



NDIS PARTICIPANT LED TRAINING VIDEOS

**BUSINESS REPORT: REPLICATION
AND SCALING ACROSS THE NDIS**



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EXECUTIVE SUMMARY

1. THE RATIONALE FOR NDIS PARTICIPANT LED VIDEOS

A fundamental principle of the National Disability Insurance Scheme (NDIS) is to ensure that people with disability have the right to exercise their choice and control in directing their lives, and that flexible support is responsive to their changing abilities, needs and priorities over time. Participant-disability support worker relationships are critical in achieving these objectives. This project operationalises choice and control for people with a disability, a common missing element in traditional models of support.

In the NDIS context, many participants do not have the cognitive or communication capacity “in the moment” to exercise choice and control and to direct support services. In 2015-2016, the NDIS spent \$3.46 billion on disability support workers (DSWs), growing to \$14.5 billion at full scheme. This will see many new DSWs enter the labour force with limited disability experience or education. One of the scheme’s greatest weaknesses is the reliance on an unskilled workforce to support NDIS participants with cognitive and communication difficulties to obtain a good life, achieve their goals and increase their independence. This project aims to assist disability support workers to better hear the voice and priorities of NDIS participants with cognitive and communication impairments.

The Summer Foundation obtained a grant from National Disability Services’ Innovation Workforce Fund to pilot Participant Led Videos (PLVs) for DSWs, produced with people with disability to enable them to directly influence how they want to receive their supports.

The purpose of this report is to outline the costs of producing PLVs, and to identify sustainable models to support NDIS participants to produce the videos. If you are a person with disability you can use this report to advocate for greater access to the supports needed to create a PLV. If you are an organisation interested in supporting people with disability, you can use this report to determine how you can be involved in replicating and scaling the approach across Australia.

2. THE CREATION AND USE OF NDIS PARTICIPANT LED VIDEOS

The Summer Foundation has piloted two approaches to PLVs:

- PLVs with support coordinator assistance
- PLVs with allied health professional and support coordinator assistance

This Business Report focuses on these two approaches.

The videos are expected to deliver a range of benefits for NDIS participants and their families, support coordinators, DSWs and allied health professionals. Some of the benefits may also have cost savings for Disability Support Organisations (DSOs).

PLVs can take from five to 15 hours of paid time to produce at a cost range of approximately \$304-\$3175. A participant will engage their team of DSWs to watch their video/s, at a cost of around \$130-\$436/year (based on 3-10 DSWs viewing the PLV).

PLVs deliver a more individualised and targeted training for DSWs, providing a better understanding of the individual they are providing support to. The videos provide DSWs with specific information about what is important to the person in terms of their goals and what this looks like on a day-to-day basis. PLVs enable a greater working partnership between the participant and their support worker, which ultimately results in better quality of support and positive cost to benefit ratio.

3. OPTIONS TO REPLICATE AND SCALE THE APPROACH

All people with complex cognitive-communication or expressive language challenges have the right to exercise their choice and control in the life goals they want to achieve. PLVs provide people with disability (PwD) the opportunity to have their voice better heard. While the PLVs have been developed with this complex cohort in mind, PLVs also have value with broader application benefits for both participants and non-participants of the NDIS. The video creation process gives PwD control to clearly and concisely communicate their goals and support preferences. NDIS participants and their families want services that support them to achieve independence. PLVs can help to meet this participant demand.

NDIS payments are available for participants to purchase capacity building supports that assist them to achieve independence, achieve their goals and lead a good life. These capacity building supports can be used to fund different people who can support a participant to make their video. The people we think are best suited for this role are allied health professionals or support coordinators, but it is not limited to only these two roles. For DSOs to keep accessing capacity building support payments, they need to demonstrate that they are supporting participants to achieve their goals.

There are six potential ways of engaging the disability sector in the development of PLVs.

Dissemination strategies:

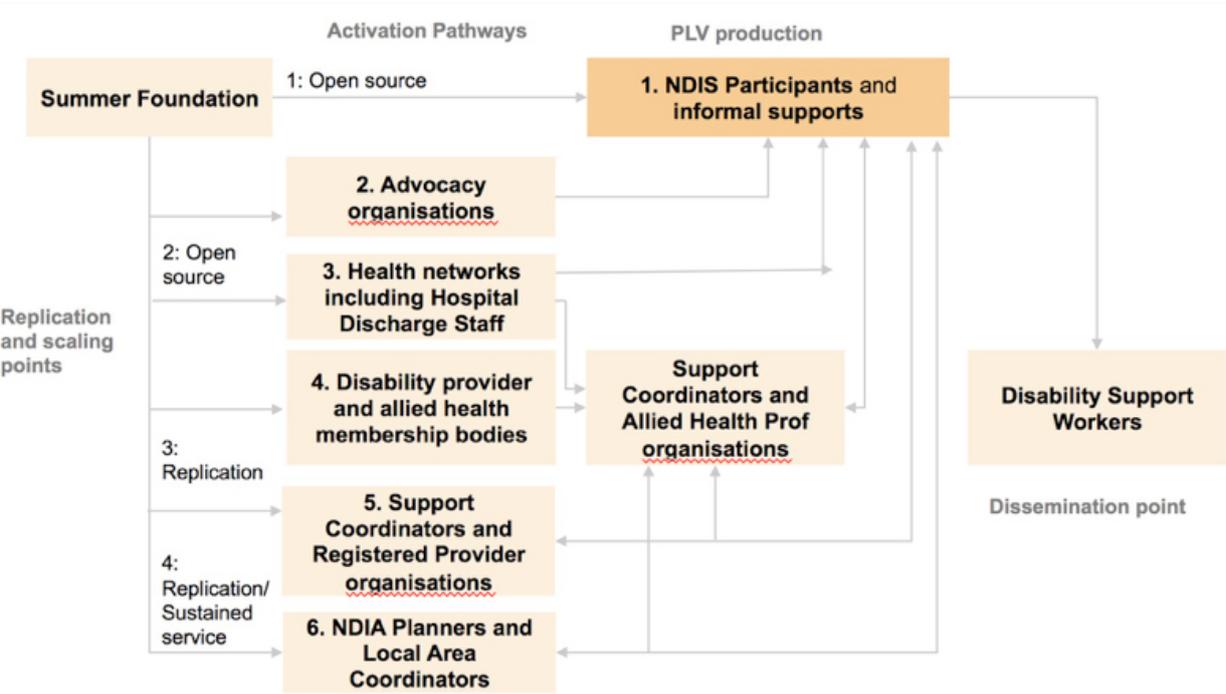
1. Direct to NDIS participants and informal supports
2. Via advocacy organisations
3. Via health networks including health discharge staff
4. Via disability and allied health professional membership bodies
5. Via support coordinators either private or through their registered provider organisation
6. Via NDIA and Local Area Coordinators.

