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Introduction

The context

Ability Links (ALNSW) is a critical component of the NSW Government’s plan to reform disability supports in NSW, putting people with disability at the centre of the system, and facilitating social inclusion.

We’ve come a long way since ALNSW was launched with 35 Linkers in the Hunter and Central Coast Districts in 2013, and Early Links NSW (formerly known as the EarlyStart Diagnosis Support Program) was launched with 28 staff in 2009.

With the alignment of ALNSW and Early Links and the growth funding under Stronger Together 2, we now have 347 Linkers across NSW—including 74 Aboriginal Linkers and 79 Early Linkers—working with people with disability aged 0–64 years, their families and carers, and local communities.

We’ve also learned a lot about what works through the ALNSW evaluation and collaboration with Providers. This information has informed adjustments to improve Ability Links to best support the goals of people with disability, their families and carers, and facilitate inclusive communities.

At the same time, broader changes have been occurring within the service system as we transition to National Disability Insurance Scheme (NDIS). There were two NDIS trial sites operating in NSW—in the Hunter and the Nepean Blue Mountains (for children and young people aged under 18 years). As of 1 July 2016 the NDIS became available in the rest of Hunter New England and Participants aged over 18 years in Nepean Blue Mountains, Northern Sydney, South Western Sydney, Western Sydney, Central Coast and Southern NSW. The NDIS will become available in South Eastern Sydney, Sydney, Illawarra Shoalhaven, Mid North Coast, Northern NSW, Murrumbidgee, Far West and Western NSW from July 2017.
In this changing context, it’s important that we continue to collect evidence to demonstrate the value of the innovative ALNSW model. We need to hear from you about the outcomes achieved through your work with people with disability, their families and carers and your work championing social inclusion within the broader community.

**Using the guide**

This guide is designed to support Providers across the state to deliver ALNSW as intended and to continuously improve the model. Both Managers and Linkers will find information relevant to their role.

The guide covers:

- the ALNSW model and how it fits with other supports (Chapter 1)
- what the Linker role involves and stories of linking in action (Chapter 2)
- expectations about promotion and branding (Chapter 3)
- guidance on supporting good practice (Chapter 4)
- expectations about data collection and improvement activities (Chapter 5)
- the governance model for ALNSW (Chapter 6).

It does not cover all aspects of managing and delivering ALNSW. It should be read in conjunction with:

- your funding agreement with the NSW Department of Family and Community Services (FACS)
- relevant legislation, in particular the
  - NSW Disability Inclusion Act 2014
  - Children and Young Persons (Care and Protection) Act 1998
- NSW Disability Services Standards and associated guidance materials
- the detailed branding guidelines for ALNSW
- the detailed data collection definition document.

**What has changed**

The guide articulates the core principles of ALNSW which have become clearer through implementation and evaluation. It also explicitly recognises the alignment of ALNSW and Early Links, with updates to the description of the model and the Linker role that reflect work with people with disability, their families and carers across the 0-64 age range.

The guide also provides updated advice on promotion and branding and data collection and reporting requirements as these have evolved since the original specifications were developed.
1. **Ability Links NSW**

ALNSW is intended to be responsive to the goals and needs of people with disability, their families and carers, and local communities. As such, while the guiding principles outlined in this chapter underpin the delivery of ALNSW, Providers and Linkers are expected to tailor the way they work to individuals and local community contexts.

1.1. **The model**

The NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC), funds a range of non-government organisations and joint working arrangements, including Aboriginal Community Controlled Organisations, to deliver ALNSW in different areas of NSW. These organisations employ Linkers who work:

- with people with disability, their families and carers to identify their goals and aspirations and work towards achieving these by building on their strengths and connecting with their local communities
- in partnership and connect with community organisations, clubs and groups, businesses and mainstream services to support them to become inclusive of people with disability.

ALNSW is not a ‘service’ in the traditional sense. The model is designed to facilitate change at an individual and community level.

1.1.1. **What linking is not**

Linking is not case management.

**Linking:**
- provides a locally-based first point of contact to support community connections
- has a focus on supporting people who are not receiving specialist supports.
- is not time-limited in that individuals can seek support when they need it.

**Case management:**
- is a collaborative model of individual client-focused service delivery
- assists individuals to coordinate a range of services to meet their goals and needs
- moves through the phases of engagement, assessment, planning, implementation, monitoring and review, and case closure
- can be brief and intense or delivered over a long period
- involves more intensive support than linking.

Linkers do not provide case management as the ALNSW model is designed to work alongside people with disability, their families and carers to empower them, build their confidence and create sustainable change for individuals and communities. If Linkers provided case
management this would also detract from their focus on linking people and communities and create service overlaps that could be confusing for those navigating the service system.

### 1.1.2. Brokerage

The ALNSW model includes a small amount of brokerage funding per position to enable Providers to support community connections and inclusion, including by meeting one-off and emergency needs (for example, providing transport to an activity, purchase of small equipment, minor modifications to enable access, or funding of an inclusive community arts project). We have put few restrictions on how this funding can be used to enable Providers to respond to local needs and come up with creative solutions.

