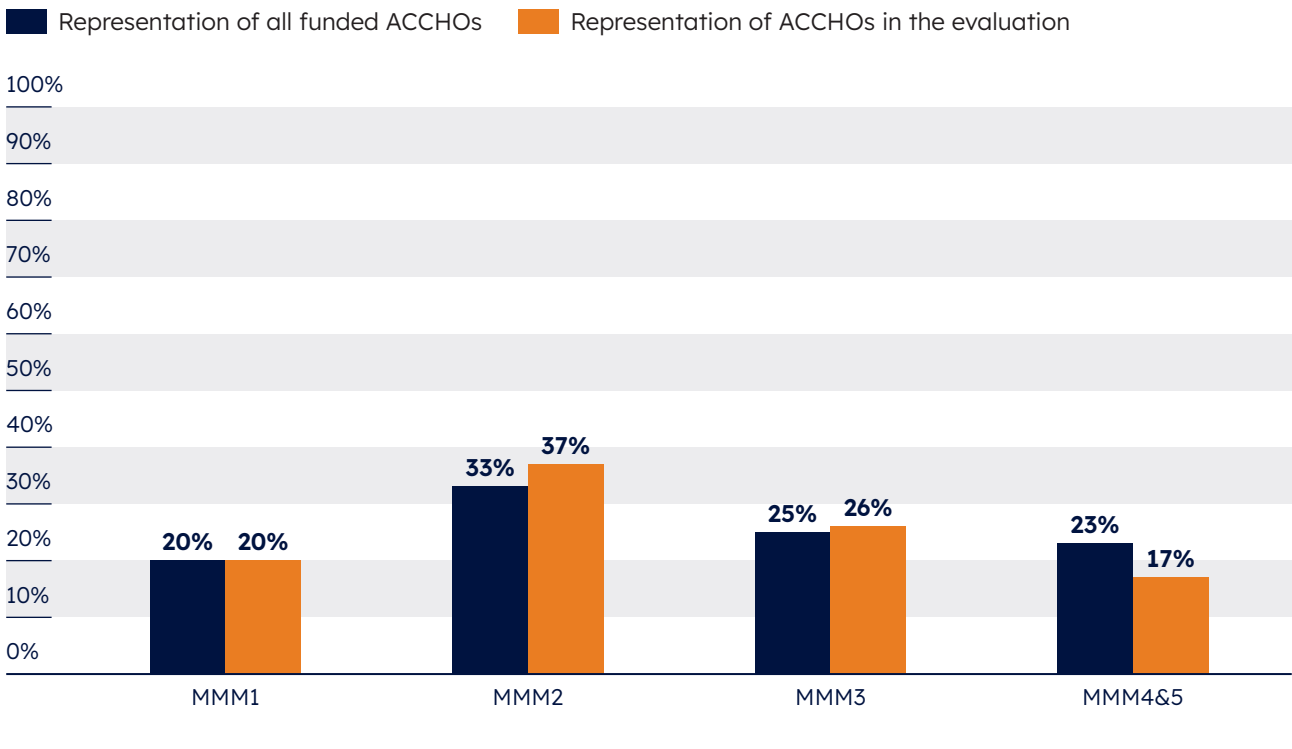


Figure 6

Representation of funded ACCHOS (n = 40) vs in evaluation (n = 35) by MMM group



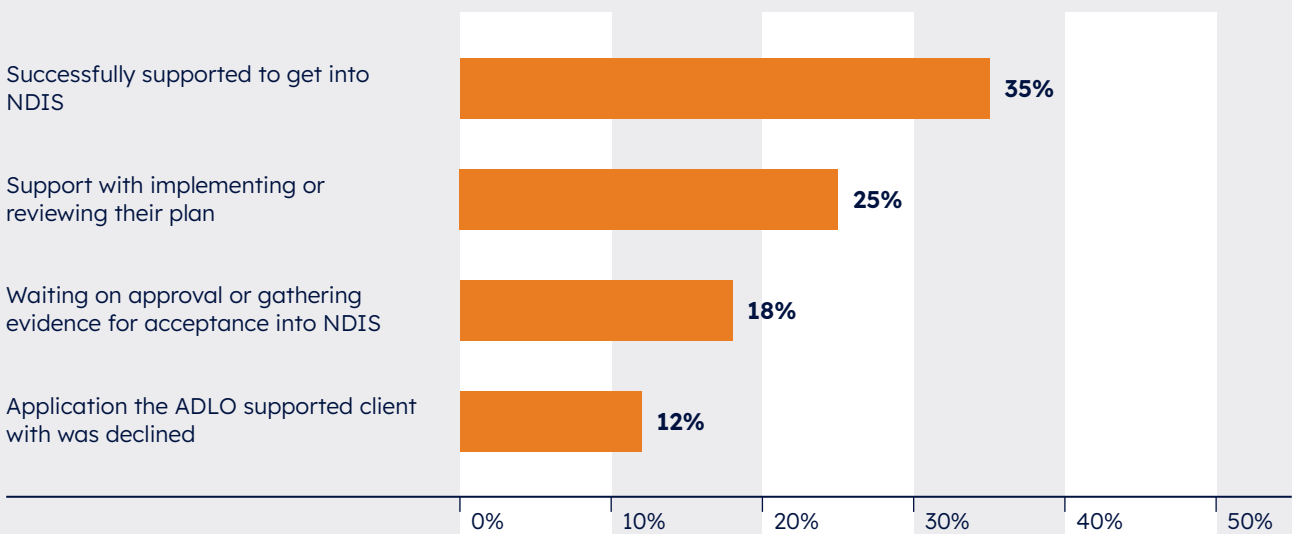
ADLO client representation

In total, 19 clients participated who were linked to ACCHOs across three jurisdictions (WA, VIC and QLD), all in MMM 1 or MMM2 (regional centre) locations.

At the time of the evaluation, ADLO support to engage with the NDIS had resulted in the four main outcomes illustrated in Figure 7.

Figure 7

Client outcomes from ADLO support to date (n = 19)



2.3 / Limitations

Client representation

Clients were invited to participate through their ADLO to enhance their comfort and cultural safety. As ADLOs invited clients personally, it is possible that participating clients may not provide an accurate reflection of the range of client experiences. However, ADLOs were conscious of representing a diverse range of experiences, so invited clients who had less favourable NDIS outcomes (e.g. NDIS applications declined, waiting to be notified about acceptance into NDIS or waiting for a review of their NDIS plan), as well as people who had past involvement with the program but had not recently engaged with the ADLO, so not just clients who were currently engaged.

Technical issues

A handful of ADLOs had technical challenges populating the survey questions that were integrated into the focus groups. Their commentary was recorded and included in the analysis, but their survey ratings could not be included.

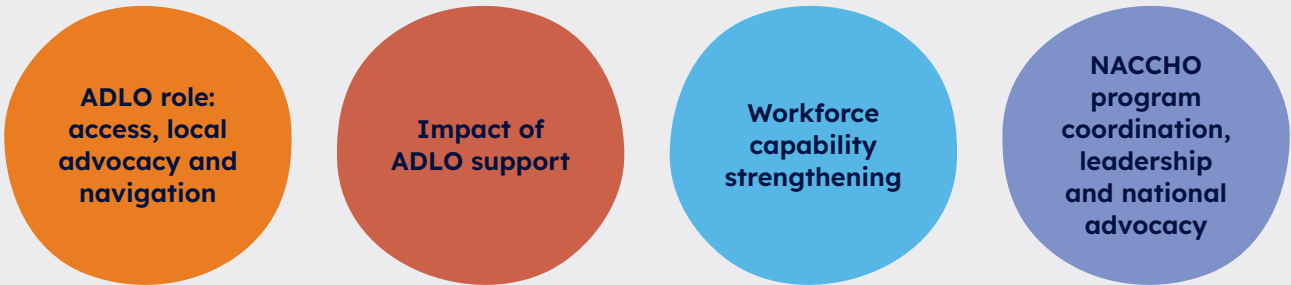
Scope of the evaluation

Due to both the resource limitations and timeframe of the ADLO program evaluation, combined with the nature of the goal being solely focused on the NDIS, it was not possible or appropriate to undertake outcome evaluation. This report represents a process and impact evaluation, i.e. effectiveness of program strategies and progress towards and/or achievement of program objectives. It did not extend to engaging with PITC or the local disability services providers with which ADLOs work.



3 Outcomes

To provide an interconnected understanding of the program evaluation outcomes, the five focus areas in the program logic (Appendix A) are clustered in the report as follows, along with an impact section:



3.1 / ADLO role: Access, local advocacy and navigation

The ADLO program is premised on the provision of culturally safe, localised support as necessary to increase access to the NDIS and disability services for Aboriginal and Torres Strait Islander people. ADLOs use a range of strategies to facilitate better access to the NDIS for clients, undertake local advocacy and support clients to navigate the NDIS. The evaluation explored how ADLOs support clients, what makes the ADLO program valuable, and its impact on clients and their families.

Key features of the ADLO program

The key features of ADLO support are illustrated by the five linked circles in Figure 8, which reflect the combined and consistent experiences and opinions of clients, ADLOs and their Managers. The specific experience of ADLO clients is shown in the three cloud shapes that quote percentages, demonstrating that almost every client interviewed felt supported, respected and culturally safe almost all the time.

Figure 8

Key features of ADLO support according to clients, ADLOs and Managers



Culturally safe

ADLO services sit within Aboriginal community controlled organisations, which contributes to a culturally safe environment. Both ADLO clients and ADLO Managers report that people are already comfortable and trust the service, making referrals and engagement easier compared to a mainstream service:

The majority of community are more trusting and more open to sharing and doing what they need to do to get onto the NDIS with a like-minded service.

▶ ADLO Manager #5, MMM3

I'm a 56-year-old Aboriginal person. I'm comfortable with Indigenous organisations. With my mental health issues, I can't deal with stress. Going through [name of the ACCHO] I just feel better.

▶ ADLO client #12, MMM2

I'm feeling my way through the dark. Lucky this is familiar [the ACCHO] or I'd give up. I'm still feeling my way through the dark but at least I know the way now.

▶ ADLO client #2, MMM2

Most referrals to the ADLO program come from other areas within ACCHOs, such as general practitioners and allied health professionals. As people have a relationship and already trust the ACCHO, linking into the ADLO is easier. Further, when the ADLO has trust and a relationship with the client, then it is easier to link them into other areas within the ACCHO to get needed supports:

I think the ADLO program has really helped to build connections and trust with community which then flows onto the other areas in the health service e.g. GPs. It helps build that relationship with community.

▶ ADLO Manager #5, MMM3

[The ACCHO] got Aboriginal staff, Noongar. I open up to and am more comfortable speaking to an Aboriginal person.

▶ ADLO client #3, MMM1

Cultural safety is the cornerstone for why the ADLO program is effective. ADLOs explained they are honest with clients from the outset about what may and may not be possible and that "accessing the NDIS is not guaranteed." All interviewed ADLO clients felt supported 100% of the time and 95% felt both respected and culturally safe all the time while connecting with the ADLO program.

Building rapport – creating relationships based on trust and transparency

Taking and allowing time to build rapport and develop trust and relationships is integral to the success of the ADLO program. Most ADLOs described how they do not talk about the NDIS until after the first one or two meetings, or longer if required. In contrast, they sat with the person and held a safe space to just be. Aboriginal and Torres Strait Islander people already face a lot of hurt, trauma, stigma and discrimination due to the impacts of colonisation through intergenerational trauma and ongoing racism. There can still be misconceptions in community around disability and the risk of blame, shame and intervention from child protection:

There is a long history of DCP (child protection) in families, so it is important to create a safe space for yarning.... Disability is not spoken about because it was a shameful thing. There is so much stigma in having a disability.

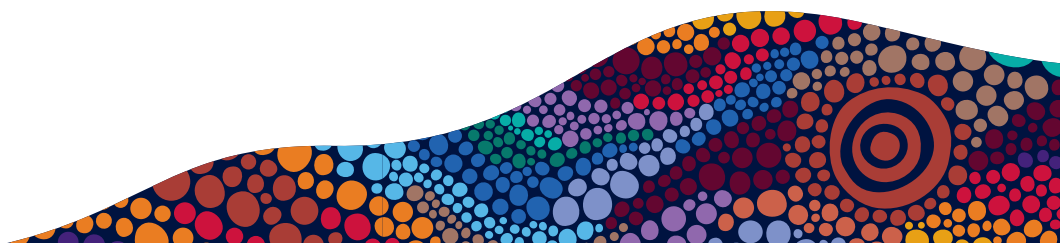
▶ ADLO #61, MMM3

When I talk to the ADLO, I can speak and not be so restrictive. I can say stuff to her about anything and not feel judged. I feel comfortable.

▶ ADLO client #10, MMM1

[I] felt I could talk like a human. When [I] answered the phone and she says its ADLO, I can just let go.

▶ ADLO client #5, MMM1



The ADLO program is designed to provide a genuine person-centred approach that focuses on each individual's needs, working at their pace, and allowing the time and space required to build trust, rapport and relationships. This is essential for getting good outcomes:

You just don't go in and bang – there's the process, we're done with you, next! It's a real long-term connection with people in community.

▶ ADLO Manager #5, MMM3

The ADLO team and everyone here is so good. It is a rare thing that people are trying to do the right thing for people and really helping. They are interested in each individual person.

▶ ADLO client #6, MMM1

Flexibility

Clients, ADLOs and ADLO Managers believed the ADLO model works effectively because it can operate and respond flexibly depending on client needs and wants:

We always go to where I was comfortable and where I wanted to meet. At the start it was at the park and then I let them come into the house.

▶ ADLO client #5, MMM1

ADLOs spoke about the benefits of operating with this flexibility by not only being able to meet the client where they are at, but also being able to engage with clients as and when they can. For example, when a child was anxious to go into the ACCHO, the ADLO organised for *“the GP to meet them and do the assessment at the playground”* (ADLO #53, MMM1).

Another example was *“catching clients as they are walking past”* the service, as they do not have mobile phones, are transient and therefore can be hard to reach. Establishing rapport, relationships and trust enables this to happen respectfully. Such flexibility allows for a truly person-led and responsive model that is *“not driven by KPIs or dollars in dollars out”* but by the person and family's needs. Through this approach, ADLOs emphasised that the power sits with clients.

Advocacy and empowerment

Speaking up within mainstream services, such as PITC connector meetings, is not comfortable for many clients. This discomfort and distrust are also linked to the ongoing negative impacts of colonisation. Meeting eligibility for the NDIS requires presenting your worst self to government, which has always carried risks and consequences for Aboriginal and Torres Strait Islander people due to the toxic presence of racism.

With client's permission, ADLOs can speak or prompt people in NDIS related meetings so they do not miss out on vital supports. ADLOs endeavour to empower people in two main ways. First, to understand the process and learn that presenting your worst self is a requirement in such meetings. Second, by guiding them in taking control and exercising their power as an essential strategy for getting the best outcomes in their NDIS plan, given the premise of the NDIS is consumer-directed care.

Building the knowledge, skills and confidence of clients and their families to control and advocate for their needs enriches not only their lives, but also the community's. One client described how the:

[ADLO] has taken the weight off my shoulders. I'm not as stressed as I used to be. Getting the NDIS back on board. I ring the ADLO, and she explains everything so I can understand. Tells me I need to do this, this and this. She's my advocate for everything and has done a lot for us. Way more than what we were expecting. I'd say, “Tell me what we need to do” and she'd say, “You need to ring and say this – now we need to do this, or would you like me to do this for you?”

▶ ADLO client #10, MMM1

Holistic

Needs are not siloed in the way that sectors commonly operate. When clients meet ADLOs, they are often dealing with multiple complexities and challenges. ADLOs and ADLO Managers described taking a holistic view of clients, i.e. viewing the client as a whole, rather than only focusing on disability and determining functional capacity. Truly getting to know the client can enable linkages into other services and supports, such as connections to PITC, allied health and general practitioners, transport, mental health, and both individual and group options for social and emotional wellbeing (SEWB) support.

Working as a team and all of them being here [at ACCHO] made it easier for me.

▶ ADLO client #11, MMM1

Good thing about the AMS is that they (GP, Allied Health and ADLO) are all linked in and talk to each other. Everyone knows what is going on.