The dissemination strategy outlined below would ensure the six pathways are addressed. Figure S1 depicts the relationship between them.

Recommendations

1. Summer Foundation develops and implements a dissemination strategy for the PLV 'how to' guides and videos with NDIS participants, informal supports, support coordinators, allied health professionals, the National Disability Insurance Agency (NDIA), Local Area Coordinators, advocacy organisations, health networks, and disability peak bodies.
2. Summer Foundation updates its resources in relation to NDIS plans to incorporate supports required for a participant to create their PLVs.
3. Summer Foundation secures funding to develop a series of PLV information sessions and workshops for advocacy organisations, allied health professional networks and disability provider membership bodies.
4. Advocacy organisations, allied health professional networks and disability provider membership bodies endorse and share PLV resources and material to Support Coordinators (SCs) and Allied Health Professionals (AHPs).
5. Advocacy organisations and hospital discharge staff encourage NDIS participants and informal supports to request inclusion of funds to develop PLVs in their NDIS plans.
6. NDIS participants create PLVs with their informal supports as an NDIS-funded capacity building support with assistance from SCs, AHPs to use in the training of their support staff.
7. Summer Foundation secures funding to develop an additional video and short guide resource for participants and their informal support with tips and information about how to safely disseminate and share their videos with support workers
8. Participants engage their DSWs to watch PLVs using NDIS-funded capacity building support to understand participants' goals and preferences.
9. In the long term, NDIA Planners and Local Area Coordinators learn about PLV rationale, benefits and creation process, and once fully evaluated, agree to NDIS participants including the supports required to create PLVs in their NDIS plans as a pro-active way to assist people with disability to self-manage and direct their supports.

Figure S1: Participant led videos approach dissemination pathways



ABOUT THE SUMMER FOUNDATION

Established in 2006, the Summer Foundation exists to resolve the issue of young people living in residential aged care (RAC). Young people with disability have the right to live where, how and with whomever they choose. They deserve to be appropriately and adequately supported to achieve these choices.

This is a problem that could be solved within the next decade.

Our strategy is to influence the evolution of the National Disability Insurance Scheme (NDIS). We simultaneously influence the systems and markets that surround, support and impact young people with disability living in RAC or those at risk of entering RAC.

Systems change requires collaboration and engagement from all stakeholder groups in the systems we seek to influence. We continually assess our relationship with stakeholders to determine whether leading, partnering with or informing will achieve the greatest systems impact.

Central to our stakeholder engagement are young people with disability and their families. Our stakeholders also include the disability, housing, health and aged care systems across government, private and community sectors.

1. THE RATIONALE FOR NDIS PARTICIPANT LED VIDEOS

PURPOSE OF THE PARTICIPANT LED VIDEOS

A fundamental principle of the NDIS is to ensure that people with disability have the right to exercise their choice and control in directing their lives, and that flexible support is responsive to their changing abilities, needs and priorities over time. Participant-DSW relationships are critical in achieving these objectives. This project operationalises choice and control for people with a disability, a common missing element in traditional models of support for PwD.

In the NDIS context, many participants do not have the cognitive or communication capacity “in the moment” to exercise choice and control and to direct support services. In 2015-2016, the NDIS spent \$3.46 billion on DSWs, growing to \$14.5 billion at full scheme. This will see many new DSWs enter the labour force with limited disability experience or education. One of the greatest weaknesses of the NDIS is the reliance on an unskilled workforce to support NDIS participants with cognitive and communication difficulties to obtain a good life, achieve their goals and increase their independence. This project aims to address this challenge and support disability support workers to better hear the voice and priorities of NDIS participants with cognitive and communication impairments.

The Summer Foundation obtained a grant from the National Disability Services' Innovation Workforce Fund to pilot DSW training videos, made by people with disability to enable them to directly influence how they want to receive their supports. These videos are called Participant Led Videos or PLVs.

The aims of the PLVs are to:

- Increase the capacity of NDIS participants to exercise choice and control in directing their lives and support services
- Provide NDIS participants with more individualised, flexible support that is responsive to their changing abilities, needs and priorities over time
- Provide a cost effective and scalable way to increase the quality and effectiveness of disability supports provided to NDIS participants
- Enable NDIS participants to make measurable progress towards their goals and reduce the long-term liability of the NDIS

PARTICIPANT LED VIDEOS PILOT

The Summer Foundation has prototyped an approach for participants to develop training videos to enable people with complex cognitive and communication challenges to have a voice and directly influence how they want to receive their supports. It has documented what was learnt during the pilot in a Workbook for participants, their families and friends called Making a training video for your support worker; a Guide for support coordinators, allied health professionals, DSOs and other professionals and paid workers called Helping people make a training video for their support workers; and a 'How-to' Video for all involved, which shows how to complete the process. La Trobe University led an evaluation of the pilot.