Brokerage funding should not be used where a need can be met through another funding avenue. Additionally, it is important to consider whether using the brokerage funding for a particular purchase would set a precedent that you could not meet for the other people with disability you are working with (e.g. buying someone a wheelchair).

Before using brokerage funding, Providers should also consider whether local businesses and charitable organisations would be willing to contribute resources. For example, if you’re hosting a promotional forum, the local supermarket could contribute the food for lunch or a local business could help out with materials for your stand. A local art group might support a community project or access to classes. Over time, relationships might become ongoing partnerships or local organisations might suggest other organisations that would be willing to contribute.

### 1.2. Target group

ALNSW supports people with disability aged 0–64 years, their families and carers, as well as local communities. Early Linkers work with children aged 0–8 years, their families and carers, and Aboriginal-specific Linkers work with Aboriginal communities.

#### 1.2.1. Individuals

People do not require a formal diagnosis to access ALNSW; a person only needs to have an identified need for support to connect with their community or to be a family member of a person with disability. Parents of young children may engage with an Early Linker when they first identify concerns about their child’s development, while waiting for their child to receive a formal diagnosis, and post diagnosis.

ALNSW is designed specifically to support people with disability outside of specialist disability services as the emphasis is on facilitating community connections. However, ALNSW can also support people accessing specialist disability supports.

It is important that Providers promote ALNSW locally so that people with disability, their families and carers are aware of the service. While local organisations may refer an individual to a Linker, a formal referral is not required. Individuals should be able to contact their local Linker to seek support in a way that works for them—for example, by calling, dropping into the office, talking to the Linker at a community event, or arranging a face-to-face meeting.

It is anticipated that most support will be short-term as Linkers work with people to iden-
tify and achieve a particular goal, by building their capacity and connection to community. However, there are no limits on the number of times a person can contact their Linker and a person can get back in touch with their Linker at a later stage to work on a new goal or access further information and support. Early Linkers may support families over a longer period while they await a formal diagnosis for their child and after the diagnosis.

1.2.2. Communities

At the community level, Linkers can work with community organisations, clubs and groups, businesses and mainstream services.

An organisation may contact their local Linker to request information and support so they can be more inclusive of people with disability, their families and carers. Alternatively, a Linker may contact a local organisation to explore opportunities for an individual they are working with or broader community projects.

The time Linkers spend working with community organisations, clubs and groups, businesses and mainstream services is expected to vary greatly, depending on the existing capacity and needs of the organisation. In some cases, a short phone conversation to provide information may suffice, while in others, longer-term support to address barriers to the inclusion of people with disability may be needed.

1.3. Guiding principles

There are no formulas for delivering ALNSW because each individual’s goals, needs and context will differ. However, there are some key principles that should guide all practice.

1.3.1. Overarching principles

All Linkers are guided by the following principles.

- **Person-centred:** Linkers believe in the inherent capacity of people with disability and respect their rights to choice and control. They listen to people’s goals and support them to overcome any obstacles they face in achieving these.

- **Inclusive:** Linkers respect the right of people with disability to live fulfilling lives as members of their communities and facilitate genuine inclusion.

- **Strengths-based:** Linkers support people to recognise and build on their existing strengths, and encourage hopes and aspirations.

- **Flexible and responsive:** Linkers tailor their approach to the goals and needs of individual people and local communities, and respond to changing circumstances.

- ** Culturally appropriate:** Linkers recognise the role of culture and belief systems in forming peoples’ attitudes and expectations, including their own. More specifically, they understand that people from different cultural backgrounds can have different conceptions of disability and attitudes to formal diagnosis and help-seeking, and can experience a range of barriers to accessing supports. Linkers develop their understanding of other cultures, avoid stereotypes and do not assume that people from the same cultural background will all think the same way.
They communicate sensitively, are non-judgemental, and develop relationships with community organisations and representatives to ensure supports and services are accessible to people from different cultural backgrounds.

- **Collaborative:** Linkers work with people with disability, their families and carers, community organisations, clubs and groups, businesses and mainstream services as partners. They create links between individuals, between individuals and organisations, and between organisations.

- **Quality:** Linkers focus on quality not quantity, reflect on what works and what does not, and make improvements to ensure that supports are delivered to a standard that meets the expectations of people with disability, their families, carers, and the community.

### 1.3.2. Additional principles for Early Linkers

While all Linkers can work with family members when working with a child with disability or as people in their own right, Early Linkers will work in a family-centred way because research shows this is important to effectively supporting young children with disability.

Family-centred practice recognises the goals and needs of the child in the context of the whole family. It involves valuing and drawing on a family’s knowledge of their child; helping families to understand their child’s diagnosis and establish caring and responsive relationships with their child; building parents’ confidence to support their child and to advocate on their behalf when needed; addressing parent stressors; and helping families to integrate supports into their daily routines and natural settings.

Where parents come as reluctant partners because they are dealing with their emotional response to their child’s diagnosis or expect to be told what to do by an ‘expert’ as in traditional models, family-centred practice involves working to build their confidence and capacity to work in partnership with early childhood intervention services and other supports. It also involves being guided by the interests and needs of the child, recognising that even very young children can make choices and communicate their feelings, ideas and wishes in numerous ways.