▶ ADLO client #11, MMM1

The red circles in Figure 9 represent the value-added support that clients described receiving from the ADLO program that were set up prior to or following NDIS funding.

ADLOs and ADLO Managers spoke of the ripple effect of the program's work, generating support and benefits for the wider community:

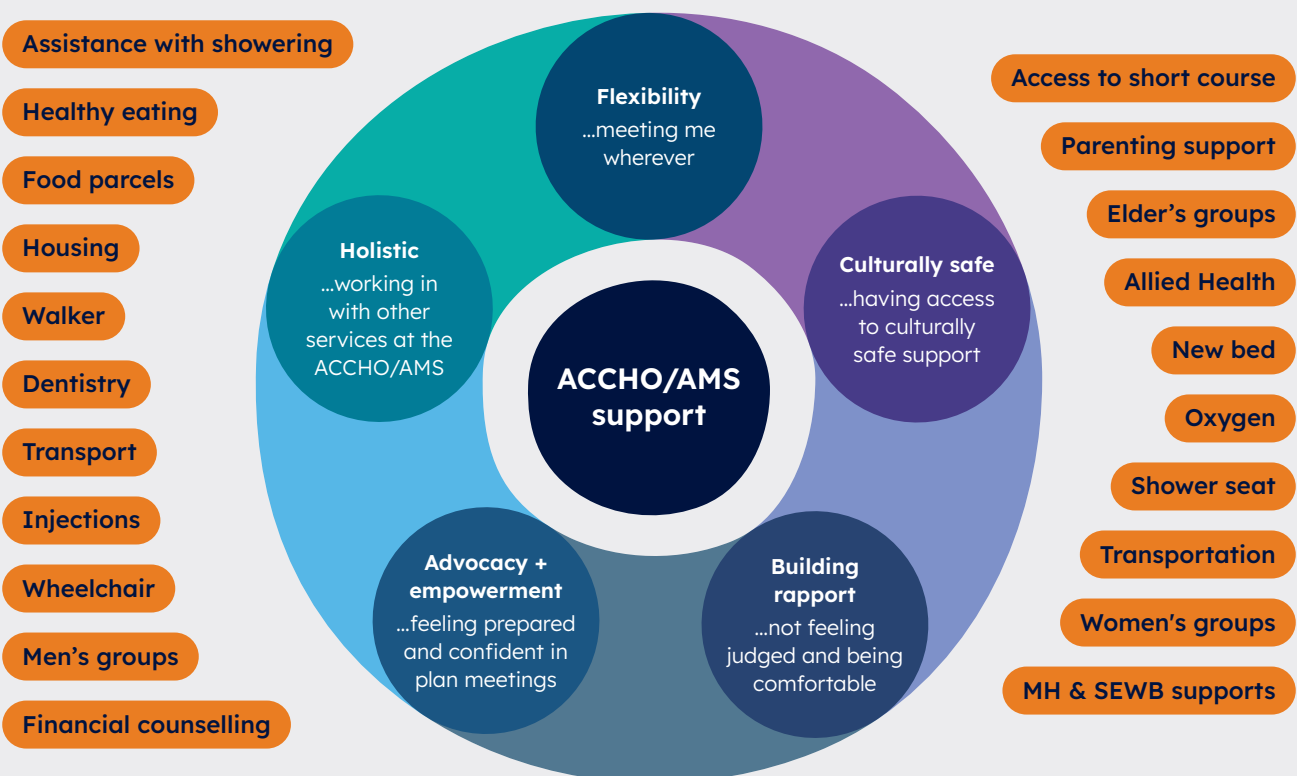
You might help one person to get across the line and then you realise that there are five or six others in the same family that need the same help.

▶ ADLO Manager #5, MMM3

Regardless of whether clients were successful in getting a NDIS plan, the ADLO program provides validation for clients and families of their disability. Notably, 100% of clients involved in the evaluation believed they had supports because of the ADLO. This client group included both those who were successful in receiving a NDIS plan and those who were not.

Figure 9

Value-added support for clients from an ACCHO-based service



This demonstrates how clients access far more than linkages to the NDIS and other disability support services through the ADLO program. Although clients described this as “life changing”, ADLO Managers recognised that this is “not a sustainable model” as it requires cost-shifting from other funding streams into disability support. Further, not all can do this, depending on the size of their ACCHO and range of services they are funded to offer.

ADLOs and ADLO Managers highlighted the exorbitant costs of assessments (such as by occupational therapists and psychiatrists) and other supports, and how this should not and cannot always be covered by the ACCHO while supporting clients to demonstrate eligibility for NDIS. This situation resulted in the perception that NDIS is a system for the affluent only:

If you are middle class to affluent, have higher levels of education, live in certain postcodes – you are going to do very well in the scheme and system. It is an insurance scheme. You need a lot of evidence.

▶ ADLO #22, MMM2

[It is a] competitive insurance model. That’s the model created and therefore it is a cost thing – people can’t get on NDIS because they can’t afford it.

▶ ADLO Manager #6, MMM2

The costs of demonstrating eligibility are an access barrier. ACCHOs viewed them as an accountability shift from Government to ACCHOs. They believed NACCHO needs to build these costs into service models and advocate for more resources and government accountability for these costs.

The role of ADLOs

The ‘Key features of the ADLO program’ section outlined the approach adopted by ADLOs and ACCHOs. This section focuses on the procedural and externally facing aspects of the ADLO role in supporting clients to access and navigate the NDIS.

Evidence gathering and paperwork

Gathering evidence is often an arduous process for the client, ADLO and ACCHO. This situation was amplified through recent NDIS reviews and recommendations (Independent Advisory Council to the NDIS 2022; Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability 2023). The introduction in early 2024 of the PACE system, the NDIA’s new customer relationship management system, has also affected the ADLO role, as ADLOs support clients with gathering the evidence and getting the application together which is then handed over to the PITA to submit. With ADLOs no longer being able to submit the application themselves and not having access to PACE, they do not know when an application is submitted or at what stage of assessment it is at, so cannot share the information with clients when they ask for updates.

Without ADLO support, most interviewed clients would either not start or would discontinue their application due to the complexity of the process:

It would have been too overwhelming to do this myself.

▶ ADLO client #14, MMM2

No way – I wouldn’t have been able to do it by myself. It is hard for me to understand. I get all confused with the paperwork.

▶ ADLO client #11, MMM1

It had me at scheme. I was trying it myself. But I couldn’t go on with it, the paperwork is too hard.

▶ ADLO client #2, MMM1

Education of medical and allied health professionals

ADLOs and ADLO Managers explained the education work they do with other medical and allied professionals within and external to the ACCHO. NDIS is very specific about language and the meaning of words, which can be the difference between a client being accepted or not. Therefore, a necessary and important part of the ADLO role is liaising and building capability of other ACCHO staff and external professionals to ensure the language in reports aligns with NDIS requirements. ACCHOs vary in how they do this, although most have developed reporting templates with notes and guidance:

Understanding has grown with the GPs, and I don't have to sit there so much now.

▶ ADLO #46, MMM1

Being the bridge between the specialist and person. Upskilling other specialists to write how they need to for the NDIS. The language and treatments being used etc. It is about having networks and building trust.

▶ ADLO #20, MMM2

We created training and PowerPoints, led presentations and got involved with wayfaring and further information. We have embedded an enquiries line – the purpose is not only for internal and external enquiries and clients, but also staff as an education tool. They can ask questions and be proactive in their own learning.

▶ ADLO #26, MMM1

This 'translation' work extends beyond medical and allied health professionals to ADLO clients. NDIS language is often unfamiliar for clients, so to ensure clients can have greater decision-making power, ADLOs support clients to strengthen their understanding of how the system works, what the language means and why it is important in arguing that they are eligible.

Relationship building with external disability services

A large and integral part of ADLOs' role is building relationships with PITC, LACs and other disability services, as this has a direct impact on client experiences with these services. ADLOs reflected on their interactions with local disability service provider options in the yarning circles. They shared their experiences and rated each of the following three areas with 5-point Likert Scales:

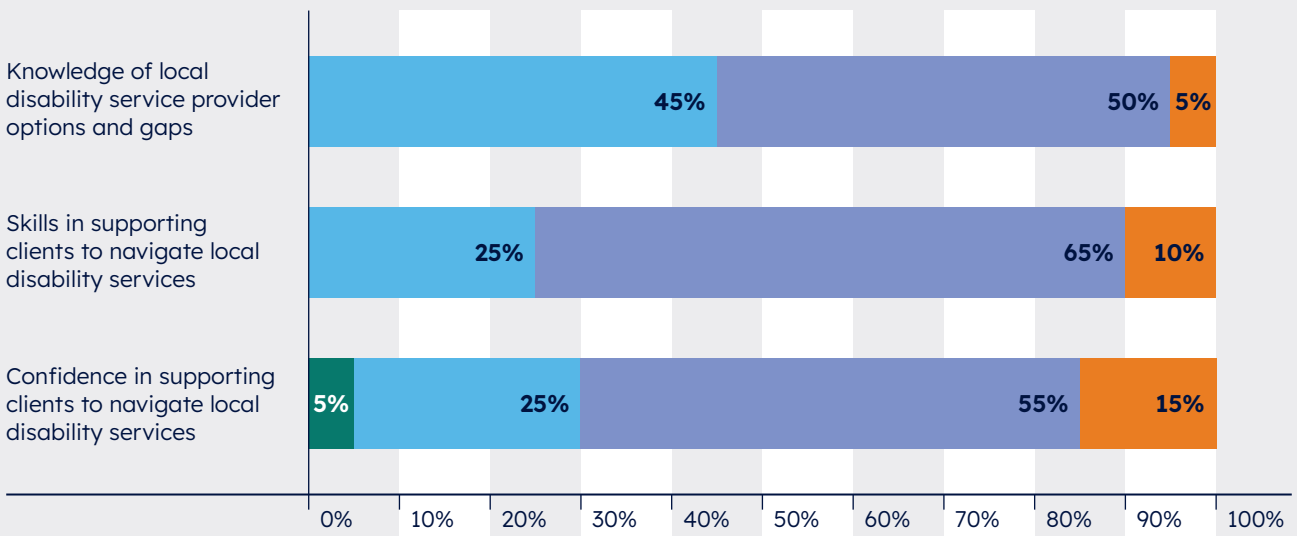
- **Knowledge, skills and confidence to work with local disability services:** Specifically, their:
 - *knowledge* of local disability service provider options and gaps
 - *skills* in navigating local disability services for and with clients
 - *confidence* in navigating local disability services for and with clients
- **Barriers that clients face in using local disability services:** Specifically, their:
 - *knowledge* of barriers that clients face in using local disability services
 - *skills* in supporting clients to navigate barriers they face in using local disability services
 - *confidence* in supporting clients to navigate barriers they face in using local disability services.
- **Cultural safety of local disability services:** Specifically, how:
 - *satisfied* they are with the cultural safety of services provided by their local PITC
 - *satisfied* they are with the cultural safety of services provided by other local disability service providers.

Figure 10 shows the distribution of outcomes for *ADLO knowledge, skills and confidence to work with local disability services*. The ratings were used to generate an 'average score' out of five.

Figure 10

ADLO knowledge, skills and confidence to work with local disability services (n = 20)

1 = Not good 2 = Slightly good 3 = Somewhat good 4 = Very good 5 = Extremely good



Knowledge of local disability service provider options and gaps

Most ADLOs (95%) believed they had *somewhat* to *very good* knowledge of available services; the average score was 3.6 out of 5. ADLOs did comment that when there were many services in an area, such as in metropolitan locations, it was hard to develop relationships and be confident they could vouch for services with clients:

There are so many services. It can be very overwhelming and confusing. It's good to have a lot of available services, but it's getting to know each one of them and what they do and how they can best support my clients.

▶ ADLO #30, MMM4

Skills in navigating local disability services for and with clients

Many ADLOs came to the role with vast experience in the disability sector, which was evident in 90% of ADLOs reporting *somewhat* to *very good* skills in supporting their clients and an average score of 3.9. This was complemented by having local area knowledge:

I think working and living in the area has helped build our knowledge with what services are around.

▶ ADLO #56, MMM2

Confidence in navigating local disability services for and with clients

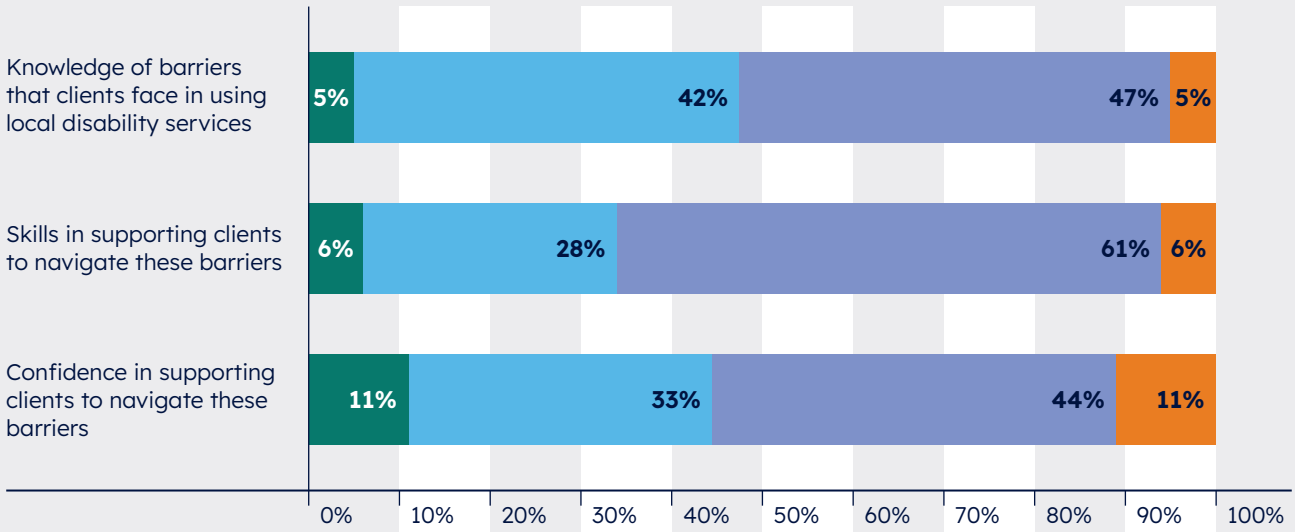
ADLOs reported similar levels of confidence to navigate local services for and with clients compared to skills, with 95% reporting *somewhat* to *very* or *extremely good* confidence at an average score of 3.8. Despite this confidence, at times their voice and role can be undervalued or dismissed, as they face similar challenges with racism as their clients, including institutional racism. For example, one ADLO shared how the NDIS staff member viewed them as a family member rather than a professional and did not allow them to speak. This can be detrimental to client outcomes, through no fault of the ADLO, and can erode confidence.

The ratings in Figure 11 focus on *ADLO knowledge, skills and confidence to navigate barriers clients face* in using local disability services.

Figure 11

ADLO knowledge, skills and confidence to navigate barriers clients face in using local disability services (n = 20)

1 = Not good 2 = Slightly good 3 = Somewhat good 4 = Very good 5 = Extremely good



Knowledge of barriers that clients face

A high proportion of ADLOs (95%) believed they had *somewhat* to *very* or *extremely good* knowledge of barriers faced by clients, with an average score of 3.5. These barriers were a constant source of frustration for clients, ADLOs and ADLO Managers. They also shared how their frustration has intensified through the combination of these three factors:

- the introduction of PACE by the NDIS, to which ADLOs have no access
- the lack of consistency and scope for individual interpretation in NDIS processes
- when individual staff in local disability services make inconsistent and unreliable decisions for clients with similar needs, rather than follow a transparent and explainable policy or process.

Skills in supporting clients to navigate barriers

ADLOs rated their skills at a high level, as 94% believed they had *somewhat* to *very* or *extremely good* skills to navigate barriers faced by clients, with an average score of 3.7.

Confidence in supporting clients to navigate barriers

There were slightly lower ratings for ADLO confidence, with 89% reporting *somewhat* to *very* or *extremely good* confidence and an average score of 3.6. ADLOs provided example of how systemic matters can impact their confidence and client experience and outcomes:

I am somewhat confident in [navigating] barriers, because it's changing all the time, especially with mental health. Mental health is the number one thing I'm having struggles with here and there, but otherwise confident with getting information. The other barrier is feedback I get from other services. When you ask for records from them...sometimes they hold off or take months, which can be frustrating for participants and yourself... clients get frustrated with you as well.