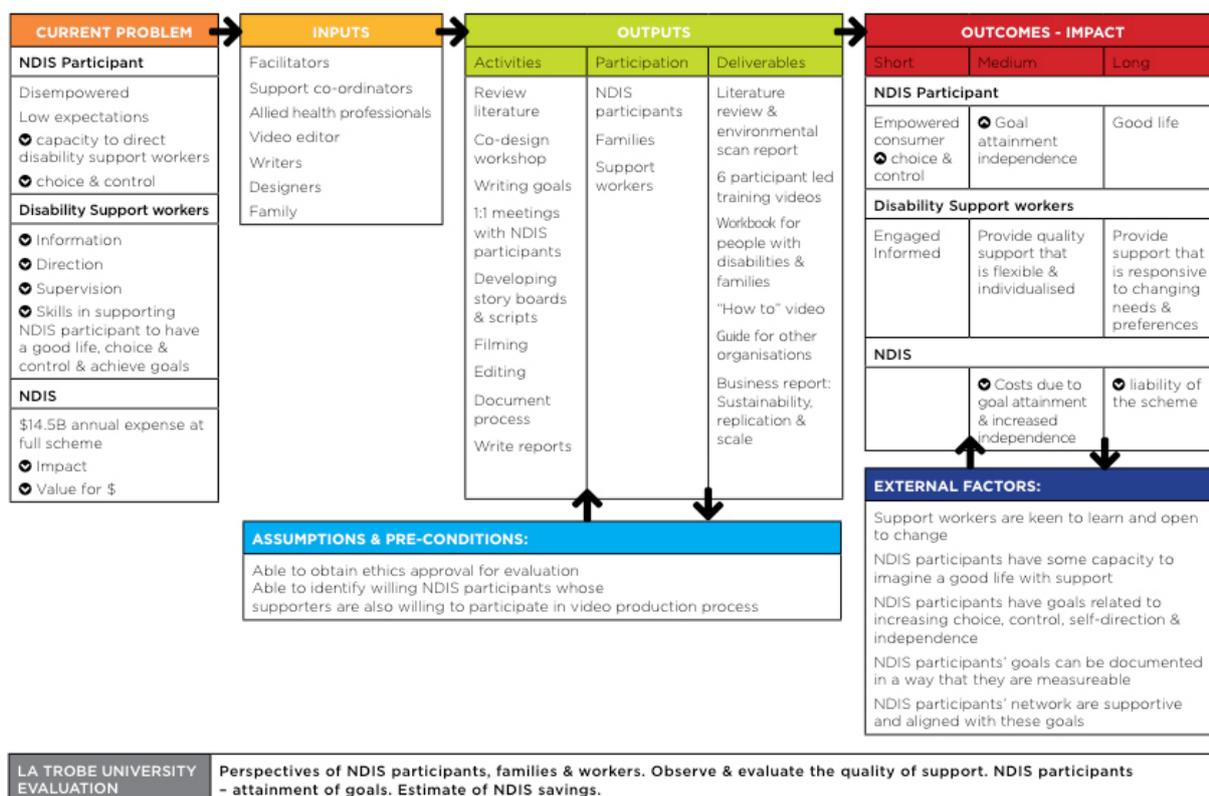
In the pilot, the video creation process involved a Summer Foundation facilitator working with six NDIS participants to understand what each considered to be a "good life" and to document up to four measurable goals. In some cases, this goal setting was done in collaboration with allied health professionals to identify the strategies, support and resources participants needed to achieve their goals.

The videos are roughly 10 minutes long and cover what participants want their DSWs to know about them, how DSWs can support participants to do something, and how DSWs should act with participants. Some participants included an allied health professional in part of their video to demonstrate and/or explain how they want to be supported.

Videos were captured using professional equipment for five of the videos. The sixth was made using an iPad to demonstrate how the videos can be reproduced and replicated using filming and video functions on everyday technology. In future replication participants will not be limited by the requirement for specialised equipment to film and take photos for their videos as these can be produced with an everyday smartphone or tablet device. Some participants may choose to use specific filming equipment.

The PLVs program logic (below) presents the link between the activities in the pilot with the expected outcomes of the pilot, and other influencing factors. More details about what and who is involved, and the expected outcomes of the videos are included in the remainder of this report.

Figure 1: Participant led video program logic model



PURPOSE OF THIS REPORT

The purpose of this report is to:

- Outline the costs of supporting participants to create training videos to enable them to directly influence how they want to receive their supports
- Identify sustainable models to support NDIS participants to create the videos, including potential partner organisations

If you are a person with disability you can use this report to advocate for greater access to the supports needed to create a PLV. If you are an organisation interested in supporting people with disability, you can use this report to determine how you can be involved in replicating and scaling the approach across Australia.

The final evaluation of the pilot will be published after the publication of this report. Based on the observations of the Summer Foundation team during the pilot, this report assumes that the evaluation will find that the participant led videos approach is effective in creating better outcomes for NDIS participants and their support networks, which will flow through as benefits to the NDIS, and that replicating the approach across Australia is beneficial.

2. THE CREATION AND USE OF NDIS PARTICIPANT LED VIDEOS

PROCESS TO PRODUCE AND USE THE NDIS PARTICIPANT LED VIDEOS

The Summer Foundation has piloted two approaches to make the videos:

- Participant led video with support coordinator assistance (Approach A)
- Participant led video with allied health professional and support coordinator assistance (Approach B)

This Business Report focuses on these two approaches. These approaches are likely to be the most commonly used to create the videos and both used paid staff time. The following case studies illustrate the differences in how support coordinators and allied health professionals are used in the creation of PLVs. Appendix Table A1 has more detailed information about the people involved in each step of creating the videos.

CASE STUDY: BRANDON

Approach A: Participant led video with support coordinator assistance

About Brandon

Brandon is a 42-year-old electrician who had a workplace accident. A pole fell on his head and now he has a brain injury. Brandon is married to Kylie and has two sons (6 and 10 years old). Brandon loves his family but has a lot of difficulty staying calm with such a busy house. He becomes overstimulated and sometimes yells or gets cross with his sons and wife. Kylie is very busy at work and with the boys so Brandon often has support workers to get things done at home, go out to do activities and to help him manage how he acts. One thing that helps a lot is making sure Brandon gets outside every day to go for a walk and that he gets enough rest during the day so he is not too tired when his family come home. He needs a support worker to help him get going in the morning, remember to go for a walk and to have a sleep after lunch.

Video creation process, time and cost

Brandon decided to engage his support coordinator to assist him to make the video. He needed help to think about what was most important to him and how to tell this to support workers. Brandon and his support coordinator had recently met with his psychologist to look at strategies that could help him when he is feeling frustrated by noise at home. Brandon's support coordinator asked him if he wanted to use any of the strategies or ideas they had discussed with the psychologist to put into his video. Brandon identified he wanted to focus his video for support workers to help him to be a good dad and a good husband.

Brandon sometimes forgets what helps him to stay calm with his kids but he is happy to receive supportive ideas and words most of the time. When making the video, he needed help to know how to put what his support workers need to say into words.