### 1.3.3. Additional principles for Aboriginal-specific Linkers

While all Linkers will work with and facilitate links across communities, Aboriginal Linkers will have a specific focus on building trust and facilitating connections between Aboriginal community members and organisations, and other community organisations, clubs and groups, businesses and mainstream services, to help address the barriers that Aboriginal people can face in accessing these. They will promote practices in mainstream organisations and services that are both culturally appropriate and inclusive of people with disability.

The work of Aboriginal-specific Linkers will also recognise the differing understandings and conceptions of disability among Aboriginal communities and focus on supporting understanding and inclusion. Their work with individuals will likely involve extended family members, recognising the important role they play. In rural and remote communities, they will need a flexible and responsive approach where there are limited local organisations to connect people with.
1.4. How it works

The logic model shows that ALNSW works by having Linkers work with people with disability, their families and carers, as well as local communities to facilitate connections and support inclusion.

**Longer term outcomes**
- People with disability determine and achieve their goals using an appropriate mix of specialist disability and mainstream services, businesses and community groups/ options
- People with disability actively engage with community groups and in community activities
- People with disability can access employers in line with specific goals
- People with disability, their families and carers have an improved quality of life
- Local services (disability specific and mainstream) and communities become advocates for change in relation to engagement and support for people with disability

**Intermediate outcomes**
- People with disability have greater confidence and skills to plan for their future, make their own decisions and access support
- People with disability, their families and carers value and are satisfied with the support received from Ability Link
- Mainstream services, businesses and community groups are more inclusive of, and engage more effectively with, people with disability
- Specialist disability services connect more effectively with mainstream services and community groups to meet the needs of people with disability
- Culturally appropriate and respectful responses to the needs of Aboriginal people and CALD communities are developed

**Immediate outcomes**
- People with disability, their families and carers are aware of and access Ability Links
- Effective relationships are established between participants and Linkers
- Specialist disability services, mainstream services, businesses and community groups rethink their response and approach to disability
- Ability Links, the NDIS and other services (specialist disability and mainstream) work together more effectively and efficiently to support the needs of people with disability

**Inputs and process outcomes**
- Suitable service providers are selected and funded to establish Ability Links across NSW
- Appropriately skilled and experienced staff are recruited
- An effective learning and development strategy is developed to support future operations and program rollout
- Effective community and service system communications, promotion and relationship-building are commenced
- Good program management, monitoring, reporting and evaluation mechanisms are put in place

**Needs**
- Community members who have disability support needs required a range of support and linkages to achieve their individual goals
- Specialist disability support services may not be best placed to provide this assistance
- The broader service system and community often lack the knowledge of awareness to effectively engage with and support people with disability
1.5. How ALNSW fits with other supports

ALNSW is just one piece of the puzzle in supporting people with disability, their families and carers. Recognising this, Linkers will work alongside other services and supports to help people meet their goals and support the development of inclusive communities.

1.5.1. Working with local community organisations, clubs and groups, businesses and mainstream services

Linkers will establish and maintain relationships with local community organisations, clubs and groups, businesses and mainstream services.

They may do this in a range of ways relevant to their local context, for example, through local interagency forums, community events or approaching individual organisations to support a particular person or community project.

The types of organisations Linkers develop relationships with will also vary, depending on the goals of the people they are working with, the local community context, and the reason behind connecting with a local organisation. The emphasis is on relationships with community organisations and mainstream services, not specialist disability providers, although Linkers may connect people with specialist services where required. Additionally, all Linkers will need relationships with relevant local Aboriginal and cultural organisations to facilitate access for people from Aboriginal and Cultural and Linguistically Diverse Backgrounds.

Early Linkers

Certain relationships will be particularly important for Early Linkers to develop to best support young children and their families. GPs and other health practitioners should be aware of ALNSW as they are common first point of contact for families with concerns about their child’s development. In some cases, Early Linkers may support families in appointments with diagnosticians or work with diagnosticians to provide information to families.

Early Linkers will also have a role in connecting children and families to playgroups, preschools and schools, as well as recreational activities for young children, such as learn to swim lessons and sports clubs. Connections to early childhood intervention services, education and supports for families and carers, and opportunities and supports for siblings will also be important.

Aboriginal-specific Linkers

Aboriginal Linkers will have a focus on strengthening their existing relationships with local Aboriginal organisations and on facilitating trusting relationships and connections between these organisations and other community organisations, clubs and groups, businesses and mainstream services. In rural and remote communities with limited local services, the emphasis will be on supports within the community and relevant connections with organisations in towns nearby.
1.5.2. Working alongside Local Area Coordinators

During the transition to the NDIS, ALNSW will primarily focus on providing support for people who are not eligible for the NDIS (including family members and carers of NDIS participants) and people who have not yet transitioned into the scheme, to help them to connect with their community or with mainstream supports.

NDIS Local Area Coordinators (LACs) will generally support Participants of the scheme to access these mainstream and community supports, although Ability Links may still work with NDIS Participants to enhance their natural and informal supports, which can be achieved outside of their NDIS Plan.