▶ ADLO #20, MMM2

Collectively, this paints a picture of what ADLOs bring to and experience in the critical program strategy of relationship building with external and local disability services. Solid relationships with local disability services, where ADLOs are part of interagency networks, generates positive outcomes for clients.

For example, success stories were apparent when PITC sat within the ACCHO regularly, becoming an integrated extension of the ADLO program, and removing one of the barriers for accessing support. This supports maintenance of relationships between ADLOs and PITC, and clients having a seamless experience between the two services:

Working collaboratively with them has added value to the people we support.

▶ ADLO #31, MMM2

We have a really good relationship with our LACs that predominantly service our area. They come and sit onsite, and it works really well...we're able to streamline and identify to NDIA our vulnerable groups and try to get through the process more flexibly, but outside that one provider we start to have barriers.

▶ ADLO #47, MMM1

Satisfaction with the cultural safety of local disability service providers

ADLO satisfaction with the cultural safety of both their local PITC and other local disability services is shown in Figure 12. For PITC, only 25 % of ADLOs were very or extremely satisfied that they offered culturally safe services to clients. The majority were only somewhat satisfied this was occurring and the average rating was 3.1.

Satisfaction was slightly lower for other local disability services, as 15 % of ADLOs were very satisfied with the cultural safety of their services. The average rating was 3.0 and the majority of ADLOs were only somewhat satisfied that clients would experience culturally safe services.

When cultural safety of other local disability services was explored during focus groups and interviews, it was apparent that experiencing cultural safety was highly dependent on individual staff, rather than a whole of service focus on cultural safety. ADLOs countered this strategically by seeking out individual staff who demonstrate awareness and effort to be culturally safe so they can get good client outcomes. However, this is not sustainable as they cannot be confident these staff will always be available or will stay in the service. It is essential that cultural safety be embedded systemically across the NDIS for PITC and other disability services to achieve real and meaningful change:

But they're [PITC] also in the machine itself – the NDIS is an insurance scheme. That's the important part. There's no wriggle room for PITC. They have to provide legislated answers. They are not culturally safe, they have no understanding at all, but they are placed in a bubble where they can't understand. It's not for want of trying, the LACs and PITC want to do the right thing, but they're caught up in the machine. They can only do so much, and the ones who are most compassionate in a human services framework, get spat out quite quickly!

▶ ADLO #22, MMM2

Figure 12

ADLO assessment of the cultural safety of local disability services (n =20)

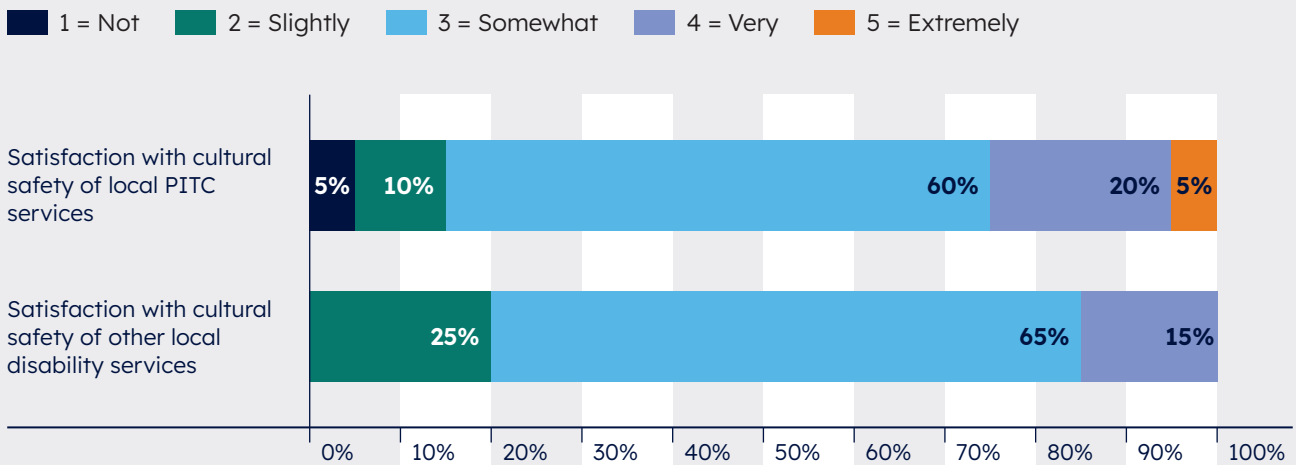


Figure 13

Frequency of communication between ADLOs and their local PITC (n = 25)

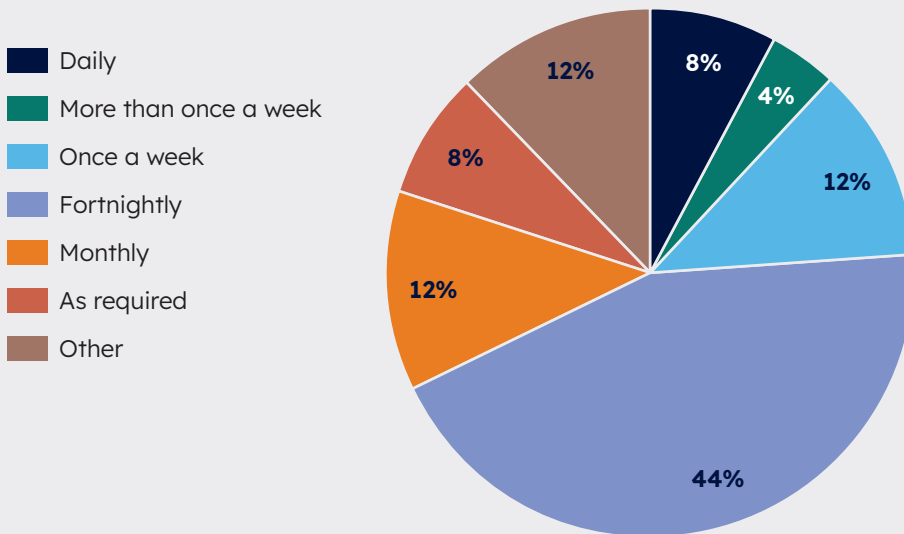
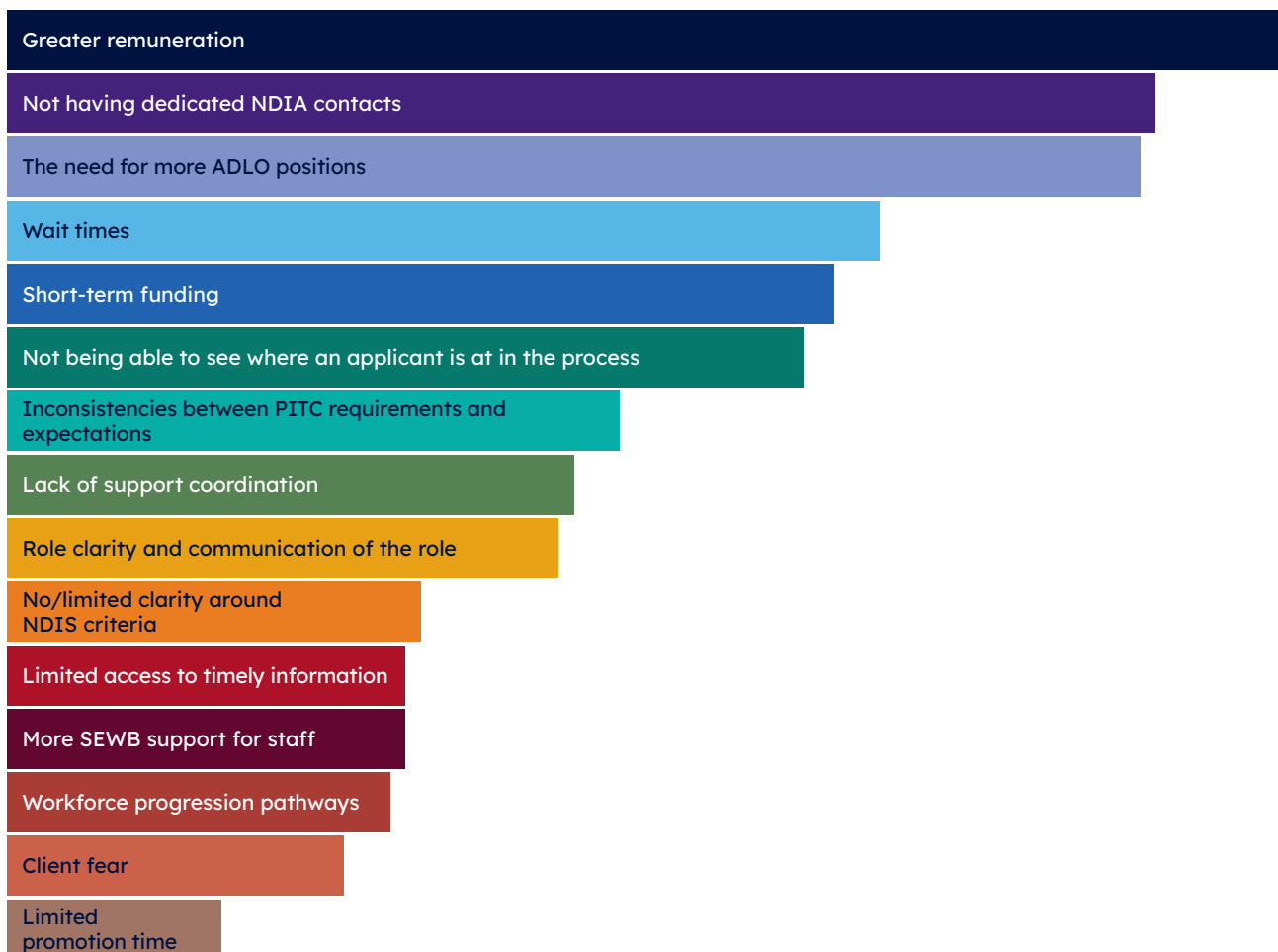


Figure 14

The most challenging aspects of the ADLO role



In contrast, ACCHOs are generally viewed by Aboriginal and Torres Strait Islander community members as a culturally safe place. ADLOs enhance this experience by implementing both a trauma-informed and culturally safe approach for clients and their families. This is not what they are regularly experiencing with other local disability services. Even though not all external services are culturally unsafe, directly having or hearing about previous poor experiences with mainstream disability services has a flow-on effect. Clients do not take the risk of stepping through the doors to find out and are highly unlikely to do this alone:

Just the thought of going there alone [PITC meeting]. The lady was very nice and explained it really good, but I wouldn't have gone. I just wanted someone else to do it for me. It was too overwhelming and difficult if I didn't have someone walking alongside me.

▶ ADLO client #11, MMM1

The external evaluation outcomes reinforced learnings from an early 2024 NACCHO survey on ADLO relationships with their local PITC and/or LAC (50% response rate). Within it, ADLOs also identified how often they communicated with their local PITC, as shown in Figure 13.

Almost a quarter were communicating with their local PITC between daily and weekly, and another 44% on a fortnightly basis. This gave them clear insight into how the service operated and its cultural safety. When asked to rate how good their relationship was with their local PITC on a scale of 1 through 10, 48% rated it as very good (between 8 and 10) and 44% rated it as moderately good (between 5 and 7).

Most challenging aspects of the ADLO role

Clients, ADLOs and ADLO Managers highlighted multiple challenges for the ADLO role. These challenges were presented to attendees at the NACCHO-funded National ADLO Gathering in Cairns, where they were asked to rate them based on order of priority. As most attendees were ADLOs, the resulting priorities were weighted towards direct support and consequences for clients, rather than the operational or service level. They are captured in Figure 14 and addressed in more detail below.

Better remuneration

This was the biggest priority for ADLOs. They emphasised that the role, scope and required level of knowledge and expertise is constantly expanding, therefore remuneration should be reviewed and adjusted to reflect these changes. The disparity in remuneration between PITC and Support Coordinators is substantial, although the ADLO is expected to undertake this work for clients if local services are not equipped to do this in a person-centred, culturally safe and trauma-informed manner.

More positions

Clients, ADLOs and ADLO Managers all referred to the need for more positions. The shared belief was that ADLOs are not even *scratching the surface* to address community need. Further, ADLOs often span large geographic areas, which means they may work from different locations, creating challenges for clients to connect with them as and when they require:

More ADLOs because I know practically, they are covering a big area. If we have two to get to know me, they can ring and [also] get to know me. One person can only do so much and can only split themselves in so many ways.

▶ ADLO client #12, MMM2

The time intensive nature of the role means that ADLOs have insufficient time to do everything to the degree required. The current situation means there is *“limited time to promote the program”* or *“create and maintain relationships with external services”*, such as PITC, LACs, disability and other local support services.

ADLOs and ADLO Managers could not link clients to disability supports before they are accepted onto the NDIS. Most services, especially in more regional towns, only accept clients who already have a NDIS plan. In the interim, they are the main support option. Therefore, more ADLOs could spread the workload for existing clients and extend support for new clients.

Wait times and timely access to information

Wait times for responses and decisions, and not having timely access to information about NDIA/NDIS level changes was a recurring concern. This was reiterated by clients, as one of their four main pain points were slow timeframes. For some ADLOs, NDIS delays and not being in a position to explain why or where the process was at had put a strain on relationships with clients:

There is such a backlog with NDIS. It takes at least 6 months to get onto. I have to make multiple calls and send follow up emails to find out what is going on.

▶ ADLO #54, MMM1

With the old system you used to be able to get them on. It was tricky within 21 days, [but] now it takes around 2 months. It affects your job and building trust. The waiting game is where people get a bit edgy – if I don't know then I can't explain to them. It can put them [clients] on edge and lose trust.

▶ ADLO #20, MMM2

Not having “dedicated contacts within the NDIA to escalate issues or fast track urgencies” (ADLO Manager #3, MMM1) was also problematic. Most ADLOs and ADLO Managers recommended there be a dedicated Aboriginal and Torres Strait Islander team within the NDIA:

We need a point of contact that isn't going to the Connectors so that we can't be fobbed off.

▶ ADLO Manager #3, MMM1

It would be good to have a dedicated team, 3-4 people at NDIA that we can have direct access to, to make change. Like if a plan is really messed up and we need to get someone to fix it, currently we get referred to this person then this person then it doesn't get done. They can advocate for us at the NDIA and action plans.

▶ ADLO #41, MMM2

Short-term funding

While evaluation interviews and yarning circles were occurring prior to the National ADLO Gathering, NACCHO was waiting on NDIA's decision about refunding the program. There is a long history of government funded supports and programs being rolled out for one to three years, only to see them disappear and not be refunded, despite evidence of their effectiveness. Evaluation participants shared candidly and at length how short-term funding “does not work on the ground” for ACCHOs, staff and clients. Aboriginal and Torres Strait Islander people have mistrust and fatigue from repeatedly facing this situation.

The inherent risks and reputational damage are significant considerations for ACCHOs as they face the potential and often likely situation of “losing staff” and “leaving clients and families without support”. A regular and challenging decision is whether it is beneficial to accept short-term funded programs, as ACCHOs are conscious that offering these supports only for them to be removed may be a disservice to communities compared with not having them at all. An ADLO manager articulated this situation as follows:

If we can't provide that service, if we can't have staff on board to provide that service, it will be quite damaging with community. We have been providing such a great service and then suddenly saying, 'No, we can't do that' and turning people away, I think that will actually be quite damaging for all the ACCHOs. That can have a ripple effect in so many areas if we lose that confidence of a service that is there to help. It will also have staffing implications of not being able to keep people on. If we lose funding it will be a struggle. Then we have the risk of losing well educated Aboriginal staff with a lot of experience needing to leave town and go elsewhere to work, which has big ramifications for the region. Not just the money but all the other supports that NACCHO put in place, like the Community of Practice, Yarning Circles all that sharing of information, skill and knowledge will just stop. It's too early to stop. That growth and direction is starting to pick up now – people are starting to grow into the role and are really reaching the community now. It would be devastating to everyone.