For Brandon to make his video about how to support him to be a good dad and husband at home, it took about five hours across a week of short sessions. This is mostly because Brandon got tired after about an hour of working on the video. Brandon's support coordinator arranged with Brandon to develop and produce his video using one hour a day over five days of Brandon's paid support time for capacity building support.

Expected outcomes

For Brandon:

- Feels like "a better husband and father when I stay calm"

For Brandon's family:

- Less stress in the home, less time anticipating what mood Brandon might be in each evening
- Kylie says: "Brandon is more like his old self with the boys and the boys feel safe with Brandon now"

For support workers:

- A structured daily plan to help Brandon and his family have a safe, enjoyable night together
- They know how to approach Brandon about having rest breaks and getting outside for a walk when he says he does not need to
- They understand the triggers for Brandon's aggression and how to help him manage this, leading to greater job satisfaction and commitment to the role

Potential cost savings¹

As a result of PLVs, disability support organisations could potentially save \pm \$700/year due to less time spent training support workers (approx. 2 hrs per year x 4 DSWs) and \pm \$1400/year in unplanned leave due to a greater level of engagement of DSWs with clients (1 day x 4 DSWs).

Cost effective benefits for NDIS

Sustained housing - with consistent and quality support Brandon can continue to have a sustained housing option.

Reduced need over time for formal support - with consistency of staff understanding and working with Brandon, Brandon has greater opportunity to learn and adopt his routine, becoming more independent and needing less paid support over time.

1. The figures are illustrative of potential cost savings and may not fully capture all savings.

CASE STUDY: HARRY

Approach B: Participant led video with allied health professional and support coordinator assistance

About Harry

Harry is 29 years old and loves to listen to his favourite music, watch sports and go to the park with his dog, Sally. Harry had a sporting accident when he was a teenager. He is now in a wheelchair and has a brain injury. For Harry to have a good day, he needs his support workers to follow his morning routine efficiently, otherwise he does not get to go to the park and walk Sally. Harry has severe memory loss and is not able to talk. He uses his head to indicate yes and no. He can sometimes point to letters on a communication board to spell words out.

Video creation process, time and cost

Harry needed support from his occupational therapist (OT) to make his video. The support coordinator contacted Harry's OT and asked her to work with Harry and design his morning routine. The OT was the best person to do this with Harry, because she knows how he transfers safely to and from his wheelchair and knows the quickest way for Harry to have a shower. Harry needed a lot of help from his OT to plan his video. He was not able to give much information in words about what he wanted to say but he was able to answer yes and no to make choices about what he wanted his support workers to know. Harry's support coordinator then helped him to communicate as much as possible and filmed and edited the video.

Harry's OT: "When things go smoothly in Harry's morning, he gets to do what he loves to do. He is much happier after he spends time with Sally at the park".

For Harry to make his video about how to support his daily routine, it took about seven hours across about four days. It took some extra time to make sure Harry had a chance to communicate what he wanted to show in the video. Also, some of the video was taken at the park and this took some extra time. Harry's OT used three long sessions (120 mins each) to do her steps of the video with Harry. Harry's support coordinator used one long session (120 mins) to do her part with Harry.

Expected outcomes

For Harry:

- Able to have a say in how he wants his day to run
- Makes sure Harry fits in the most important thing in his day, walking Sally
- He feels happier on days when he walks Sally than on days when time runs out

For support workers:

- Able have a concise way of learning about what is important to Harry to have a good day and how to support him (which would typically take 10 support episodes)
- Able to hear from Harry and his therapist about ways to do things quickly and more easily (saving approximately 30 minutes per morning)
- Less difficulty with Harry's mood in the afternoons than if he isn't able to get to the park, which makes it a more satisfying working environment

Potential cost savings

As a result of PLVs, disability support organisations could potentially save ±\$700/year due to less time spent training support workers (approx. 2 hrs per year x 4 DSWs) and ±\$1400/year in unplanned leave due to a greater level of engagement of DSWs with clients (1 day x 4 DSWs).

Cost effective Benefits for NDIS

Reduced need over time for additional staff supports - with individually tailored strategies from his support workers, Harry will manage social communication situations and maintain his important relationships. This will result in a reduction in supports over time, as Harry experiences positive interactions with others, and needs less prompting and support.

ASSUMPTIONS ABOUT THE ROLES OF PROFESSIONALS FACILITATING PLV PRODUCTION

In an NDIS context goal setting is a fundamental paradigm. Supporting a person to effectively identify and articulate meaningful, value based goals takes significant skill and experience. That level of skill and experience is amplified when the person being supported to articulate their goals has significant and complex support needs.

Supporting a person with disability to break down how a goal manifests in everyday transactions of support also requires skill and experience.

*What does it mean for a person with disability to actively participate in communication?
How does that look and feel for the person in day-to-day life and what should a support worker do to make sure this happens?*

The resources developed as part of this project guide people through the steps required to support a PwD to make a training video for their support workers. Even more importantly, the process described in these resources covers the integral step of supporting a PwD to identify and articulate their meaningful goals, and further, translate those goals into tangible, bespoke actions relevant to a support worker.

These resources assume a level of skill consistent with an experienced and effective support coordinator, or an allied health professional in order to effectively support the PwD who is making the video.

This rationale behind this project is to develop the workforce. In this case, the effectiveness of the DSW workforce will be enhanced by DSWs hearing directly from their 'clients' about how their day-to-day actions can have a positive impact on a PwD making progress toward achieving their goals.

The estimates of time and cost outlined in this report are indicative of the PwD being supported to create their training video by a skilled support coordinator or allied health professional who knows them well, and is familiar with meaningful goal setting. For those who have less familiarity with either the person they are supporting, or the process of value based goal setting, the resources will be extremely useful, but it is expected the time required to follow the process and produce the video will be considerably longer.

ESTIMATED COSTS OF NDIS PARTICIPANT LED VIDEOS

The Summer Foundation has prepared an estimate of the costs of the two approaches to creating PLVs (described on the previous page) based on the most applicable items in the NDIS Price Guide. The costing is largely based on the support items provided by support coordinators and allied health professionals as the pilot has indicated that this is the competency level required for PLVs.