During a Linker’s interaction with a person who is not currently receiving State or Commonwealth funded support, they may come to realise that their support needs are more complex and that they may meet the access requirements of the NDIS.

In these situations, a Linker should provide the person with information on how to complete the NDIS access checklist [http://ndis.gov.au/ndis-access-checklist.html](http://ndis.gov.au/ndis-access-checklist.html) and if all of the answers are yes on the checklist, support the person to call the NDIS on 1800 800 110 to ask for an Access Request form. The Linker can assist the person with this process if there are no other formal or informal supports.

When a person is deemed ineligible and doesn’t meet all of the access requirements to become an NDIS Participant, the NDIA or LAC may suggest that this person access a Linker through ALNSW in order to connect with informal community and mainstream supports. Referrals to ALNSW will follow the referral process currently in place for each ALNSW Provider locally.
2. The Linker role

People with disability will come to Ability Links with different goals and needs, and at different points in their journeys. Linkers work with them, their families and carers to help them get to where they want to be. They also reach out into communities to identify opportunities, create connections and facilitate inclusion. They do this by listening with empathy and understanding, building networks of knowledge and supports, opening up connections and opportunities, and being passionate and persistent.

2.1. What Linkers do

Linkers facilitate links at a range of levels. They can link:

- individuals with other individuals
- individuals with organisations
- organisations with other organisations
- community.

At the individual level, Linkers will provide the necessary support to facilitate a link. What this involves will vary because people will come to ALNSW with varying levels of confidence and at varying stages of readiness to make connections. In some cases, a Linker might just provide the contact details for an organisation, while in others they might make the first contact with an organisation on a person’s behalf, attend an initial meeting with them, or organise transport. Regardless of the starting point, Linkers will work to build people’s informal support networks and capacity to work toward achieving their own goals and aspirations within their community.

At the community level, Linkers will look for opportunities to facilitate connections across the community, for example, through community events and projects.
Individual-focused aspects of the role

Linkers:
- listen to people to understand their goals and the challenges they face in achieving them
- identify people’s passions and find opportunities in the community to match these
- support people to overcome practical, emotional and cultural barriers to participation
- encourage people to see and build on their strengths, and, where necessary, unpack and dispel negative messages they have received about their capabilities
- build people’s confidence to connect with their community, where necessary, noting this may have been affected by social isolation, previous negative experiences in the community or other life events
- motivate people to take the first step
- provide the level of support needed to facilitate a link
- work in partnership with people, empowering them to identify opportunities, connect, develop their networks and make positive changes in their lives
- support people to plan for the future, develop a long-term vision and reach for their dreams.

Community-focused aspects of the role

Linkers:
- build and maintain strong networks within their community
- promote inclusion among community organisations, clubs and groups, businesses and mainstream services
- challenge stereotypes and perceptions
- provide information and practical support to and among community organisations, clubs and groups, businesses and mainstream services that approach them for help to improve access and develop more inclusive practices
- advocate with community organisations, clubs and groups, businesses and mainstream services to address barriers to access and inclusion, where necessary
- work in partnership with community organisations, businesses and mainstream services to support inclusion, for example, on community arts projects
- inspire change at the community level.
2.1.1. Early Linkers

Because of the age group they support, Early Linkers will often, although not exclusively, work with families around the time they first identify a concern about their child’s development, while they are waiting for a diagnosis or just after a diagnosis. In the period before a diagnosis families can experience intense confusion and stress. Following a diagnosis, some parents will feel a sense of grief or denial, while others will feel relieved that their concerns have been validated and that they will be able to access supports. Some will feel overwhelmed and not yet ready to take in information about their options, while others will want additional information so they can start to make decisions. Some will initially see accessing early intervention and specialist supports as the main priority.

Early Linkers need to recognise where a family is at, and work with them from there.

When a family turns to their Early Linker for emotional support, Early Linkers will listen with empathy not judgement, acknowledge but not intensify parents’ feelings of stress and confusion, and build positive perceptions and hopes. When necessary, they may also refer parents to more formal supports, such as counselling.

When a family comes to their Early Linker seeking information and connections, Early Linkers will provide information about options and help them plan for an inclusive future for their child. If they see accessing specialist supports as the priority, Early Linkers will also help them see the value of making social connections and accessing the range of options available to them in their local community in addition to specialist supports. If they are not yet ready to plan, Early Linkers will work with them towards this over time.

Early Linkers will also help parents to build their confidence and capacity to support their child and suggest links that will help support them in their role and build their networks, such as parent groups, play groups and other forms of informal emotional support.

2.1.2. Aboriginal-specific Linkers

Aboriginal Linkers will have important role in creating connections between Aboriginal organisations and community organisations, and in building the cultural capacity of community organisations, so that Aboriginal people with disability are able to access the range of supports available in their community.

As conceptions of disability and access to diagnostic and assessment services will differ across Aboriginal communities, particularly in regional and remote areas, Aboriginal-specific Linkers may work with individuals who do not identify as having a ‘disability’ or who do not have a formal diagnosis. Aboriginal Linkers will work with people from where they are at, helping them connect to their community and to specialist services, where required.