▶ ADLO Manager #5, MMM3

PACE system

All ADLOs shared their frustration with the new PACE system and not being able to see the progress of applications. This resulted in unnecessary and time-consuming follow up work or not being able to provide updates to clients. Both ADLOs and clients expressed the unnecessary “stress and anxiety” this causes, and how this elevates “existing mental health issues” that many clients experience:

PACE has resulted in clients repeating the story, [which is] retriggering and retraumatizing.

▶ ADLO #7, MMM5

Since the last change to PACE, everything is so push, push, push. There are so many hurdles to get through. I'm surprised anybody does get through.

▶ ADLO #40, MMM2

PACE and access to information to stay and keep clients informed of where they are in the process. Now the only ones who can submit is PITC. It has left a big gap in our participants meeting [eligibility] criteria. When they work with me, I can see the desperation and how hard it is. NDIA, they don't see the living and suffering. When it comes back to the PITC, it is just tick and flick boxes.

▶ ADLO #61, MMM3

Inconsistency in NDIS requirements

Other systemic issues impacting ADLOs' ability to do their job efficiently and effectively included the subjective requirements of the NDIS. There is “limited or no evidence and criteria” on what is needed to be accepted onto the NDIS. This vagueness and ambiguity mean that acceptance is dependent on who picks up the file and their interpretation, e.g. “no one has a report of exactly what NDIS needs and wants, and wants you to say” (ADLO #40, MMM2). ADLOs also spoke of “inconsistencies between PITC requirements and expectations even within the same area” (ADLO #26, MMM1). Other factors included meeting client identification requirements, with “struggles with getting 100 pts of ID” and, as noted earlier, the “costs of assessments” to provide evidence and who covers these costs.

Lack of support coordination

The *lack of support coordination* was a prominent theme in the interviews, although not reflected as strongly in Figure 13. A likely influence is that not all ACCHOs could attend the Gathering and some ACCHOs do offer funded support coordination or direct NDIS support services through a separate and directly funded NDIS contract, which may have impacted their ranking responses. ADLOs in ACCHOs without these services felt like they are “leaving clients in the lurch” by “not continuing the journey”. An extension or reassessment of the ADLO program to include support coordination, rather than just access and navigation, was suggested as highly beneficial:

Funding is so minimal in this program. It is a risk that once we hand over to Support Coordinators unless the client reaches out then we don't know if there has been a breakdown and if they are accessing supports and are happy with them.

▶ ADLO Manager #3, MMM1

Need Support Coordination built into every package because people get left behind in the implementation.

▶ ADLO Manager #3, MMM3

We get really good outcomes but we need more so we don't just leave them [clients] so we can check and support beyond the transitions. We need to tap back in and find answers and options if things aren't okay – don't stress clients out trying to navigate.

▶ ADLO #63, MMM1

Missing linkage if Support Coordination isn't granted and then LAC just gives them a link to supports. We are access so we have an access caseload, but we actually help people link in with places. If they don't implement their plans, then LAC puts it back on the client but they have been supported their whole journey – then they suddenly don't have the support to implement the plan.

▶ ADLO #25, MMM1

Some ACCHOs reported being contacted frequently by the PITC and other services to support people who were already on NDIS but were “falling through the gaps by not using their plans”. Interestingly, this theme was reiterated by clients who wanted to continue their support journey with the ADLO, even when the ACCHO offers support coordination:

To have that support to get the NDIS and then another person to help after I get the NDIS – I would like a once a week check in with the ADLO. ‘Do you need anything? We can go together and sort it out.’ That person knows me as a client prior to NDIS.

▶ ADLO client #12, MMM2

Social and emotional wellbeing support for staff

ADLO specific challenges regarding training and support are addressed in Section 3.3. However, greater *social and emotional wellbeing (SEWB) support for staff* was raised during interviews, particularly by ADLO Managers. They recognised the *potential for vicarious trauma* and high *cultural load*, i.e. ADLOs never get to leave their work at the office when they live in community. ADLOs described being *at the supermarket, in the street etc. and being asked by people about how they or family members could get support.*

Work/life balance, working within community, working within capacity. How are we supported beyond that?

▶ ADLO Manager #3, MMM1

ADLOs and their Managers wanted the recognition and enhancement of SEWB support for ADLOs to be integrated into the ADLO model and advocated for at the NACCHO level.

Client fear

A systemic barrier noted in the ‘Key features of the ADLO program’ section are the risks of clients presenting their worst self to be eligible for NDIS, which generates significant *client fear*. Therefore, clients will often go into meetings with PITC and downplay issues to minimise judgement, resulting in appearing to not need the supports that they do require.

3.2 / The impact of ADLO support

ADLO support impact is characterised by the impact for both clients and their families.

Impact for clients

The impact of ADLO program support for clients and their families was shared directly by clients who were interviewed, as well as from the position of ADLOs and ADLO Managers. Clients provided undeniable evidence of the value of the program to them:

- All interviewed clients spoke positively about their interactions with ADLOs, regardless of whether they had been accepted into the NDIS yet (see Figure 7 on the NDIS outcomes for interviewed clients).
- All clients stated they would recommend the ADLO program to others.

Client experiences of program impact extended well beyond gaining access to the NDIS or supporting people to access other disability services. Common descriptions included how the ADLO program was “*lifesaving*”, offering connection and helping to ease the burden. ADLO clients expressed this impact as follows:

I felt like I was falling. In regards to the service, I felt like they’ve caught me. I’m the happiest I’ve ever been.

▶ ADLO client #9, MMM1

[ADLO has] been a lifesaver. I’m so glad I found this place.

▶ ADLO client #6, MMM1

Without these guys I wouldn’t be here.

▶ ADLO client #4, MMM1

I’m feeling my way through the dark. Lucky this is familiar (ACCHO) or I’d give up. I’m still feeling my way through the dark but at least I know the way now.

▶ ADLO client #2, MMM2

I just wanted to be taken from this world and now I've sat at the river watching the grandkids fishing. Never wanted anything other than to see the grandkids. The ADLO team and everyone here are so good – it is a rare thing that people are trying to do the right thing for people and really helping. They are interested in each individual person.

▶ ADLO client #13, MMM2

When you haven't got someone there, this is where self-harming comes in. I was a hard case and now I'm an easy case.

▶ ADLO client #5, MMM1

Stress is the biggest thing, so that has diminished. [I] go into the process being less stressed out and go in with clarity.

▶ ADLO client #12, MMM2

Impact for families

Clients (including their carers/parents), as well as ADLOs and ADLO Managers, shared the positive impacts of the ADLO program for their families:

I'm so grateful that the program was offered to us. It has been outstanding. Going from struggling and giving up work and becoming a single Mum... Being there as a 2IC and taking the ease off me. [It is] 100% better for us and it is only going to get better here on out. We'd still be struggling and be that far behind. Even sitting in with the NDIS appointment for our first plan. I looked at the ADLO when they were asking about stuff, and I said, 'Do we need this?' I would have agreed to anything NDIS suggested because I didn't know.

▶ ADLO client #10, MMM1

I could see the impact of her [a family member] having no life as she had to care for me – they've changed all that.

▶ ADLO client #9, MMM1

ADLO has been a godsend – looking into everything. Client has got treated good he wasn't so messy in the head. Made his life bearable. Now he gets the right support, he gets a different life course. He used to be so violent and now he's just the best kid because he's got the supports now.

▶ ADLO client #6, MMM1

With some people we have made a huge difference. A person came in four different times before we could discuss the NDIS with them. They were young, 27 years old. They never went out and lived at home with Mum. They were very broken and had terrible trauma. They just cried. Mum was sick and aging. The person had behavioural issues. We helped and supported them. Got them here as patients. The person now has a NDIS plan, mobility scooter so they can go out, and are hiring and firing their workers themselves. They are in control, interview their support workers etc. You just think, 'Wow, you are exactly the person the NDIS is designed for'. They no longer need me or ring me. Capacity building – that is what we are supposed to do. This is exactly the person I think about when I think about the NDIS.

▶ ADLO #22, MMM2

3.3 / Workforce capability strengthening

ADLOs receive workforce capability strengthening in two main ways. First, through NDIS-run onboarding training, information sessions and pathways training. Second, through a NACCHO coordinated and facilitated Community of Practice (CoP).

NDIS-run training and information sessions

NDIS provides compulsory onboarding training to all ADLOs. During the yarning circles, ADLOs rated their satisfaction with the training on a 5-point Likert Scale, which generated an 'average score' out of five, and also shared their experience and suggested how sessions could be improved.

Figure 15

ADLO satisfaction with the NDIS-run onboarding training (n = 25)

1 = Not 2 = Slightly 3 = Somewhat 4 = Very 5 = Extremely

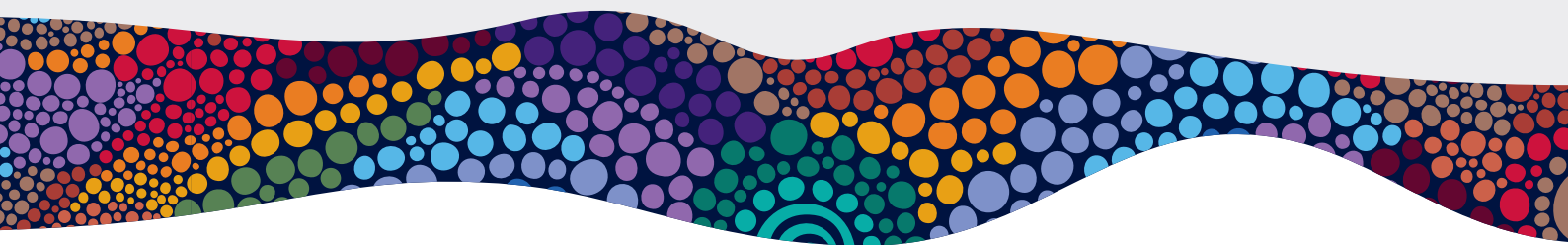
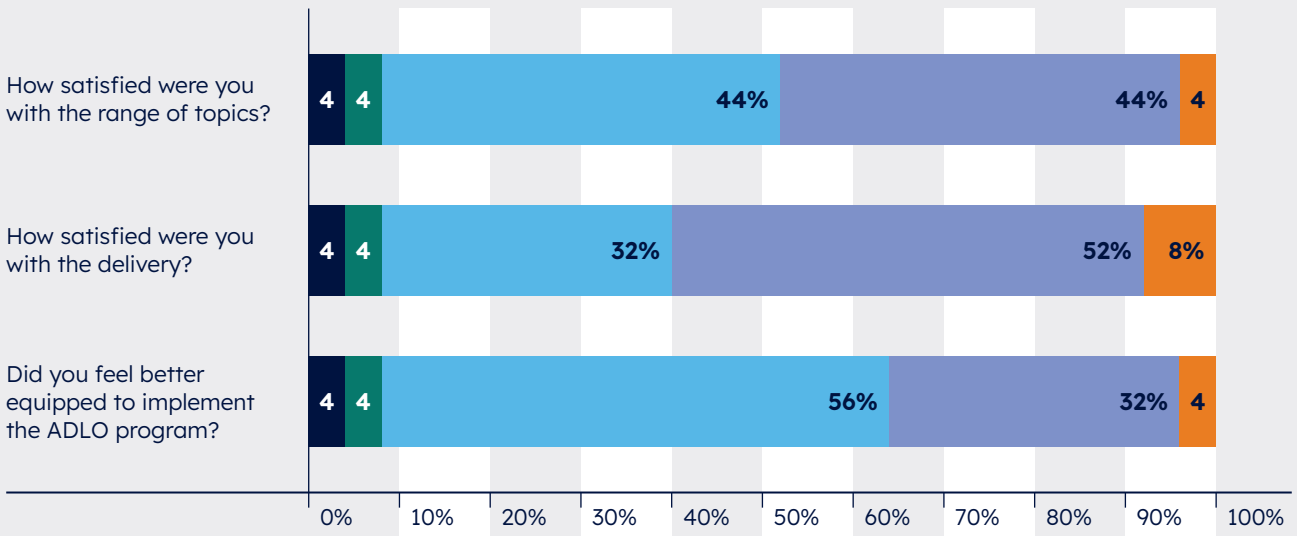
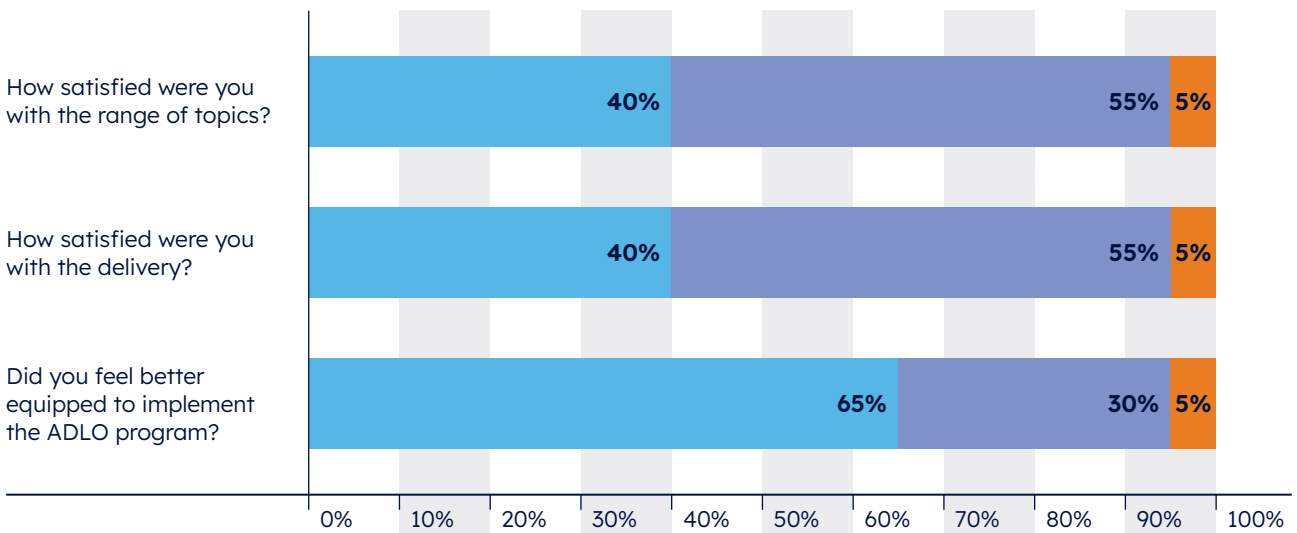


Figure 16

ADLO satisfaction with the NDIS-run information sessions (n = 20)

1 = Not 2 = Slightly 3 = Somewhat 4 = Very 5 = Extremely



ADLO experience of training and information sessions

The distribution of ADLO satisfaction ratings for three aspects of the NDIS-run onboarding training are in Figure 15.

Almost half of the participating ADLOs (48%) were very to extremely satisfied with the **range of topics** covered in the training, which received an average score of 3.6. Satisfaction levels were higher for training **delivery**, with 60% of ADLOs being very to extremely satisfied and an average score of 3.6. When asked if the onboarding helped them **feel better equipped** to implement the ADLO program, ratings dropped; only 36% of ADLOs said they felt very to extremely well equipped, and the average score dropped to 3.3.

Regardless of the level of NDIS and disability experience with which ADLOs came to the role, ADLOs stated the onboarding training provided a good overview and orientation or re-orientation to the NDIS. Several ADLOs appreciated the *flexibility* of online delivery, as they could do “*a little bit at a time*”. Consistent feedback from ADLOs was the need for ongoing and more advanced training. In response, two optional NDIS-run trainings were offered in 2024: Information Sessions and Pathway Training.

Almost 80% of the ADLOs who participated in the yarning circles had attended the optional NDIS-run information sessions – the ratings of their experience are in Figure 16.

Satisfaction levels were slightly higher than the onboarding training, with 60% of ADLOs being very to extremely satisfied for both the **range of topics** covered in the sessions and their **delivery**, both recording an average score of 3.7. However, these sessions were not considered highly effective for helping ADLOs **feel better equipped** to implement the ADLO program, as only 35% reported they felt very to extremely well equipped with an average score of 3.4.

Only 60% of ADLOs in the yarning circles had gone on to attend the optional NDIS-run pathways training – results are in Figure 17.