The Price Guide items used in the cost model are as follows:

- For support coordinators the most applicable Support Item identified is Improved Life Choices (Support Category 3.14) - Plan and Financial Capacity Building (Ref. No. 14_031_0127_8_3)
- For AHPs the most applicable Support Item identified is Improved Daily Living (Support Category 3.15) - Individual assessment, therapy and/or training (includes assistive technology) (Ref. No. 15_048_0128_1_3).
- For DSWs the most applicable Support Item identified is Improved Daily Living (Support Category 3.15) - Assistance with decision making, daily planning, budgeting (Ref. No. 15_035_0106_1_3)

The estimated costs are shown in Table 1 and indicate that there is large variability in the estimated cost of producing the videos depending on the approach taken by participants and their support networks. For both approaches, the costs of producing the videos are low when compared with the potential savings associated with the expected outcomes (see Table 2).

The estimates are based on these assumptions:

- Participants are based in Victoria, NSW, QLD or Tasmania and are not remote or very remote
- Participants have complex support needs
- Videos are produced during daytime weekdays
- Participants and informal supports are unpaid for their involvement in the videos
- One or more people involved in the video has free access to mobile devices for filming, editing and uploading

Table 1: Participant led video creation and use paid time and cost estimates by phase

Phase	Approach A: Participant led video with support coordinator assistance		Approach B: Participant led video with allied health professional and support coordinator assistance	
	Paid time (hours)	Cost estimate	Paid time (hours)	Cost estimate
1. Your Goals (goal setting)	1-2.5	\$55-138	2-5	\$231-577
2. Your Words	1-2.5	\$55-138	2-5	\$231-577
3. Planning the Video (story boarding and scripting)	0.5-1.25	\$28-69	1-2.5	\$115-289
4. Filming	1-2.5	\$55-138	2-5	\$231-577
5. Making the video	1.5-3.75	\$83-207	3-7.5	\$346-866
6. Sharing Video with Disability Support Workers	3	\$131	5	\$436
7. Reviewing video	0.5-1.25	\$28-69	1-2.5	\$115-289
Total	8.5-16.75	\$304-760	14-30	\$1,705-3,610

Full costings are included in Appendix Tables A2-A3.

3. REPLICATING AND SCALING PARTICIPANT LED VIDEOS

RATIONALE FOR REPLICATING AND SCALING PARTICIPANT LED VIDEOS

The PLV pilot focused on people with complex cognitive-communication or expressive language challenges. The Summer Foundation believes that PLVs have broad application across the NDIS beyond this pilot group, and in fact across all PwD who are not NDIS participants.

The video development process gives PwD control to concisely and clearly communicate their goals and support preferences in the best manner possible for them. There is demand from NDIS participants and their families for services that support PwD to achieve independence. NDIS Market Insights reports identify "supporting independence" as the second or third most common outcome life domain in participant plans (following "daily living").² PLVs are an important tool for NDIS participants to access the support they need to be more independent.

NDIS payments are available for participants to purchase capacity building supports. These are supports that enable participants to build and improve their independence and skills. Organisations that are able to demonstrate that they are supporting participants to achieve these outcomes will position themselves well to secure these payments and provide these supports in the future. It is particularly important for DSOs to demonstrate this in the context of recent NDIS reports that committed supports are under-utilised by participants and only 68 per cent of participants state that they have choice and control³. The case studies in the previous section of the report show that there is a broad range of benefits from the videos. Many of these have potential cost savings for DSOs.

PRINCIPLES FOR REPLICATING AND SCALING PARTICIPANT LED VIDEOS

The value of the PLVs comes from the process being participant led and directed. For replication and scaling of PLVs to be successful, it is important that the videos:

- Demonstrate that the NDIS participant is supported to have choice and control and effective decision-making
- Are short enough for DSWs to watch within work time
- Are easily accessible to view (e.g. plain language, clear audio and visuals)
- Can be produced and viewed on readily available devices and platforms

2. For examples, NDIS, *Market Position Statement Victoria: North East Melbourne*, <https://www.ndis.gov.au/html/sites/default/files/documents/Market%20Position%20Statement/Victorian-MPS.pdf> April 2016. NDIS, *Market Position Statement Northern Territory*, <https://www.ndis.gov.au/medias/documents/h6a/hdf/8799676235806/NT-Market-Position-Statement-PDF-1.8MB-.pdf>, January 2017.

3. NDIS, *COAG Disability Reform Council Quarterly Report: National*, <https://www.ndis.gov.au/medias/documents/performance-national-mar-18-pdf/performance-national-march-18-pdf.pdf>, March 2018.

PROPOSED APPROACH TO SCALING PARTICIPANT LED VIDEOS

The Summer Foundation has considered Gugelev and Stern's "Endgame"⁴ framework to determine the most appropriate options for spreading PLVs to more NDIS participants. The framework has six endgames for not-for-profits to consider based on "the essential characteristics both of the social problem they have targeted and of the operational model" (see Table 3).

Table 3: Plotting an Endgame - Six Options

ENDGAME	CHARACTERISTICS	CORE APPROACH	FUTURE ROLE
Open source	A breakthrough idea that is easy for other organizations to adopt and integrate	Conducting research and development, and sharing knowledge	Serving as a knowledge hub for research related to a breakthrough idea
Replication	A breakthrough product or model that is easy for other organizations to adopt and deliver	Defining a replicable operating and impact model, demonstrating its efficacy, and sharing it with other organizations	Providing certification of franchise programs and training services, and serving as a center of excellence
Government adoption	A model with high coverage potential, along with a capacity for integration into public sector programs	Delivering results at a sufficient scale and level of efficiency to make a case for public sector involvement	Offering services to government agencies, and maintaining research and advocacy efforts
Commercial adoption	A product or service with profit potential that solves a market failure or reduces market risk	Demonstrating the impact and the profitability of a product or service, and reducing associated risks	Maintaining advocacy and monitoring efforts, targeting hard-to-reach market segments, and working to ensure commercial delivery
Mission achievement	Defined and achievable outcomes related to solving a discrete problem	Maintaining a focus on targeted intervention	Applying (where relevant) unique assets and capabilities to additional issue areas
Sustained service	A strong organization, with a proven ability to sustain funding, that fills a market or public service gap	Creating a cost-effective model, building a strong organization, and making efficiency improvements.	Continued provision of a core service at an ever-increasing level of efficiency

Source: Gugelev, A and A Stern, 'What's Your Endgame?', *Stanford Social Innovation Review*, Winter 2015.