When working with individuals in areas with few local services, Aboriginal Linkers will need to take a creative approach to identifying options and may have a role in facilitating access to transport options.
2.2. The qualities of a good Linker

To work effectively with individuals and communities, Linkers need to share the vision and values of ALNSW. They need to believe in the inherent capacity of people with disability and their right to have control of their own lives, as well as the value of inclusive communities. They also need a range of other attributes.

To develop and maintain effective relationships with people with disability and their families, they need to be personable, empathetic, compassionate, non-judgemental and patient—giving people the time to move towards their goals at their own pace.

To build trust, they need to be genuine, knowledgeable, committed and reliable—providing answers where they know, admitting when they don’t, and following up when they say they will.

To respond to individuals, individual communities and changing circumstances, they need to be flexible and adaptable—not sticking rigidly to plans, finding other options.

To identify and open up opportunities and connections within communities, they need to be creative, confident, resourceful, persistent and resilient—thinking outside the box and working through any challenges or setbacks.

And last, but not least, Linkers need to be passionate—about working with people with disability and local communities, and about facilitating genuine participation and inclusion.

Not every individual Linker needs each of these attributes. For example, someone who has the qualities to connect with individuals may not feel confident with public speaking. But a team of Linkers should have this range of attributes.
2.3. Linking in action

The following stories show the linking process in action in a range of contexts.

2.3.1. Working out to friendship

When local Ability Linkers realised that several people they were working with would benefit from opportunities to get active and connect with others, they contacted the community gym in Kyogle to see what they could do. The gym welcomed in a Linker and six people with disability for classes over three months.

Over that time, their self-confidence has increased. As the gym instructor has given them opportunities to try new things, they’ve flown with them. They’ve also connected over coffee and cake after class.

One of the people participating, who used to get social phobia, says he’s now ‘getting to know more people, and they’re great people down here.’

Another, who has had depression, said she was in a bad place and knew she had to get out of the house, so she came down to the gym and soon felt better. She says that participating in the classes has ‘opened up a whole realm of life to me again, where I thought I was shutting down when I came to Kyogle, me in my little garden, suddenly I’m back into life.’

The local Linkers are really excited about how things have turned out—how Ability Links has been able to help people overcome the barriers they were facing to making connections and getting into their community. You can see the class in action by [clicking here].

2.3.2. Linking as a launching pad

John* was put in touch with Ability Links to find out how he could get more involved in the local community. After a few conversations, John’s passion for cricket came out. So the Linker suggested that John play for the local club or assist the coach of one of the children’s teams. John said he wasn’t good enough for that, but he agreed to let the Linker contact the club to explore his options.

It turned out that the club was really supportive. The club representative explained that they had a fourth division team and one of the players had one leg. Playing was what was important, not winning. While the team was full and had many reserves, John was welcome to train with them.

The Linker went with John to check out a training session. As it went really well, John said he was happy to go on his own from then on. Some months later, John texted the Linker to tell him that he’s now a full member of the team and, to top it off, he’d got a wicket one Saturday, and hit his first boundary the next.

As John had also told the Linker about his interest in music, the Linker had put him in touch with a band he could look into playing with. John is now a member and waiting to play his first gig.

He has also recently found a job with an Australian Disability Enterprise and is looking forward with confidence. From two small connections, John has really launched himself into his community.
2.3.3. Planting the seeds for planning

The Johnsons’ son, Kevin*, has a developmental delay. When they first met with an Early Linker they were still dealing with the diagnosis and quite focused on getting into an early intervention service.

After providing them with information about local services, their Early Linker mentioned that she could also support them to develop a vision for Kevin’s future and plan for their longer-term goals. But the Johnsons did not yet feel ready to do this.

Over time, as the Linker continued to provide information and support, she talked about what the planning process would involve, watched for what Kevin was interested in, and asked the family about their aspirations. This planted the seeds, so once they were ready to develop their vision and plan, the family’s ideas about what they wanted to achieve had already taken root. They knew their ultimate goal was for Kevin to connect more with his peers, and were now able to work out the practical steps and resources needed.

The family is currently planning to take their vision and plan with them to their NDIS planning meeting. In the meantime, they are working with their Linker to make some of the connections set out in their plan.

2.3.4. Scouting success

Nine-year-old Kaleb recently moved to the South Coast with his parents and sister who has a disability. Since starting at the local school, he has been bullied by some of the other students.

The Linker who met with Kaleb and his mother could tell from the conversation and Kaleb’s mannerisms that the bullying was affecting his confidence. To work out what could be done to turn the situation around, the Linker asked Kaleb what he loved doing. Kaleb’s face lit up as he talked about camping, fishing and other outdoor activities.

Having built good relationships with local youth services, the Linker realised that scouts would be the perfect fit. So—with Kaleb and his mother’s permission—the Linker called the scout leader to make the connection.

Kaleb has now been to a few meetings and a two-day camp, which his dad also attended to help out with. His mum says that he hasn’t stopped talking about scouts and how ‘awesome’ the camp was. But, best of all, Kaleb has made friends with some of the other scouts who go to his school and the bullying has decreased dramatically. A couple of the older scouts have even stood up for him.