Similarly to the information sessions, 60% of ADLOs were very to extremely satisfied for both the range of topics covered and their delivery, resulting in an average score of 3.7. Again, the training had limited effectiveness for helping ADLOs feel better equipped to implement the ADLO program, receiving an average score of 3.3 as only 34% reported they felt very to extremely well equipped.

Figure 17

ADLO satisfaction with the NDIS-run pathways training (n = 15)

1 = Not 2 = Slightly 3 = Somewhat 4 = Very 5 = Extremely

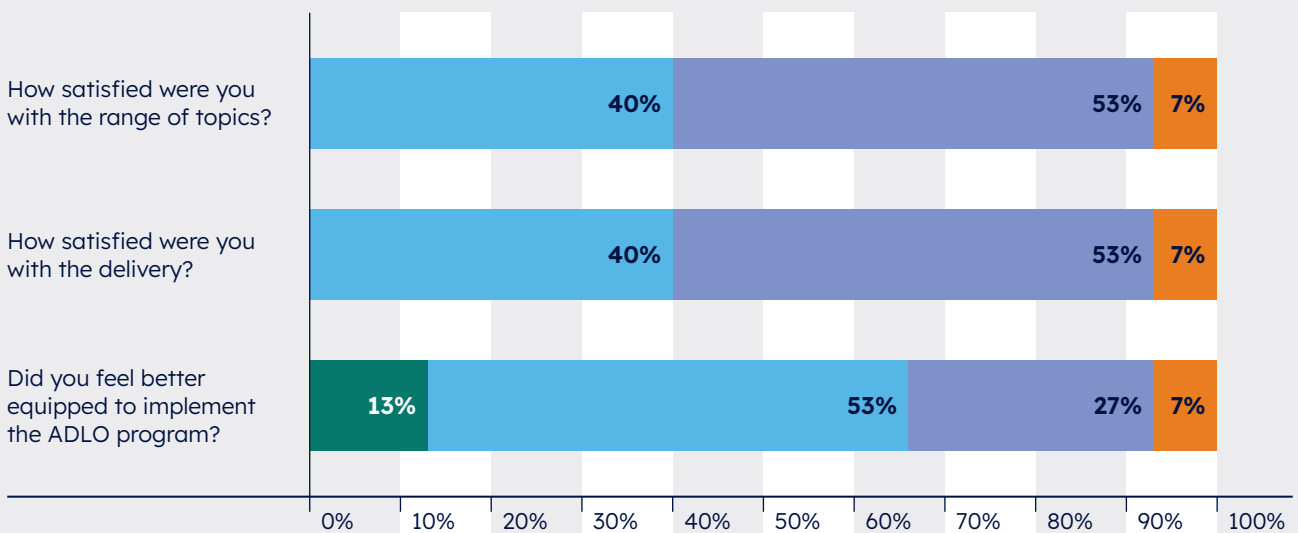
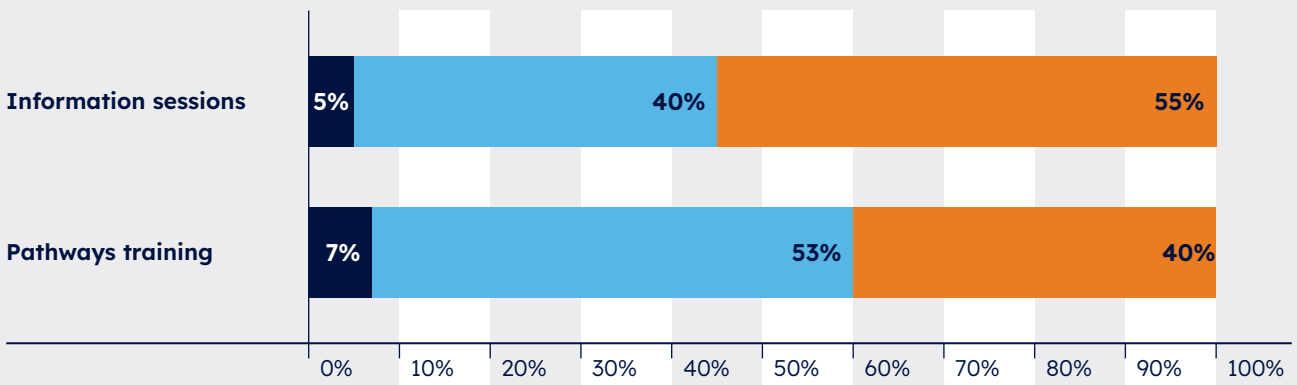


Figure 18

ADLO recommendations about optional NDIS-run training

Maybe Probably Definitely



ADLOs were asked if they would recommend the optional information sessions and pathways training to other ADLOs based on these options: no, maybe, probably or definitely. The outcomes are illustrated in Figure 18. It is clear the information sessions were considered more helpful with 55% saying they would *definitely* recommend them, while only 40% would *definitely* recommend the pathways training.

Improvement considerations

Two main areas for training improvement were identified by most ADLOs and ADLO Managers, while a third area was raised by some ADLOs and ADLO Managers (see Appendix C for distribution of and priority given to recommendations).

Checklist of ADLO roles and responsibilities

Although ADLOs and ADLO Managers appreciated the flexibility of being able to *“make the job their own”*, many also suggested it would be beneficial to have a *“checklist of general roles and responsibilities”*. ADLOs described commencing the position with *“no direction or guidance”* due to being new, having no processes to guide them, or the previous ADLO had left so handover and mentoring was not possible. This contributed to *“not feeling confident in their role”*, as there was no verification of what they were doing – was it right or the best way to support clients?

Ongoing and regular training

ADLOs and ADLO Managers wanted to be *“kept up to date with training”* to reflect the ever-changing landscape within NDIA, NDIS and disability services, including specific scenario training *“so we don’t feel like we are winging it and guessing”*. A few ADLOs named situations where they had been *“unintentionally misleading clients”* due to not having updated knowledge and training. It was only *“through speaking with another ADLO”* that they learned about changes and new processes.

Non-disability related training

The ADLO role encompasses a multitude of different elements, but not all ADLOs have experienced them, such as advocacy. There were suggestions from some that other training, i.e. advocacy, networking and healthy workforce, would be beneficial to build and develop these skills. Healthy workforce training was viewed as important given the risk of *“vicarious trauma”* and *“cultural load”* and demand on ADLOs of living and working in their community.

NACCHO-coordinated and facilitated Community of Practice

To support ADLOs in their role, NACCHO facilitates monthly CoP meetings. All ADLOs have attended one or more of the 13 CoP monthly meetings held between March 2023 and April 2024.² The average representation of ADLOs at a COP meeting is 33%, although attendance has ranged from 19% to 61%.

ADLO experience of the CoP

In the yarning circles, ADLOs rated the effectiveness of the CoP in creating peer support and learning, and developing best practice examples of culturally safe disability services, as shown in Figure 19. Overall, ADLOs found the COP was a successful mechanism for providing both peer support and learning (68% rated it as very to extremely effective, average score of 3.9), and developing best practice examples of culturally safe disability services (64% rated it as very to extremely effective, average score of 3.9).

Reasons for their ratings were explored in more detail in both yarning circles and individual ADLO and ADLO Manager interviews. All ADLOs believed the CoP was valuable and should remain as an “essential” and non-negotiable support element. Most ADLOs found the CoP helpful in providing peer support through talking to others in the same position and sharing their “highs and lows”. For example:

I hear the challenges and barriers I’ve gone through, and it lifts a weight off my shoulders... I found it quite reassuring that I’m on the right path because everyone’s having the same struggles, so I’m not alone.

▶ ADLO #30, MMM4

It also gave ADLOs a sense of “belonging” and “community”. This was particularly valuable for those who were the sole ADLO within an ACCHO, as they often described feeling “isolated” and “unsure” about particular experiences or elements of their role:

I would feel lost if I didn’t have the COP and information sharing and knowledge from people who have been there for a while.

▶ ADLO #8, MMM4

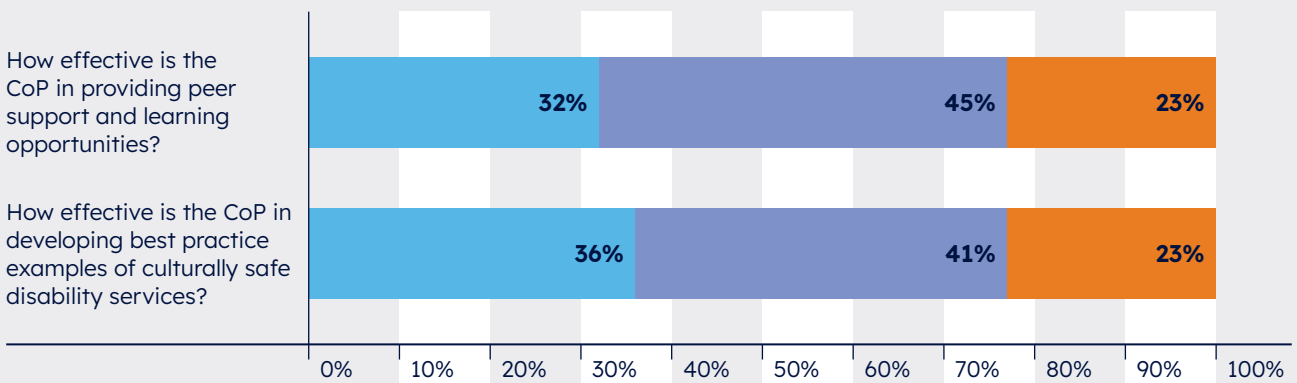
It offered opportunities to share stories for both support and learning, and to brainstorm and problem-solve collectively. For example, ADLOs could “pre-think of game plans” when they knew the system was being updated and problems would emerge.

² Due to ADLO involvement in the yarning circles for the evaluation and then the National Gathering in August 2024, CoP meetings were paused for May–Aug. Evaluation data collection was completed by August.

Figure 19

ADLO assessment of CoP effectiveness for peer support, learning and developing best practice culturally safe disability service examples (n = 22)

1 = Not 2 = Slightly 3 = Somewhat 4 = Very 5 = Extremely



Improvement considerations

Although all ADLOs and ADLO Managers highly valued the CoP, they had suggestions for enhancing it, especially as a mechanism to build best practice examples of culturally safe disability services (see Appendix C for distribution of and priority given to recommendations).

More opportunities for discussions on cultural safety

A key feature of the ADLO program and a large component of the role is to advocate and educate others in creating a culturally safe and appropriate environment for Aboriginal and Torres Strait Islander people. As the CoP is a safe environment, it was proposed that incorporating opportunities to have focused conversations and work collectively on strategies and ways this can be achieved would “*help progress cultural safety*” with PITC, LACs and disability services, and “*improve ADLO cultural safety capacity when the ADLO is non-Indigenous*”.

Follow-up on solutions

Issues are frequently discussed in the CoP but due to time constraints, solutions are not always reached. Therefore, ADLOs requested “*doing some follow up*” and then feedback on these potential solutions.

ADLO involvement in the CoP agenda

To fully utilise the CoP, some ADLOs requested more “*guided and targeted discussions*” around the issues and challenges they experience, which could be enabled through ADLOs being asked to be involved in “*making up the agenda*”.

I guess doing a survey of what we want to tackle for next month, just put something out there, to say, ‘Hey, what is the main struggle for each community?’ and vote on it. [Then] have a focus on those issues rather than a free for all.

▶ ADLO #20, MMM2

Recordings or minutes of CoP meetings

A frequent theme was that information provided, and speaker presentations, were “*not always relevant*” to ADLOs at the time. While all CoP meetings are recorded to allow attendees to review meetings at a later stage, it appears that not all ADLOs were clear this occurred or how to access the recordings. Greater clarity about the CoP recordings combined with training on accessing them would help ADLOs “*look back as it would be helpful to revisit information and solutions*”.

Offering group chat opportunities

An observation shared by ADLOs was that certain people can “*dominate discussions*”, especially in state-based discussions, and they wanted “*quieter people to get involved more*” through a group chat function. Although a group chat function is available during CoP meetings, it appears that not all ADLOs are aware of it, so greater clarity about its availability would be helpful. Further, it would be useful to explore if “*the chat could remain open outside of meetings*” to strengthen the sense of community and encourage peer exchange.

Improvements for BOTH training and CoP

Some ADLO suggestions weaved across both the training and CoP (see Appendix C for distribution of and priority given to recommendations).

More opportunities for face-to-face training and CoP sessions

This resonated with most ADLOs and ADLO Managers. People enjoyed getting together and “*bouncing ideas off each other*” and connecting on a “*deeper level*” compared to online. Some ACCHOs experience “*internet issues*”, which means they miss training and CoP opportunities or sections of them.

Tiered training and CoP meetings

ADLOs have a variety of experience, knowledges and therefore capability strengthening needs, which the NDIS-run training options and CoP currently do not adequately address. Having clearer “*tiers or levels*” can facilitate better learning opportunities for ADLOs. The current “*one size fits all*” approach results in ADLOs who are new to the position and/or NDIS “*feeling lost*”. In contrast, experienced ADLOs feel that much of the content is “*too simple and repetitive*”.

Opportunities to upskill

The structure of current ADLO positions offer no opportunity for career progression. Opportunities to upskill, e.g. in support coordination, will maintain ADLO engagement in the role and expand their skills. ADLOs who had done support coordination training and development emphasised the benefits of knowing “*what happens after access*” for clients and spoke knowledgeably about the process. Many mentioned the reciprocal learning that occurs for support coordinators, which resulted in a greater understanding of the ADLO role.

Creating a buddy system

More experienced ADLOs proposed creating a buddy system where they mentor newer ADLOs. This would both support ADLOs as they learned the role and the intricacies of the NDIS, and facilitate career progression pathways, especially if this can be part of the revised remuneration approach recognising seniority of experience.

Opportunities to cross skill

Due to flexibility within program funding, some ACCHOs have “access teams” that provide opportunities to upskill across programs, such as NDIS and Elder Care Support (aged care). This had several benefits, such as:

If you settle all your eggs in one basket and they [ADLO] leave, then you are stuck with a caseload, and no one understands the caseload as no one understands what the work is. But if you build a team and multi-skill them up as you go, everybody has got back up all the time. People can take leave. People can manage caseloads, and you can double up on home visits because generally people know that person anyway. There’s that comfortability of the family knowing that two workers turn up that they already know and have a relationship with.

▶ ADLO Manager #5, MMM3

3.4 / Program coordination, leadership and advocacy

NACCHO were interested in how ACCHO’s viewed the value of the national program co-ordination role that they play, specifically program promotion, and support for reporting and other contractual obligations. This was explored with ADLO Managers and ADLOs who have responsibility for or inform the reporting process.

ACCHO views of program coordination

Program promotion

ACCHOs reported that program promotion predominantly occurred at their local level, either through designing their own or using NDIS promotional resources. However, they shared that there was limited time and resources to do promotion and maintain community awareness due to the ADLO already being so busy.

A promotion strategy that ACCHOs would appreciate is more NACCHO support with targeted program promotion within the NDIS, especially PITC to support “understanding and awareness of the ADLO role”. This would assist ACCHOs who experienced challenges with PITC who devalued and disregarded the ADLO program. For example, clients have given consent for the ADLO to access information and attend meetings, yet the PITC continually ignores these requests. This creates detrimental outcomes for the client, especially if NDIS plans do not meet client needs, as the client did not understand what they were needing, how to ask for it and what they could access.

Support for reporting and contractual obligations

NDIA ask NACCHO to submit both quantitative measures and qualitative information on the ADLO program, which they collate based on six-monthly reporting from funded ACCHOs. ACCHOs found the reporting templates provided by NACCHO to be very beneficial, as they were “self-explanatory”, “clear” and “easy to read”, while providing structure to the reports and “guidance on NACCHO’s expectations”. This helped them meet their contractual obligations. Most ACCHOs liked how the reporting template was designed:

[Templates] are good because there are aspects where you can write qualitative and quantitative information, so it is a good balance of the two.

▶ ADLO Manager #6, MMM2

However, one ADLO Manager commented that recording quantitative measures about supports for clients was “open to interpretation and can feel clunky”.