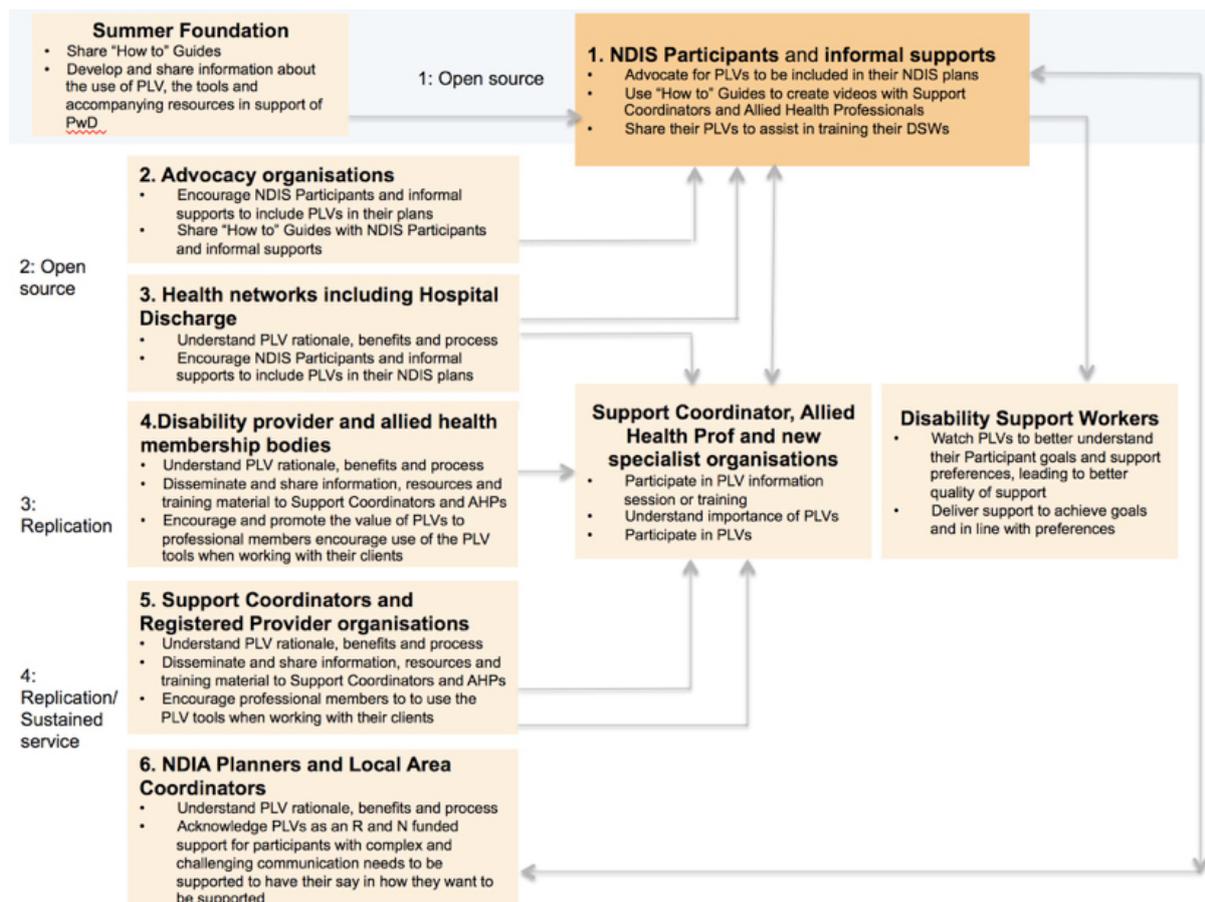
There are three endgames that are most suitable for spreading PLVs: open source, replication and sustained service. The Summer Foundation has:

- Designed the PLV approach to make it easy for organisations to adopt and integrate (to support open source)
- Defined a replicable operating and impact model (to support replication)
- Shown in this report that it might be built into the NDIS capacity building supports (as a sustained service)

Figure 4 shows the five complementary pathways for achieving widespread adoption of PLVs. For PLVs to be embedded across the NDIS it is critical that both current NDIS participants and people entering the NDIS in the future are made aware of PLVs and how they can assist them to have choice and control over their supports. Multiple pathways are needed to achieve reach across the NDIS.

4. Gugelev, A and A Stern, 'What's Your Endgame?', *Stanford Social Innovation Review*, Winter 2015.

Figure 4: Replicating and scaling PLVs across the NDIS



Pathways 1 and 2: Open source through PLV 'how-to' guides and videos

The Summer Foundation has published guides and videos on how to create PLVs. There is no charge to access these resources on the Summer Foundation website. These resources will alert NDIS participants, informal supports and advocacy organisations to the benefits and process of creating PLVs. This will enable PwD who do not yet have a support coordinator or NDIS plan to advocate that they have a goal to train their staff and that they would like to do this using PLVs.⁵

Funding source: NDS Innovative Workforce Fund (current project)

Potential partners: Advocacy organisations and groups

Pathways 3 and 4: Replication and sustained service

The Summer Foundation has defined PLVs as a replicable model. The Summer Foundation will develop a communication and dissemination strategy that will engage advocacy organisations health networks, disability provider peak membership bodies and other key groups through a number of targeted workshop and information sessions to share best practice and resources, and to ensure that PLVs are promulgated across the NDIS.

5. NDIS participants with less complex disabilities and their informal supports will be able to use the guides to create PLVs (see case study in Appendix A). This approach is outside the scope of this business report.

6. Estimate based on five hours of NDIS payment: Improved Daily Living (Support Category 3.15) - Plan management activities (Ref. No. 14_031_0127_8_3) from NDIS, *NDIS Price 2017*, <https://www.ndis.gov.au/medias/documents/h4a/ha4/8805126078494/201718-VIC-NSW-QLD-TAS-Price-Guide.pdf>, 2017.