Kaleb is currently working towards getting some scouts badges and looking forward to next year’s Jamboree. Meanwhile, he’s also much happier at school.

2.3.5. Getting out of the house to have some fun with friends

Ben* and Patrick*, two Aboriginal boys aged 16 and 18, recently lost their mum. They live in a remote area and have stopped attending school as they’re trying to keep up with the responsibility of making payments for the house while coping with their grief. When they met their Linker, they were also having some trouble with a few of their relatives, who have alcohol issues, staying at the house.
Their Linker helped them to organise a weekend retreat away with a school friend who they rarely see. The three boys learned some cooking and life skills over the weekend, and had a great time just being teenagers.

Keen to help them identify more opportunities to get out of the house and have some fun, the next week, the Linker helped one of the boys get to the cinema with a couple of friends from school. They’re now looking into transport options so they can make this a regular event because the only public transport available locally is the school bus.

2.3.6. Ready for the next step

Chloe first met with a Linker to get the support she needed to complete a floristry course at TAFE. She recently reconnected as she is now ready for work experience.

Chloe and her mum, Audrey, had found a local florist and cake store that Chloe was interested in working for. But they were a bit nervous about approaching the manager because Chloe is quite shy and they were uncertain whether the store would be welcoming and inclusive.

They all agreed that it would be good for the Linker to approach the manager to ask generally about their inclusive workplace policies. Once the manager said that they have had an employee who is deaf working with them for 25 years, the Linker took the opportunity to mention Chloe’s interest in the store.

The manager was excited to hear about Chloe’s love of flowers and cakes, and a meet and greet was arranged for the following week. The manager offered Chloe the opportunity to assist with preparations for their next big wedding, and the possibility of paid work further down the track.

Chloe and Audrey are also working towards having their own pop-up shop run by people with disability selling products made by people with disability.

2.3.7. Speaking my language

Lin*, who migrated from China about five years ago, lives on her own. Since having a stroke, which affected her working memory and cognition, she had felt as though she wasn’t able to do things that she wanted to. She was also feeling quite lonely, so her community health caseworker suggested that she speak to a Linker.

Lin told her Linker that she was bored because she didn’t have any family who lived locally and she wasn’t really doing anything. She was interested in finding an activity or community group to get involved with, but she was uncertain about speaking English. Although her conversational English is quite good, she thought that being able to speak Mandarin would give her more confidence to engage.

The Linker was aware of a local cultural support group that seemed to fit Lin’s requirements, so she suggested that they go together the following week. They worked out what bus they needed to take and, on the trip, the Linker helped Lin to record important details and landmarks so that she could remember how to get there on her own.

Lin really enjoyed connecting with the other women at the cultural support group, and is now attending regularly.
3. Promotion

Providers have a key role in promoting ALNSW locally to ensure it is accessible to people with disability, their families and carers, as well as community organisations, clubs and groups, businesses and mainstream services.

It is important that Providers follow the ALNSW branding guidelines in their local promotional activities to ensure that individuals and organisations across the NSW have a consistent understanding of ALNSW and are aware that it is available to people aged 0–64 years, their families and communities across the state. Consistent branding is particularly important during the transition to the NDIS so that ALNSW is distinct from the NDIA and LACs.

The Branding Guidelines set out:

- the ALNSW logo and NSW Government logo to be used in all promotion of ALNSW, except by Aboriginal Providers who will use the Aboriginal ALNSW logo
- specifications for white spacing around the logos and minimum size requirements to ensure visibility, legibility and impact
- requirements for co-branding with a Provider’s logo
- the typography to be used for promotional materials
- permitted uses of the people icons from the logos
- appropriate use of photography
- language and wording for promotional material.

During the establishment of Ability Links NSW, a communications working group developed a standard brochure, which Providers can add their contact details, to support consistent promotion.

See the Branding Guidelines for more detail.
4. Supporting good practice

Effectively supporting Managers and Linkers in their roles is key to ALNSW achieving positive outcomes for people with disability, their families and carers, and local communities across NSW. ADHC will support Providers through Relationship Managers and state-wide learning and development initiatives, while Providers will have their own internal processes to support Managers and Linkers.

4.1. ADHC support for Providers

ADHC is taking a co-design approach to working with Providers in the delivery of ALNSW. Relationship Managers support the consistent delivery and continuous improvement of ALNSW across the state. They are available to answer Providers’ queries about all aspects of ALNSW delivery. The process works best if managers collate queries commonly raised by their Linkers and issues that they have been unable to resolve internally, then raise these with Relationship Managers on behalf their organisation. It’s worth approaching your Relationship Manager with your queries not only for your own organisation’s benefit but to help with the identification of common issues to be addressed across the state.

Relationship Managers draw on Providers' feedback and Providers’ data and stories about how they have worked with individuals and communities to identify examples of good practice to be shared and areas for development or clarification of the ALNSW model.

ADHC also supports Providers to meet their requirement to share learnings and work together in the delivery of ALNSW to ensure the best outcomes for people with disability, their families and carers. Forums like Linker Gatherings provide an opportunity for learning and development and the sharing of ideas and strategies.