ACCHOs spoke highly about the regularity and responsiveness of program support from the NACCHO team, while acknowledging there were some “initial delays”. They explained that if they ever “need support, it is only a phone call or email away”. They also appreciated the “flexibility and autonomy” of the service delivery model and how it could be adapted so it met both service and community needs. Being driven at the service level meant all ADLO Managers believed they achieved “better outcomes”.

Monitoring data gathered by NACCHO for the evaluation included the range of concerns that funded ACCHOs identified in their six-monthly reports for the January 2023 to June 2024 period, which are summarised in Appendix C. They are consistent with the external evaluation outcomes.

ACCHO views of NACCHO leadership and systems advocacy

At the time that interviews and yarning circles occurred, NDIA had not made or communicated a decision on whether ADLO program funding would be renewed, which left some ACCHOs feeling like they had been forgotten:

The work [NACCHO] are doing in Aged Care and in this space [disability and NDIS], is disrupting the system for the betterment of everyone. The difference in ADLO and Aged Care is that Aged Care are embracing it.

▶ ADLO Manager #3, MMM1

Although recognising NACCHO’s advocacy with NDIA, some ADLO Managers and ADLOs felt it may not have been enough, while others believed NACCHO could have “*more interaction with services*”, i.e. ACCHOs. For example, some thought NACCHO view the ADLO program as an “*afterthought*” because they believed all the attention has been on the Elder Care Support (ECS), as their national gathering was held earlier even though the program was rolled out later compared to ADLO. It appeared that ACCHOs may not have been clear on the very different level of funding to both programs. While ECS could fund a national gathering from their core funding, this was not part of the NDIA funding contract for the ADLO program so NACCHO committed its own funds to provide this opportunity.

Another example noted was that:

ECS had a mapping exercise for which services are where, while we had to muddle through.... The focus on NDIS is not the same as for ECS. There has been a much bigger focus in Aged Care, but we have been working really hard in the NDIS space for many years. It feels forgotten.

▶ ADLO Manager #3, MMM1

In terms of whether NACCHO is recognised as a leader in designing, co-ordinating and delivering culturally safe disability services, most ADLO Managers and ADLOs believed NACCHO were “emerging” in this space but were in a good position to become a leader:

I think because of who they are as an organisation and the level of advocacy they have done historically just puts them in good standing. We want to see outcomes that come from community as opposed to monetary obligation. Some organisations are purely about money. In this case it is legitimately coming together to see what the needs of community are and then putting the money where it actually needs to go.

▶ ADLO Manager #1, MMM2

The NDIS is starting to listen. It used to be that we were knocking on their door to try and get the message across, where now they are coming to us for advice. They’ll go to NACCHO and NACCHO will come to us, so they are having that conversation.

▶ ADLO Manager #5, MMM3

NACCHO views of their role

In reflecting on their role, the NACCHO team identified several enablers and successes, summarised in Table 1, with a theme on facilitating and supporting relationships, whether with ACCHOs or the NDIA. A clear callout by the NACCHO team is the value in taking a block funding approach, enabling better outcomes for clients and a more supportive environment for ACCHOs in delivering the program. In fact, block funding was described as “*a genuine partnership requirement*”.

Table 1

Enablers and successes identified by NACCHO

Enablers	Successes
Reporting templates	Inviting NDIA to CoP to allow each organisation to understand each other’s roles better
Building relationships through regular check-ins	
Due to block funding, NACCHO and ACCHOs have more power as a collective than each individual ACCHO does by themselves, and can minimise administration burden for ACCHOs	Since starting, the NDIA Deputy CEO First Nations has had an impact – NACCHO experience timely and regular communication and a commitment to cultural safety

Table 2

Enablers and successes identified by NACCHO

Barriers	Challenges
Sometimes NACCHO are not responsive to ACCHOs' questions	Struggling to meet everyone's needs in CoP as ADLOs are at different points in their careers
Cannot achieve desired advocacy outcomes due to size of NDIA and systemic level change required	Underestimated policy role for NACCHO in program – need a dedicated policy team
ADLOs are not funded for support coordination, which currently sits outside of their role scope, but access to culturally safe support coordination is a demonstrated need	There are no career progression opportunities for ADLOs within the program
NDIA have had a strong focus on remote accessibility, with less attention on the lack of culturally safe services in general, which is a concern for Aboriginal and Torres Strait Islander people regardless of their geographical location	Training available is not specific to the ADLO role

The team knew and expected there would be limitations and critique from ACCHOs, due to the overall program funding limitations that impacted their central team as well as what ACCHOs could do. The team commented on how the ADLO funding level and contract is distinctly different from potentially equivalent models that NACCHO are currently rolling out nationally, as well as the NDIA-funded Remote Community Connector contracts. They believed the current NDIA KPIs are a poor fit for the ADLO program. This creates restrictions in several areas, which are reflected in the barriers and challenges the team named as summarised in Table 2.

Restrictions included their level of responsiveness to ACCHOs and their ability to have an on the ground presence with ACCHOs. They were challenged by what became a clear need to undertake policy work but with limited resources with which to do this, despite the desire to influence the NDIA about how it provides better services and outcomes for Aboriginal and Torres Strait Islander people. The further restrictions the team named are consistent with ADLO and ACCHO commentary regarding limited opportunities for career progression and training specifically for the ADLO role.

NDIA views of NACCHO's role and the ADLO program

Several NDIA staff have been involved with the ADLO program over time; the staff participating in the evaluation interview were those most recently involved with the NDIA contract with NACCHO. They shared what they viewed as enablers, successes and contributions of the ADLO program, which are summarised in Table 3.

A key theme for enablers was recognising how the ADLO program offers cultural safety for participants and helps challenges the previous “medical model” and “one size fits all” approach of the NDIS. This is consistent with the expressed priorities of the recently appointed Deputy CEO First Nations in the NDIA, as well as the outcomes of recent reviews about and formal advice to the NDIS, to enhance cultural safety across both the NDIA and NDIS (Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability 2023; Community Affairs Legislation Committee 2024):

There often can be difficulty in connection with First Nations participants and cultural safety with individuals and markets. This is not NACCHO's issue to solve but needs to be looked at to close the gap and build relationships so that ADLOs can become a trusted resource and [disability services] have more varied and culturally safe service approaches.

► NDIA staff

NDIA staff also acknowledged barriers and challenges faced by the program, summarised in Table 4. A key theme for barriers and challenges was funding:

NACCHO have done the best they could, given limited resources. In the future, continuation of the program as is would require population mapping and monitoring overlap to get even coverage. Some places have great coverages, some have limited. There are gaps, but this is often out of NACCHO's control. Hopefully in the future NDIA will be able to change this.

▶ NDIA staff

NDIA staff emphasised NDIA's commitment to working in partnership with NACCHO on a future for the ADLO program. They raised two areas for further discussion. One related to what they described as a "tendency to overservice" in contrast to what the ADLO program funding allowed. The second focused on what they named as moving to a "navigator model" in contrast to block funding, which is not favoured by government. The hope was that in adopting a "navigator model" then the ADLO program would be "built into the DNA of NDIA and NDIS which will benefit the agency as a whole in terms of cultural awareness and cultural safety".

Table 3

Enablers and successes identified by NDIA

Enablers	Successes
ADLO program has highlighted the importance of cultural safety in service provision to First Nations peoples	ADLOs support clients well, are trusted and contribute to navigation, but are not funded for this
ADLO experience and NACCHO policy advice can shape approaches to supporting First Nations NDIS participants	High value in ADLOs having a navigation function – but need a different funding model that is 'built in' not 'bolted on' to NDIS
NDIA want to work in partnership with NACCHO to support the ADLO program	Since starting, the NDIA Deputy CEO First Nations has had an impact, highlighting the importance of cultural safety

Table 4

Barriers and challenges identified by NDIA

Barriers	Challenges
NDIA could only offer short-term funding initially	Initially, NDIA had an immature approach to working with/supporting ADLO program
Gaps in NDIS service provision is mostly out of NACCHO's control	Although NDIA want to support the ADLO program, block funding is not an option
A lack of cultural safety in disability service markets, as well as thin markets	NDIA is seeking to address the limited cultural safety in disability service markets, as well as thin markets, but change has not yet occurred

4

Program progress and recommendations

As the progress of the ADLO program is synthesised based on the evaluation outcomes, this is linked to recommendations on the future of the program in the deep aqua shapes. They may not be listed in order through Sections 4.1, 4.2 or 4.3, but will be listed in order in Section 4.4.

4.1 / The current and future program goal

NACCHO selected an aspirational goal for the ADLO program: to improve how the NDIS connects with Aboriginal and Torres Strait Islander people with disabilities. The outcome indicator for assessing whether this occurs focused on the NDIS being better equipped to meet the unique needs of Aboriginal and Torres Strait Islander people with disabilities. Most of the changes required to achieve this outcome sit with the NDIS itself and the role of the NDIA in administering the scheme, not NACCHO.

At this juncture it is not possible to evaluate the goal, which is the responsibility of the NDIA. The NDIA is currently developing a NDIS First Nations Strategy (due for release in early 2025), then an Implementation Plan and Monitoring and Evaluation Strategy (due for release in late 2025), through which the goal is set over time. It will be imperative for NACCHO to be involved and support the involvement of ACCHOs funded for the ADLO program, to inform the development and implementation of this work so responsibility for the aspirational goal for the ADLO program shifts to the NDIA and NDIS.

Recommendation 1

Advocate to the NDIA for consistent involvement of NACCHO and ADLO program-funded ACCHOs in the NDIS First Nations Strategy and Implementation Plan.

Any future iteration of the ADLO program will need to reset the goal, reflecting what is within NACCHO's authority to achieve. For example, an alternative goal for the ADLO program could have been: To establish a culturally safe and scalable model of support for Aboriginal and Torres Strait Islander people with disability to have equitable access to and participation in the NDIS. Therefore, if the ADLO program continues in its current or a modified format, informed by the evaluation outcomes, a future goal could be: To consolidate and expand a culturally safe model of support for Aboriginal and Torres Strait Islander people with disability to have equitable access to and participation in the NDIS.

Recommendation 1

Advocate to the NDIA for consistent involvement of NACCHO and ADLO program-funded ACCHOs in the NDIS First Nations Strategy and Implementation Plan.

4.2 / Program progress against the objectives

NACCHO defined four objectives for the ADLO program:

Objective 1 Increase linkages between disability services and Aboriginal and Torres Strait Islander communities.

Objective 2 Strengthen NACCHO's advocacy for culturally safe services for Aboriginal and Torres Strait Islander people with disability.

Objective 3 Strengthen Aboriginal and Torres Strait Islander workforce capacity in disability care and support.

Objective 4 Strengthen NACCHO's coordination of culturally safe services for Aboriginal and Torres Strait Islander people with disability.

Achievement of or progress towards the objectives have been assessed according to the four impact indicators that link to one or more objectives. This section is structured according to the four impact indicators.

Indicator 1

ADLO clients better understand, connect to and participate in disability services

It is clear from the evaluation outcomes that the ADLO program has a positive impact on how ADLO clients understand, connect to and participate in the NDIS and disability services. This involves significant work from ADLOs to engage and develop trust with clients, who are frequently dealing with high levels of complexity in their lives, are operating on a low income and focused on meeting basic living needs, combined with a history of little or no cultural safety with disability or other human services.

In contrast to common practice in mainstream services, where not attending three appointments usually results in losing your place in the queue, ADLOs view this as part of the process in creating connection that can lead to trust and services being provided. They operate on the concept of 'the door is always open', taking responsibility to reach out rather than expecting clients to reach in, and being relationship-centred so conversations about disability can happen. For example, not even raising disability until the third direct connection with clients is common.

Once trust is established and they have explored what clients need in relation to support from disability services, then ADLOs focus on coaching and mentoring clients in how to describe the real impact of disability and to know what they can request, as well as educating health professionals in using suitable language in their assessments. While the NDIS is premised on the principle of consumer-directed care, consumers cannot easily direct their care if they do not know what they can ask for and what choices are available. Based on client and ADLO descriptions, ADLOs support client understanding and confidence that they have a right to advocate for and have their needs met.

Figure 9 in 'Section 3.1 ADLO role: Access, local advocacy and navigation' illustrated the extent of support that ADLOs and the ACCHOs they work within try to provide clients in responding to the often complex range of challenges they face.

Combined with how culturally safe clients report they feel in the program, it is not surprising that clients describe the impact of the program as lifesaving, reducing stress and easing their burdens. This underlines the ACCH sector's interest in having support coordination become a formal part of the ADLO role, although ACCHOs and NACCHO expect that this must be matched with appropriate funding and better remuneration for ADLOs, as well as access to relevant training so ADLOs are fully supported and equipped to do this work.

A few ACCHOs have withdrawn from the ADLO program, despite enthusiasm to be involved, due to the inadequate funding for responding to client needs and the reputational damage in community of not being able to deliver adequate services. NACCHO reported they would return to the program if funding levels were addressed.

Recommendation 3

Expand funding and capacity of the ADLO program within both current and additional locations.

In relation to program promotion, ADLOs and ADLO Managers reported that ADLOs carried heavy workloads, yet still could not meet demand for the service. While they considered program promotion important and would appreciate more time to do this along with more support from NACCHO, they had limited ability to then absorb and respond to the requests this would generate. This context of high need combined with evidence of making a meaningful difference for clients, often in the face of inadequate alternatives, argues for an increase in ADLO positions, both within and beyond the current funded ACCHOs.

Recommendation 8

Revisit responsibilities for and approaches to program promotion at the national and local level.

Indicator 2

ADLO have increased knowledge and skills in navigating disability services.

The NDIS-run training was well received as an orientation to the NDIS, although not considered sufficient for meeting the knowledge and skillset that ADLOs need to develop and employ in their roles. ADLOs were proactive in strengthening their knowledge, skills and learning as they gained experience in the role, as well as utilising the NACCHO-coordinated Community of Practice for peer exchange and learning.

Greater consideration is needed of what workforce development will better equip ADLOs for the complexities of their role. ADLOs and ADLO Managers provided targeted advice on what workforce development would be valuable in both better equipping them in their role and facilitating career progression within and beyond the ADLO program. This included: setting an ongoing and regular training program; upskilling ADLOs in support coordination, and providing non-disability specific training in areas such as advocacy, networking and self-care for a healthy workforce.

Recommendation 9

Expand and refine workforce development to better equip ADLOs for the role and facilitate career progression options.

Expanding and refining workforce development options is an important conversation for NACCHO to have with NDIA in shaping the future of the ADLO program, including who should lead this workforce development work and the resourcing implications.

Recommendation 7

Renegotiate responsibility with matched funding to resource expanded workforce development for ADLOs within the funding model.

Navigation of disability services, especially for tracking the progress of applications, would be enhanced if ADLOs had secure access to PACE. It would support efficiencies in system operation as ADLOs would not be reliant on other parts of the system to inform them. Further, it would bypass issues that occur when the ADLO role is not recognised or respected by PITC. In fact, having access to PACE would, by default, accord formal recognition and respect for the ADLO role.

Recommendation 10

Negotiate with NDIA for ADLOs to have secure access to the PACE CRM.



Indicator 3

The Community of Practice (CoP) is effective in providing peer support and learning for ADLOs, and development of best practice in culturally safe disability services as advocacy evidence for NACCHO.

ADLOs and ADLO Managers reported that the NACCHO-coordinated and facilitated CoP was an effective mechanism for peer support and learning. It facilitated a sense of belonging and community, reduced isolation, and provided a source of advice and direction when managing challenges with the role. At the same time, they also identified how it could be enhanced in two main areas.

CoP structure and operation

ADLOs want a more active role by deciding the agenda and being invited to formally present on and promote best practice. For example, ADLOs are keen to discuss cultural safety in greater detail so they can better support their clients as well as undertake self-care when interacting with other disability services. Greater value could be gained, especially for ADLOs who cannot attend a CoP, if more detailed minutes and recordings of CoPs occur.

Recommendation 11

Strengthen the structure and operation of the CoP and how it addresses the different support needs and skillsets of experienced ADLOs.

In terms of documenting best practice or addressing challenges in the role or with program implementation, formal follow-up on topics discussed where there are emerging solutions needs to occur, so solutions are documented, revisited and expanded into resources that all ADLOs can access and NACCHO can use for advocacy purposes. For example, developing an agreed checklist of ADLO roles and responsibilities would be valuable (also see Recommendation 6).