Based on our preliminary research, the Summer Foundation understands that providers could receive NDIS payments to cover the costs of support coordinators and allied health professionals supporting participants to make their videos and for DSWs watching the PLVs⁶. To qualify for payments, participants' NDIS plans will need to clearly stipulate that exercising their voice and being supported to have control in guiding their support staff is a key goal. PLVs are a tool to support a participant's independence and increase capacity; and assist in the training of their support staff. NDIS payments are the most sustainable option for funding the adoption of the videos across the NDIS.

Hospital discharge staff and allied health professionals work with PwD who are likely to newly enter the NDIS. The PLV information sessions and revisions to current health discharge resources will enable these professionals to ask PwD if they would like to train their DSWs and then advocate for this in their NDIS pre-planning, plan assessment and therapy planning.

Support coordinators can play a similar role for PwD who are new participants or already NDIS participants. They will be able to advise NDIS participants about their options to train their DSWs using PLVs. They can also make NDIS participants aware that they can either use their current allocation of NDIS funded hours to create PLVs, or assist participants to identify training their DSWs as a goal to be funded in a future plan.

Support coordinators and allied health professionals will be able to point to the PLV creation process as evidence that participants are building their capacity to make their own decisions, direct their own supports and becoming more independent. Registered providers and organisations may have their funding reduced or removed for these payments where they are unable to demonstrate participant outcomes against their goals through the regular review process. Additional benefits for DSOs where support coordination is offered and allied health professionals include:

- Become a provider of choice by offering NDIS participants a meaningful way to share their goals and direct their support preferences with DSWs
- Time saving for staff to become familiar with participants' needs
- Better participant-DSW relationship leading to improved staff satisfaction and engagement

A longer-term goal is for NDIA planners and Local Area Coordinators to embed participants' preferences and funding requirements for helping to train their DSWs into their NDIS plans. If participants need specialised support to do this, it will be important for provisions to be made in their plans.

Funding source:

- Grant funding for the development of a train the trainer training package
- Fees to participate in training
- NDIS payments for PLV creation

Potential partners:

- Health networks and hospital discharge staff to assist people
- Advocacy organisations and disability peak bodies
- Disability provider and allied health membership bodies, allied health professionals, support coordinators
- NDIA and Local Area Coordinators

Recommendations

1. Summer Foundation develops and implements a dissemination strategy for the PLV 'how to' guides and videos with NDIS participants, informal supports, support coordinators, allied health professionals, the National Disability Insurance Agency (NDIA), Local Area Coordinators, advocacy organisations, health networks, and disability peak bodies.
2. Summer Foundation updates its resources in relation to NDIS plans to incorporate supports required for a participant to create their PLVs.
3. Summer Foundation secures funding to develop a series of PLV information sessions and workshops for advocacy organisations, allied health professional networks and disability provider membership bodies.
4. Advocacy organisations, allied health professional networks and disability provider membership bodies endorse and share PLV resources and material to Support Coordinators (SCs) and Allied Health Professionals (AHPs).
5. Advocacy organisations and hospital discharge staff encourage NDIS participants and informal supports to request inclusion of funds to develop PLVs in their NDIS plans.
6. NDIS participants create PLVs with their informal supports as an NDIS-funded capacity building support with assistance from SCs, AHPs to use in the training of their support staff.
7. Summer Foundation secures funding to develop an additional video and short guide resource for participants and their informal support with tips and information about how to safely disseminate and share their videos with support workers
8. Participants engage their DSWs to watch PLVs using NDIS-funded capacity building support to understand participants' goals and preferences.
9. In the long term, NDIA Planners and Local Area Coordinators learn about PLV rationale, benefits and creation process, and once fully evaluated, agree to NDIS participants including the supports required to create PLVs in their NDIS plans as a pro-active way to assist people with disability to self-manage and direct their supports.

Table A1: Approaches to participant led video creation and use in the NDIS

Phase	Approach A: Participant led video with support coordinator assistance	Approach B: Participant led video with allied health professional and support coordinator assistance
1. Your Goals (goal setting)	Participant and informal supports with support coordinator	Participant and informal supports with support coordinator and allied health professional
2. Your Words	Participant and informal supports with support coordinator	Participant and informal supports with support coordinator and allied health professional
3. Planning the video (story boarding and scripting)	Participant and informal supports with support coordinator	Participant and informal supports with support coordinator and allied health professional
4. Filming	Participant and informal supports with support coordinator	Participant and informal supports with support coordinator and allied health professional
5. Making the video	Participant and informal supports with support coordinator	Participant and informal supports with support coordinator and allied health professional
6. Sharing the video	Disability support workers	Disability support workers
Reviewing video	Participant and informal supports with support coordinator	Participant and informal supports with support coordinator and allied health professional

Table A2: Inputs for costings

Category	Hourly	Working hours per year	Annual	Source
Support coordinator	\$56	1,840	\$103,040	Improved Life Choices (Support Category 3.14) - Plan and Financial Capacity Building (Ref. No. 14_031_0127_8_3), NDIS Price 2017, https://www.ndis.gov.au/medias/documents/h4a/ha4/8805126078494/201718-VIC-NSW-QLD-TAS-Price-Guide.pdf
Allied health professional (AHP)	\$176	1,840	\$323,049	Improved Daily Living (Support Category 3.15) - Individual assessment, therapy and/or training (includes assistive technology) (Ref. No. 15_048_0128_1_3), NDIS Price 2017.
Disability Support Worker (DSW)	\$54	1,840	\$99,599	Improved Daily Living (Support Category 3.15) - Plan management activities (Ref. No. 14_031_0127_8_3), NDIS Price 2017.
Estimated employee engagement cost saving	Conservative estimate based on 3 days above average unplanned absences in a year			Source: Australian HR Institute, Pulse survey on Absence Management, 2016 https://www.ahri.com.au/resources/research
Estimated probability of costs	90%			
Estimated probability of savings	75%			