4.2. Provider support for Linkers

Through initial years of implementation and the evaluation we have learned what is important to supporting Linkers. Four key factors stand out.

- **Strong leadership:** Management needs to provide a balance between freedom and flexibility on the one hand and structure on the other. Management trust and support is important to giving Linkers the confidence to take the flexible and responsive approach required for linking to work. While clear policies and processes around things like workplace health and safety, home visits and transport help Linkers to feel sufficiently supported and safe in their role.

- **Clear communication of ALNSW vision and values:** Management need to be able to clearly articulate the vision and values of ALNSW and what the Linker role involves so that Linkers are clear about what they’re doing and why, feel inspired and passionate, and able to effectively promote ALNSW in the community.
• **Good communication:** Regular communication, for example, through team meetings, helps ensure consistent practice. Open lines of communication and opportunities to share experiences also facilitate learning and growth for Linkers and continuous improvement of ALNSW delivery.

• **Effective supervision:** Supervision, including peer supervision, encourages Linkers to reflect on and strengthen their practice, and feel confident to try new things. It also helps Linkers to feel secure and supported in their role.

• **A culture of learning:** Providing time for staff learning and reflection encourages Linkers to identify their strengths and learn from their mistakes. A culture of learning also encourages creative thinking and evolution of the ALNSW model, valuing linker experiences and ideas that can contribute to this.
5. Understanding and improving how ALNSW is working

A commitment to improving supports and services based on feedback and evidence is fundamental to a person-centred system that enables people with disability, their families and carers to exercise choice and control. ADHC is committed to working in partnership with Providers to understand how ALNSW is working and to continuously develop and improve the model. Providers, similarly, are expected to work with ADHC to develop the model. The evaluation and data collection processes are essential to this, as are Providers’ own internal improvement processes.

5.1. Participating in the evaluation

Independent consultants Urbis are evaluating ALNSW to help NSW FACS and Providers understand:

- how ALNSW is working
- the outcomes ALNSW is enabling
- what aspects of the model can be improved.

To date, the information from the evaluation has helped inform the rollout of ALNSW across NSW and improvements to the model.

The evaluation is now up to the final stage, which is focused on assessing outcomes for individuals and communities. Providers are expected to contribute because their input will be vital to ensuring the final evaluation is able to capture what ALNSW has achieved.

5.2. Meeting data collection and reporting requirements

New data collection requirements for ALNSW Providers began in January 2016. These were developed in consultation with Providers to ensure they are appropriate and feasible. The requirements recognise the need for some consistent data collection about ALNSW achievements, while maintaining ALNSW's 'light touch' and flexible approach to working with people with disability, their families and carers, and local communities.

5.2.1. Data collection

ADHC requires Providers to collect data on the outcomes Linkers have facilitated for individuals and community activities and outcomes. You will likely need to record additional information on activities with individuals and community organisations for your own internal planning and management purposes but you do not need to report this data to ADHC.
This section provides an overview of the data collection requirements. You can find more detail in the data collection definition document.

**Individual outcomes**

For the purpose of ALNSW data collection, individual outcomes are the ‘links’ that a Linker has supported a person to achieve. We are not asking Providers to collect data on longer-term outcomes because this would be difficult and time-consuming to collect, as well as inconsistent with the short-term and flexible nature of the service, and Linkers could not record these outcomes on behalf of a person they have worked with. The evaluation will collect data about longer-term outcomes directly from people with disability, their families and carers.

The outcomes data you collect needs to be recorded at the individual level. If a Linker has facilitated a link/s for both a person with disability and a family member/s, you need to create a separate record for each.

The data that you provide to ADHC needs to be de-identified but enable us to collate separate records for the same person to understand outcome patterns. So we ask that you give each person a unique Person Reference Number (that does not include personally identifiable information).

We also ask that you record some basic details about the characteristics of the people you work with (including whether they are a person with disability, family member or carer, and their gender, ethnicity and age range), so we can understand who ALNSW is supporting and if there are any population groups we are not reaching, which may suggest a need for further promotional activity or the development of stronger relationships with particular community organisations.

Additionally, we ask that you record the date they first engaged with a Linker (and the date they re-engaged if this occurred) and the date the outcome/s was achieved so that we understand the timeframes required to achieve outcomes and can explore factors that influence this.

Finally, we ask that you categorise outcomes achieved into one of the following types.

- **Social, community and civic participation outcome**: The Linker helps the individual to connect to/ access a social or community outcome, e.g. a peer support group, peers, new friends or mentors.

- **Service engagement outcome**: The Linker helps the individual to connect to/ access a mainstream or disability service e.g. centrelink, transport assistance, health services.

- **Employment Outcome**: The Linker helps the individual to liaise with employers to gain employment or helps to arrange work experience or a volunteering opportunity.

- **Education and training outcome**: The Linker helps liaise with schools to ensure accessibility for an individual or helps liaise with universities.

- **Other**: For outcomes that do not fit into the above categories, please specify.
Community activities
For the purpose of ALNSW data collection, community activities are the work you undertake to raise awareness about ALNSW. For each community activity you undertake, please record:

- the type of activity it was (an expo, an interagency meeting, a community event, a meeting with an external organisation, outreach or other)
- the date
- the number of attendees (excluding ALNSW staff)
- the indirect reach (for example, the anticipated audience for a radio promotion).