Addressing the different support needs and skillsets of experienced ADLOs

Experienced ADLOs could be better utilised through introducing a buddy/mentoring system where more experienced ADLOs are paired with less experienced ADLOs during their first four to six months in the role. The knowledge developed by experienced ADLOs could be recognised and utilised through holding smaller forums for them that are dedicated to articulating and documenting best practice in culturally safe support for NDIS participants into sustainable resources.

The material generated can be used to train and mentor future ADLOs, create resource packs for implementing the program (e.g. for delivering education sessions to PITC and other disability services on the ADLO role and culturally safe practices in service delivery) and provide advocacy evidence for NACCHO, as well as set a benchmark for mainstream disability services.

Indicator 4

NACCHO is recognised as a leader in designing, co-ordinating and delivering culturally safe service models for Aboriginal and Torres Strait Islander people with disabilities.

ACCHOs held a predominantly positive view of NACCHO as a leader in designing, co-ordinating and delivering culturally safe service models for Aboriginal and Torres Strait Islander people with disabilities, describing NACCHO as “*emerging*” in this role. As described through section 4.2, there were specific areas in which they wanted NACCHO to sharpen its effort in advocating with the NDIS. They also wanted better communication from NACCHO about the advocacy work it does do. NACCHO recognises that it needs to do this but is hampered by the limited funding for the NACCHO ADLO team to take on what they see as much needed policy and advocacy for the ACCH sector role in responding to the support needs of Aboriginal and Torres Strait Islander people with disability, and their families and communities. This can be redressed through both renegotiation of the funding model and NACCHO’s internal decision-making.

Recommendation 12

Reconsider the funds NACCHO retains for the central program coordination team in the revised funding model and resource a fulltime policy and advocacy role.



NDIA acknowledged the important role that the ACCH sector plays and expressed a strong interest in working in partnership with NACCHO on both the ADLO program and approaches to supporting Aboriginal and Torres Strait Islander participants in the NDIS. For NACCHO, block funding is a genuine partnership requirement. The value in taking a block funding approach is the power in the collective, reduced administrative burden for ACCHOs and NACCHO playing a capability strengthening role, which also reduces load on individual ACCHOs seeking relevant workforce development options for their staff.

The best approach to take for achieving equitable outcomes and culturally safe experiences for Aboriginal and Torres Strait Islander participants needs to be resolved between NACCHO and NDIA. Factors to be considered in determining a mutually agreed funding model reflect absences in NDIA's current system that ADLOs, ADLO Managers or NACCHO identified. For example, NACCHO did not consider NDIA standard KPIs to be fit for purpose for the ADLO program. Meeting the costs involved in demonstrating eligibility are not viable for most potential Aboriginal and Torres Strait Islander participants, as well as for ACCHOs who have tried to alleviate costs for ADLO clients where they can. ADLOs and ADLO Managers recommended that NACCHO build these costs into service models, which needs to be discussed with NDIA.

Recommendation 4

Explore and resolve the difference between the NACCHO and NDIA preferred funding model to reflect good practice in funding First Nations programs in the ACCH sector.

The ADLO program is not funded for support coordination, yet ADLOs and ADLO Managers report it is a high need in the absence or limited availability of culturally safe support coordination services, regardless of geographical location. While some Aboriginal Community-Controlled organisations, including those in the ACCHO sector, have individual contracts with the NDIA for support coordination, they are not present across all areas (see Section 4.3, Recommendation 6).

Finally, it would be valuable to underpin the funding model discussions with a comparative cost benefit analysis of block funding compared with the NDIA-preferred model for Aboriginal and Torres Strait Islander participants, based on a methodology that considers Indigenous ways of knowing, being and doing. This should occur as a matter of urgency, so it does not delay funding model discussions to inform a new and longer-term funding contract to follow the current interim funding extension that NDIA has approved for the ADLO program.

Recommendation 5

Consider options for resourcing and undertaking a cost-benefit analysis of block funding and compared with the NDIA-preferred model as a matter of urgency to underpin funding model discussions, using a methodology informed by Indigenous ways of knowing, being and doing.

4.3 / The status of the ADLO program

Drawing on program progress to date, it is possible to reflect on the current and potential future status of the ADLO program with the Aboriginal Community-Controlled Health sector and its relationship to the NDIA and NDIS.

An alternative understanding of what NDIA staff described as “overservicing”, is ADLOs meeting clients where they are at and endeavouring to provide clients with what they need so they can access the NDIS and achieve the most suitable plan. This often occurs in the face of PITC and other disability services that currently do not operate, or operate consistently, in a culturally safe manner. Given how ADLO clients described their experience with ADLOs, combined with how ADLOs and ADLO managers discussed their role and practices, then the ADLO program epitomises the core of **equity**.

Equity moves away from the mistaken belief that equality is both the pathway and the outcome for groups who are marginalised in society, especially those experiencing multiple layers of marginalisation. First Nations lawyer, educator and writer Larissa Behrendt has explored this, explaining how ‘formal equality’, i.e. treating all people equally, is a characteristic of ‘difference blind liberalism’. She stated that:

Formal equality does not work while inherent discrimination and cultural conflict within existing institutions are not addressed. Nor does it work while the focus is on equality of opportunity and fairness of processes rather than on equality of outcome. (Behrendt 2003)

This contrasts from ‘substantive equality’ where the aim is not to treat everyone the same, but to recognise and meet people where they are at and give them what they need so they can achieve the same or equal outcomes as any other person seeking access to and support from the NDIS that improves the quality of their lives. The term **equity** is interchangeable with ‘substantive equality’. The ADLO program operates in a context of intersectionality. Not only are ADLO clients facing the impact of disability on their own and their families’ lives (and other inequities such as those based on gender, age, class and sexual identity), but as First Nations people they face the long-standing history and ongoing experience and impact of racism in their lives, and interfacing with dominant culture systems that do not account for or support Indigenous ways of knowing, being and doing.

NDIA is taking steps to address equity for First Nations people, such as through thin market intervention pilots, the Remote Community Connectors program and growing their understanding of cultural safety and how to enable it within systems and practices so culturally safe services are available across all geographical locations. This requires further time to scale up and translate into regular practice across the scheme. However, First Nations participants need **equity now**.

The ADLO program is a vital response to this need. It is a much needed bridge into and through the NDIS for potential and current clients, in the locations in which it operates that can be enhanced through expanding what it is funded to do, specifically the full range of functions of the ADLO role, as well as expanding where it operates. It also provides a mechanism for accountability as the NDIA and NDIS strengthens its cultural safety credentials, including across PITC and other disability service providers. This has implications for current funding levels, the current and future ADLO role/s, and ADLO remuneration and career pathway opportunities, as the opportunity to extend the role into support coordination should be seriously considered.

Recommendation 6

Redesign the functions, and potentially the naming, of the ADLO role to create better remuneration, and a career progression pathway for ADLOs with the opportunity to extend into support coordination and reflect this within the funding model.

However, as NDIA staff identified, the ADLO program would be more effective if it is built into the overall system, not remain a thinly resourced and bolted on temporary fix, which is how it started its journey. The important conversation to have is, if it is built into the system, does this mean the system remains as it currently operates or transforms into a system consistent with ‘Key Reform 3: Transforming government organisations’ (Coalition of Peaks and Australian Government 2020)?

4.4 / Recommendations

The ADLO program evaluation has generated the following 12 recommendations that can be grouped into two areas of focus:

Future program design, responsibility and funding

Recommendation 1

NDIS responsibility to lead and implement change

Advocate to the NDIA for consistent involvement of NACCHO and ADLO program-funded ACCHOs in the development and implementation of the NDIS First Nations Strategy and Implementation Plan, so they are better equipped to meet the unique needs of Aboriginal and Torres Strait Islander people with disability in an effective and culturally safe manner.

Recommendation 2

Program goal

Reset the goal of any future iteration of the ADLO program to reflect what is within NACCHO's power and authority to achieve.

Recommendation 3

Funding continuation and expansion

Expand funding and capacity of the ADLO program within both current and additional locations.

Recommendation 4

Funding model

Explore and resolve the difference between the NACCHO preferred and NDIA preferred funding model to reflect good practice in funding First Nations program in the ACCH sector.

Recommendation 5

Cost-benefit analysis

Consider options for resourcing and undertaking a cost-benefit analysis of block funding and compared with the NDIA-preferred model as a matter of urgency to underpin funding model discussions, using a methodology informed by Indigenous ways of knowing, being and doing.

Recommendation 6

ADLO functions and career progression

Redesign the functions, and potentially the naming, of the ADLO role to create better remuneration, and a career progression pathway for ADLOs with the opportunity to extend into support coordination and reflect this within the funding model.

Recommendation 7

Responsibility for workforce development

Renegotiate responsibility with matched funding to resource expanded workforce development for ADLOs within the funding model.

Program implementation

Recommendation 8

Program promotion

Revisit responsibilities for and approaches to program promotion at the national and local level.

Recommendation 9

Expand workforce development

Expand and refine workforce development to better equip ADLOs for the role and facilitate career progression options.

Recommendation 10

Access to PACE

Negotiate with NDIA for ADLOs to have secure access to the PACE CRM.

Recommendation 11

Strengthen the CoP

Strengthen the structure and operation of the CoP and how it addresses the different support needs and skillsets of experienced ADLOs.

Recommendation 12

Policy and advocacy

Reconsider the funds NACCHO retains for the central program coordination team in the revised funding model and resource a fulltime policy and advocacy role.



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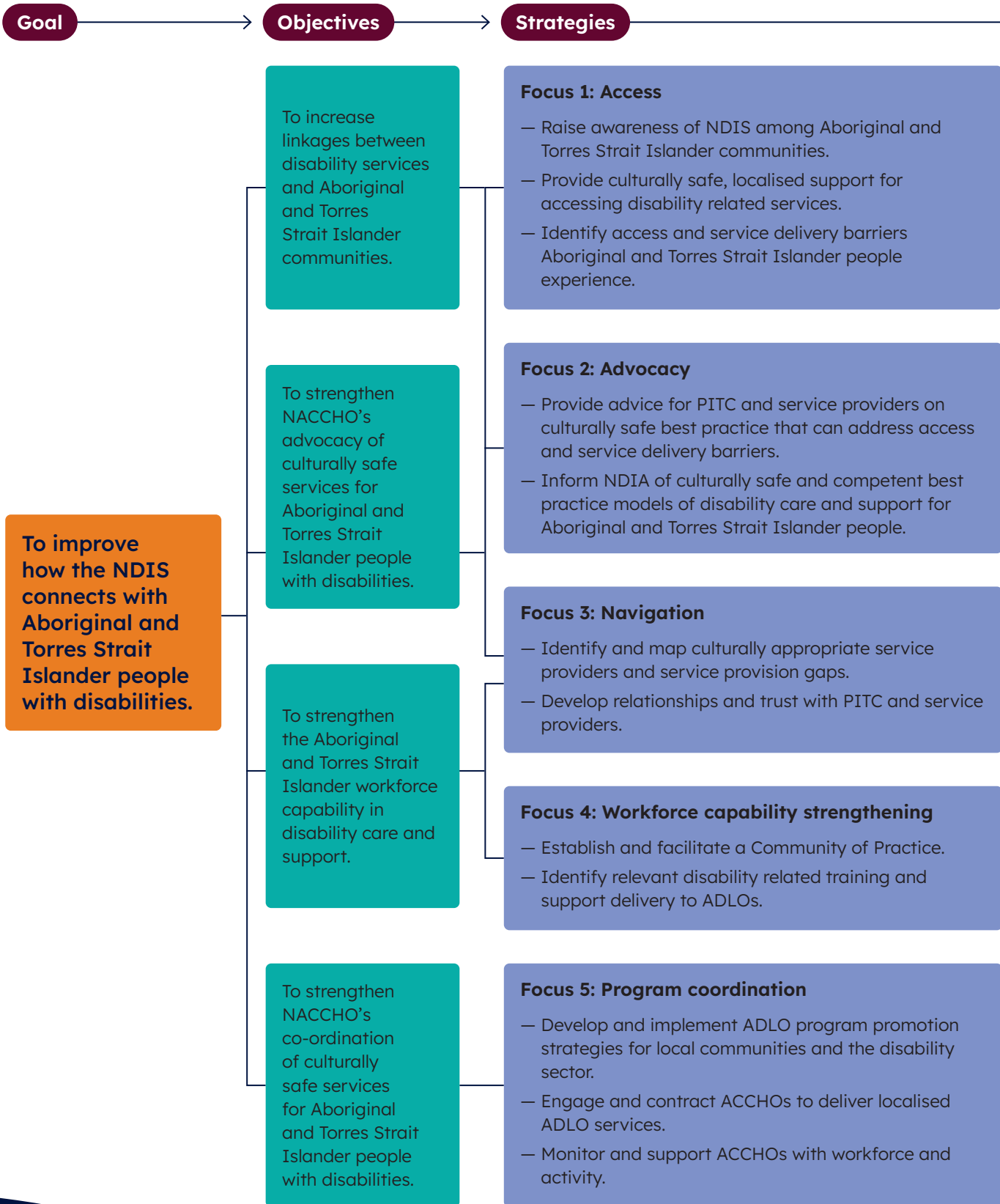
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ADLO program logic

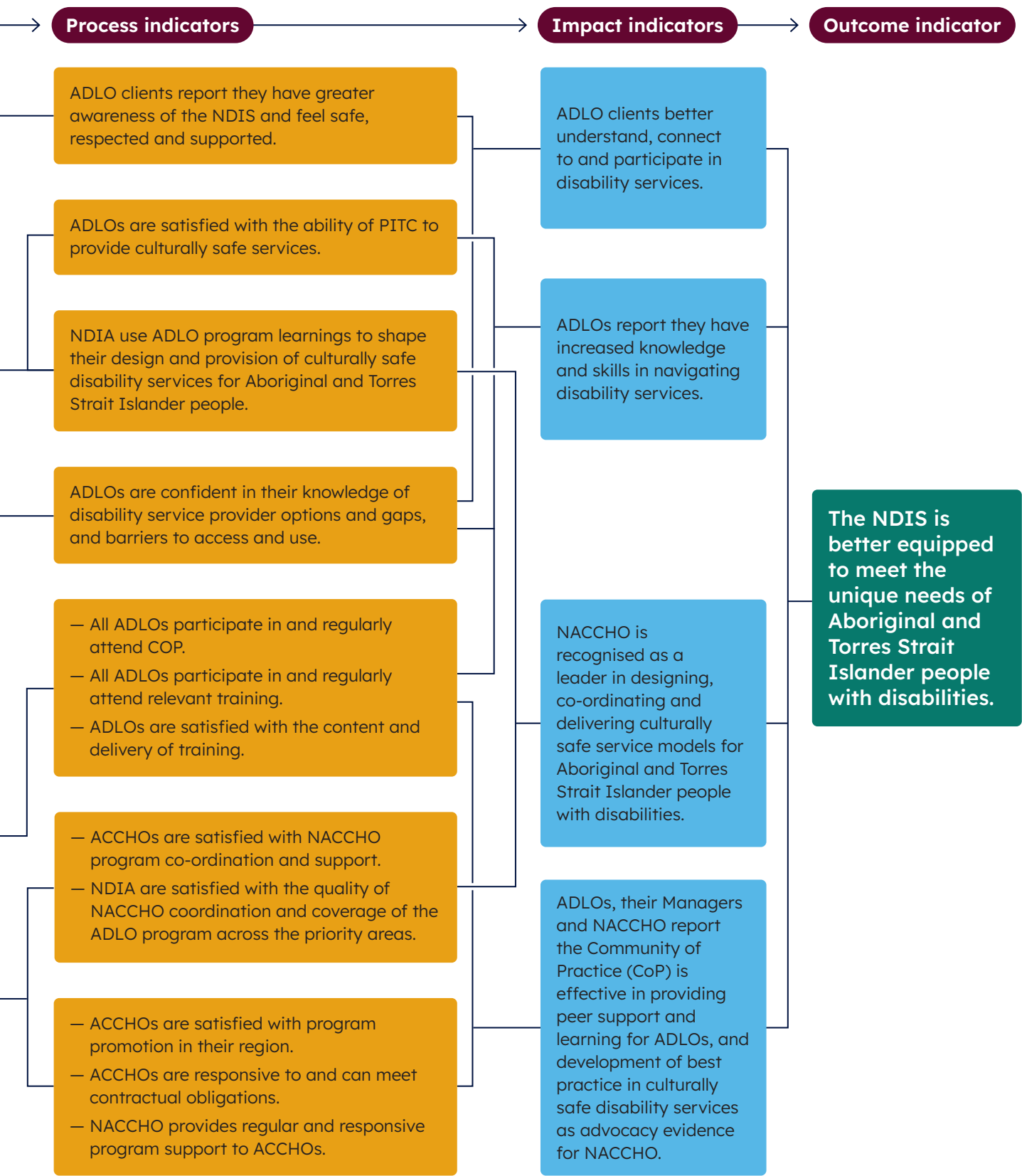


Principles

Cultural safety

NACCHO Core Services Framework

Aboriginal and Torres Strait Islander-led



Co-design for high quality, achievable solutions

Strengths-based

Continuous quality improvement

Evaluation guides

Conversation guide for ADLO clients

- 1 How did you learn about the ADLO/Community Connector Program?
- 2 What kinds of things do the ADLO/Community Connectors support you with?
- 3 Have these support options been useful to you and your family?
- 4 Rate how much you feel: a) culturally safe with my ADLO/Community Connector, b) respected by my ADLO/Community Connector. c) supported by my ADLO/Community Connector.
- 5 What things do you like most about the ADLO/Community Connector Program?
- 6 What things do you not like so much about the ADLO/Community Connector Program?
- 7 If a friend or family member asked your opinion about getting support from the ADLO/Community Connector program, what would you tell them?
- 8 Any other experiences to share: Is there anything else you would like to share about your experience of the ADLO/Community Connector program – both things that work well or that need improvement?