Table A3: Costing of participant led video creation and use

Approach A: Participant led video with support coordinator assistance

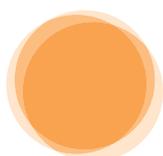
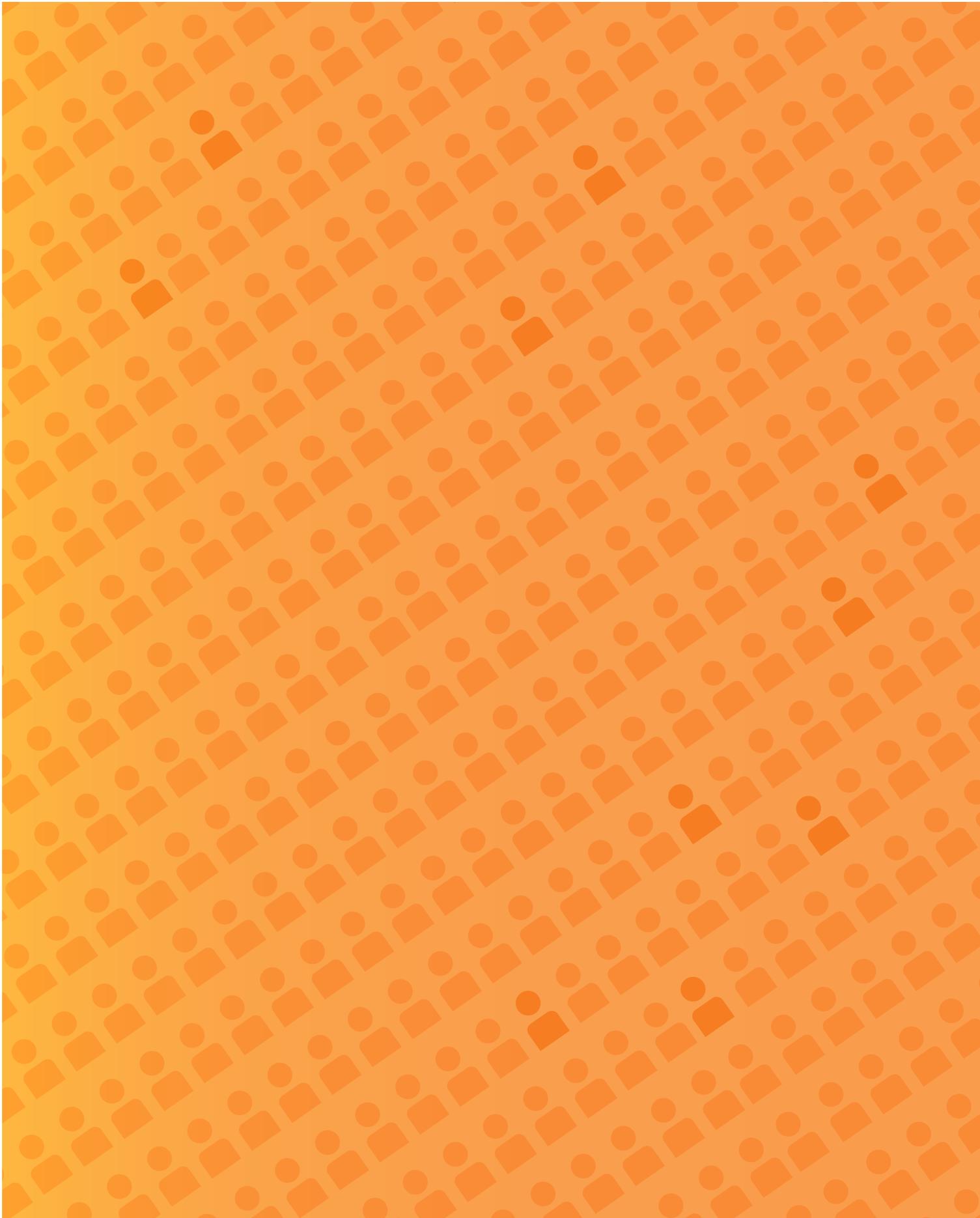
Phase	Support coord.	Support coord.	DSW	DSW	AHP	AHP	Total	Total
	Time (hrs)	Cost	Time (hrs)	Cost	Time (hrs)	Cost	Time (hrs)	Cost
1. Your Goals (goal setting)	1-2.5	\$55-138	0	0	0	\$0	1-2.5	\$55-138
2. Your Words	1-2.5	\$55-138	0	0	0	\$0	1-2.5	\$55-138
3. Planning the Video (story boarding and scripting)	0.5-1.25	\$28-69	0	0	0	\$0	0.5-1.25	\$28-69
4. Filming	1-2.5	\$55-138	0	0	0	\$0	1-2.5	\$55-138
5. Making the video	1.5-3.75	\$83-207	0	0	0	\$0	1.5-3.75	\$83-207
6. Sharing the video	0	\$131	3	\$131	0	\$0	3	\$131
7. Reviewing video	0.5-1.25	\$28-69	0	0	0	\$0	0.5-1.25	\$28-69
TOTAL	5.5-14	\$304-760	3	\$131	0	\$0	8.5-17	\$435-891

Approach B: Participant led video with allied health professional and support coordinator assistance

Phase	Support coord.	Support coord.	DSW	DSW	AHP	AHP	Total	Total
	Time (hrs)	Cost	Time (hrs)	Cost	Time (hrs)	Cost	Time (hrs)	Cost
1. Your Goals (goal setting)	1-2.5	\$55-138	0	0	1-2.5	\$176-439	2-5	\$231-577
2. Your Words	1-2.5	\$55-138	0	0	1-2.5	\$176-439	2-5	\$231-577
3. Planning the Video (story boarding and scripting)	0.5-1.25	\$28-69	0	0	0.5-1.25	\$88-219	1-2.5	\$115-289
4. Filming	1-2.5	\$55-138	0	0	1-2.5	\$176-439	2-5	\$231-577
5. Making the video	1.5-3.75	\$83-207	0	0	1.5-3.75	\$263-658	3-7.5	\$346-866
6. Sharing the video	0	\$131	3	\$131	0	\$0	5	\$436
7. Reviewing video	0.5-1.25	\$28-69	0	0	0.5-1.25	\$88-219	1-2.5	\$115-289
TOTAL	5.5-14	\$304-760	3	\$131	5.5-14	\$966-\$2414	14-30	\$1,705-3,610

Table A4: Costing of potential savings of participant led video creation and use

Phase	DSW	DSW	AHP	AHP	Total	Total
	Time (hrs)	Cost	Time (hrs)	Cost	Time (hrs)	Cost
Less time spent training support workers	16	\$866	0	\$0	16	\$866
Greater level of engagement with client	24	\$1,299	0	\$0	24	\$1,299
TOTAL	40	\$2,165	0	\$0	40	\$2,165



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