Conversation guide for ADLOs

- 1 How long have you been in the ADLO/Community Connector role?
- 2 How do you support clients?
- 3 How has providing this support made a difference to your clients and their families?
- 4 How is the support you provide different to other disability supports, including the NDIS Partners in the Community, in your area?
- 5 Since becoming involved in the ADLO/Community Connector program do you feel more confident in supporting clients to access/navigate disability services?
- 6 Is there anything else you would like to share about your experience of the ADLO/Community Connector program –things that work well or that need improvement?

Conversation guide for ADLO managers

- 1 Do you believe ADLOs/Community Connectors equip ADLOs/Community Connectors to undertake their job effectively? Share how ADLOs/Community Connectors are equipped in these three areas: a) knowledge, b) skills and c) confidence.
- 2 What do you find most beneficial about having NACCHO play this program support and co-ordination role?
- 3 Reflecting on the support clients get from ADLOs/Community Connectors to link with disability services, what have been some of the positives for: a) ADLOs/Community Connectors, and b) clients and their families?
- 4 Do you think the ADLO program provides anything different to other disability services? If so, what is different?
- 5 Do you believe NACCHO is being recognised as a leader in designing, co-ordinating and delivering culturally safe disability services?
- 6 Is there anything else you would like to share about your experience of the ADLO/Community Connector program – both things that work well or that need improvement?

Conversation guide for NDIA

- 1 Based on the funding available: a) How satisfied are you with the coverage that has been achieved to date for the ADLO program? b) How well does this reflect any priority areas identified early in the program?
- 2 How satisfied are you with how NACCHO has undertaken this central coordination and program management role?
- 3 How has the NDIA used program learnings to shape the design and provision of culturally safe disability services for Aboriginal and Torres Strait Islander people?
- 4 Has the ADLO program had any influence on how the NDIS approaches its work to support Aboriginal and Torres Strait Islander people with disabilities? What signs, if any, do you have that this is happening?
- 5 Do you think the NDIA is becoming better equipped to meet the unique needs of Aboriginal and Torres Strait Islander people with disabilities – in other words, to do this well?
- 6 Would you consider NACCHO a leader in designing, co-ordinating and delivering culturally safe service models for Aboriginal and Torres Strait Islander people with disabilities? Why?

Conversation guide for NACCHO

- 1 How are ACCHOs going with managing their contractual obligations?
 - 2 How do you think program coordination in supporting ACCHOs has gone from your perspective?
 - 3 How satisfied do you think ACCHOs are with NACCHO's program coordination and support role?
 - 4 Do you have a read on how satisfied the NDIA is with NACCHO's program coordination and support role?
 - 5 How well has the Community of Practice worked in: a) providing peer support and learning for ADLOs, and b) supporting the development of best practice in culturally safe disability services as advocacy evidence for NACCHO?
 - 6 What, if anything, have you noticed the NDIA do in response to your advocacy work in design and provision of culturally safe disability services for Aboriginal and Torres Strait Islander people?
 - 7 What signs, if any, do you have that NACCHO is being recognised as a leader in designing, co-ordinating and delivering culturally safe service models through its Members for Aboriginal and Torres Strait Islander people with disabilities?
 - 8 What signs, if any, do you have that the ADLO program is having a strong influence on how the NDIS connects with Aboriginal and Torres Strait Islander people with disabilities?
-

Yarning Circle and survey for ADLOs

- 1 How satisfied were you with the NDIS-run onboarding training in terms of: a) the range of topics covered in, b) the delivery, and c) if you felt better equipped to implement the ADLO program?

 - 2 Have you participated in any of the optional Information Sessions and Pathway training?

 - 3 How satisfied were you with these optional sessions in terms of: a) the range of topics covered in, b) the delivery, and c) if you felt better equipped to implement the ADLO program?

 - 4 Would you recommend other ADLOs do NDIS-run Information Session and Pathway trainings?

 - 5 How effective is the CoP in providing you with peer support and learning opportunities from other ADLOs?

 - 6 How effective is the CoP in developing best practice examples of culturally safe disability services based on ADLOs sharing of what works well?

 - 7 How would you rate your knowledge of: a) local disability service providers options and gaps, and b) any barriers to access and use of disability services for Aboriginal and Torres Strait Islander people with disability.

 - 8 How would you rate your skills in supporting clients to navigate: a) local disability service providers, and b) any barriers they face in accessing and using disability services?

 - 9 How would you rate your confidence in supporting clients to navigate: a) local disability service providers, and b) any barriers they face in accessing and using disability services?

 - 10 How satisfied are you with your local PITC in providing culturally safe services?

 - 11 How satisfied are you with other local disability service providers in providing culturally safe services?

 - 12 What do you think are the biggest benefits of the ADLO program?

 - 13 Do you have any suggestions to improve the ADLO program (not the NDIS)?

 - 14 Is there anything else important to share about your experience of the ADLO program?
-

ADLO proposed improvements and priorities for the COP and training

At the National Gathering, ADLOs and ADLO Managers reviewed each improvement consideration and rated their priority using these three categories. The outcomes are listed in the table below: responses of 60% or greater are shown in bold to emphasise priorities.



Seedling/idea (least priority) – does not matter if it does not grow in immediate future for the ADLO role.



Developed tree/idea (a priority) – progress this idea in near future for benefit of program.



Mature tree/idea (greatest priority) – progress this idea immediately for benefit of the program.

Table 5

ADLO proposed improvements and priorities for the COP and training

Improvement proposals

Suggestions for BOTH training and CoP

More face to face training	5%	33%	62%
More face to face networking opportunities	2%	29%	69%
More regional specific training	5%	33%	62%
More regional specific CoP	5%	45%	50%
Upskilling opportunities e.g. support coordination	0%	48%	52%
Buddy/mentoring system	10%	40%	50%
Cross skilling across other programs	5%	43%	52%

Training only

Develop a checklist outlining ADLO roles and responsibilities	0%	19%	81%
Continuous training so knowledge is up to date	0%	12%	88%
Training in other non-disability related areas	7%	50%	43%

CoP only

More discussions around cultural safety with LACs and non-Indigenous ADLOs	0%	19%	81%
Group chat	2%	64%	33%
Recordings of meetings to revisit information and solutions.	2%	60%	38%
Follow up on finding solutions to issues raised	0%	36%	64%
ADLOs contribute to the agenda by identifying topics for targeted discussions	2%	24%	74%

Data on issues faced by ACCHOs

NACCHO tracked the range of issues that ACCHOs share in their six-monthly reports for the January 2023 to June 2024 period, which are summarised below. They are consistent with the barriers and challenges that ADLOs, ADLO clients and ADLO managers shared during the external evaluation.

Figure 20

ACCHO reported access and navigation barriers and challenges

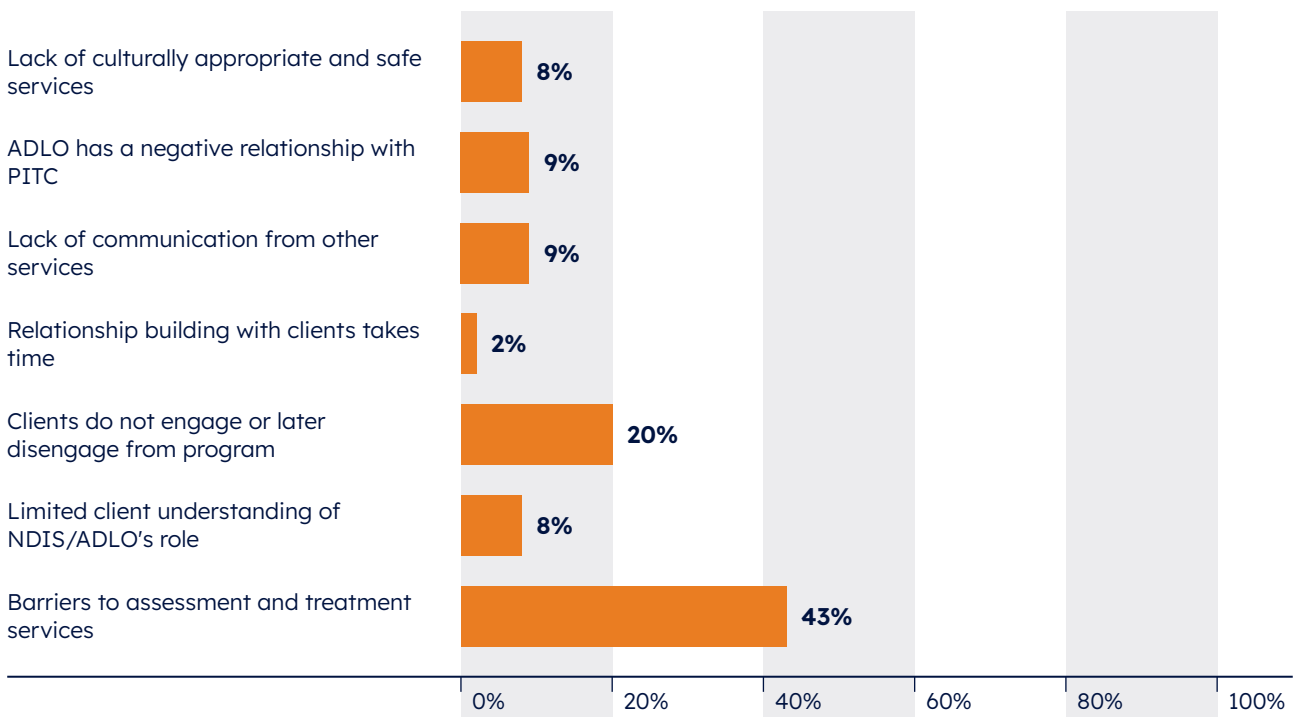


Figure 21

ACCHO reported advocacy barriers and challenges

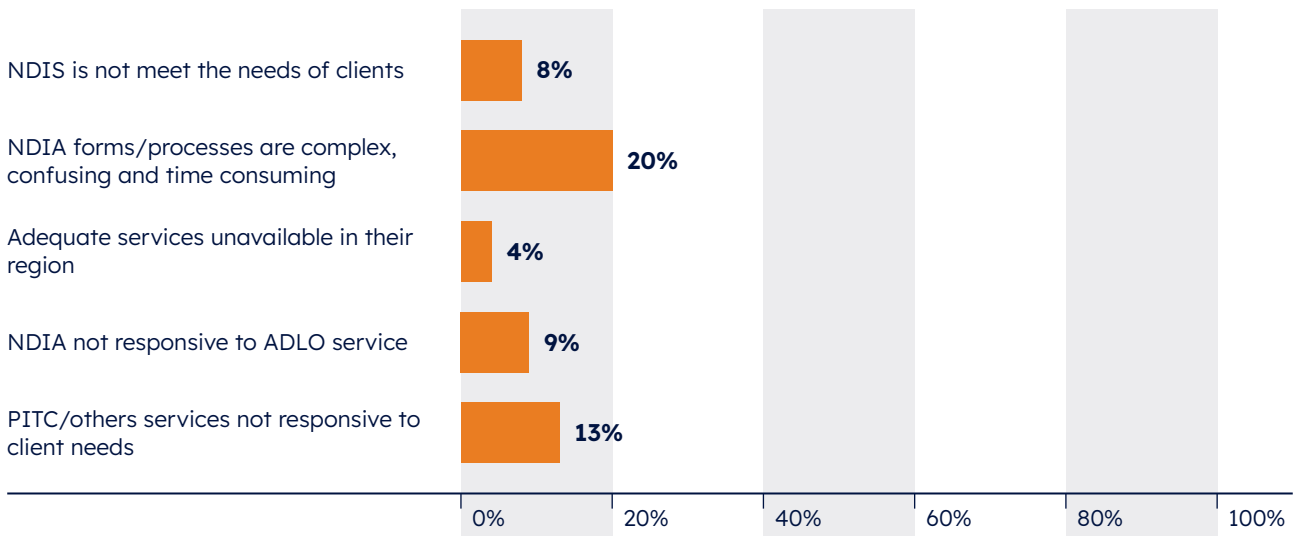
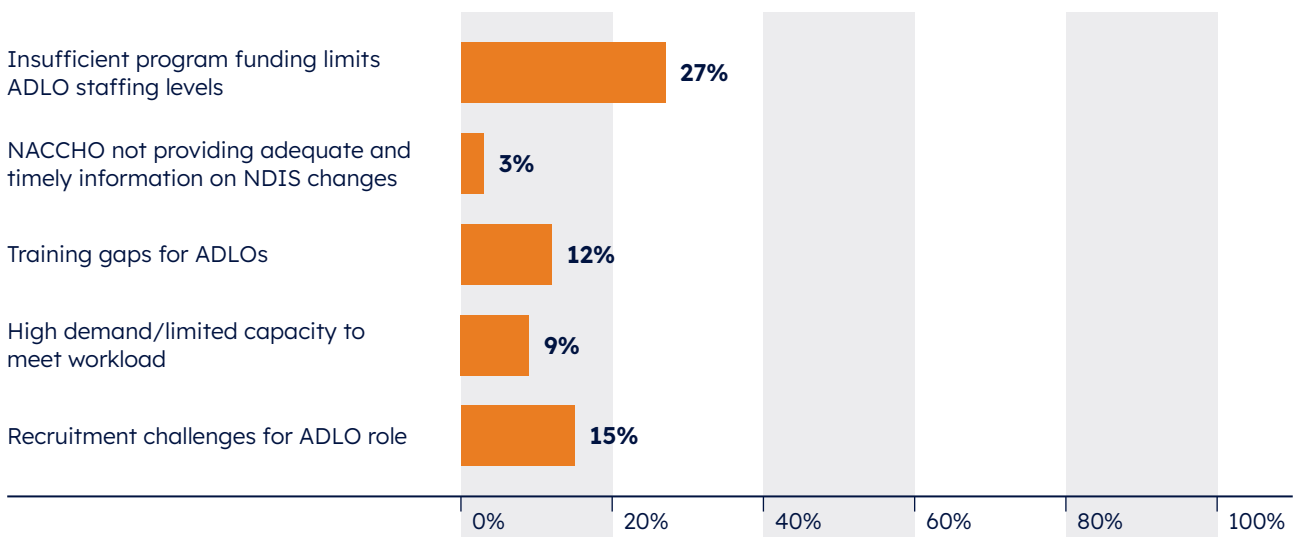


Figure 22

ACCHO reported workforce capability and program coordination barriers and challenges





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NACCHO

Disability