Community outcomes
For the purpose of ALNSW data collection, community outcomes are the broader social inclusion outcomes Linkers have facilitated by working with community organisations and/or individuals. This may include organisations that a Linker has connected a person to if this organisation has changed their practices to enhance inclusion more broadly than for that particular person.

As for individuals, we ask that you create a unique identifier for community organisations/individuals that so we can understand outcome patterns.

We also ask that you record some basic characteristics of the organisations/individuals so that we understand the range of organisations Linkers are supporting.

Additionally, we ask that you record the date they first engaged with a Linker (and the date they re-engaged if this occurred) and the date the outcome/s was achieved.

Finally, we ask that you categorise outcomes achieved into one of the following types.

- **Physical accessibility outcome**: Working with a business or organisation to install ramps or improve signage to ensure all people can access the facility.
- **Business practice/service improvement outcome**: Working with an organisation to change policies or procedures to ensure inclusivity i.e. recruitment processes.
- **Social inclusion/education outcome**: This may include liaising with a community group, which leads to them taking on an active role in awareness raising and promoting inclusion.
- **Other**: For outcomes that do not fit into the above categories, please specify.

Stories
Providers will submit stories about how they have worked with particular individuals and community organisations separately using the template provided by ADHC.
5.2.2. Reporting

The reporting methods recognise differing IT capacities of Providers. Small Providers can use the excel template to provide data. Larger Providers with their own client management systems can provide a data extract from their system (in CSV format) through the data portal.

Data must be submitted monthly. Data for the month should be submitted by the tenth day of the following month.

5.3. Reflective practice and continuous improvement

Providers will have their own systems for monitoring their work, reflecting on their practice and making improvements. The ALNSW guidelines do not prescribe an approach to continuous improvement, only that Providers commit to identifying and making improvements where needed, and recognise that this is an ongoing process not a one-off activity.

Providers may find it useful to think about continuous improvement as a four-step cycle.

Collect evidence about your practice
Evidence about your practice can come from a range of sources, including required data collection (above), informal or formal feedback from the individuals and community organisations you work with, your complaints process and reflective discussions with staff.

Implement actions, monitor and review progress
As staff implement the actions, keep track of your progress. Regularly stop to take stock of how actions are working and make adjustments where needed.

Analyze the evidence and identify potential areas for improvement
Looking across the different sources of evidence you have at hand, what opportunities can you see for improvement? Which of these are the most commonly identified or the most urgent to respond to?

Agree on improvement actions
Once you have identified key areas for improvement, work out strategies to address these, drawing on the knowledge of staff and people you work with. It is useful to document actions, responsibilities and timeframes in a plan.
6. Governance

State-wide governance for ALNSW is part of ADHC’s commitment to working with Providers to support continuous deliver across NSW.

The priorities-based approach to governance consists of an elected state-wide Advisory Committee to:

- provide leadership and support the ongoing implementation, delivery and service coordination improvement
- facilitate shared learning
- enable a more efficient forum for Providers to engage with FACS on the implementation of Ability Links.

The approach was selected based on feedback from Providers. It is intended to enable key priorities to be identified and progressed and provide a representative and streamlined decision-making forum.

6.1. Overview of the model

The Advisory Committee will report to the ADHC Executive on ALNSW strategic matters. Supporting the Advisory Committee will be priorities-based working groups, whose role will be to work through an agreed priority project.
6.1.1. The Advisory Committee

The Advisory Committee’s purpose is to support the ongoing delivery and continuous improvement of Ability Links.

Membership

- All Providers (organisations/consortiums) under contract with FACS to deliver ALNSW are eligible to nominate to be part of the Advisory Committee when there are vacancies.
- The Advisory Committee will consist of between 10–14 Providers, who are to be nominated from and elected by other Providers.
- Each Provider will be granted one vote to elect Members of the Advisory Committee.
- Members of the Advisory Committee may be elected on a two-yearly basis, or as agreed by the Committee.
- FACS will be a permanent member on the Advisory Committee until 30 June 2018.
- The Advisory Committee Members will elect two people to Co-chair, for a term agreed by the Committee.
- To ensure fair representation and to reflect the diversity of Providers and the people and communities they support, the Advisory Committee will consist of:
  - at minimum two representatives from Providers that provide support focused at people aged 0–8 years
  - at minimum two representatives from Providers that provide support focused at people aged 9–64 years
  - at minimum two representative from Providers that provide support focused at people aged 0–64 years
  - at minimum two representatives from Providers that provide support focused at Aboriginal people and communities
  - at minimum two representative from Providers that provide support focused at rural and remote people and communities
  - at minimum one representative from Providers that provide support focused at culturally and linguistically diverse people and communities
  - at minimum one representative from Providers who employ a total of less than five Linkers.

Meetings

Advisory Committee meetings will be held quarterly. The meetings will be face to face, with the locations rotated across NSW and teleconferencing facilities available for those unable to travel. Participation is voluntary and members will bear their own travel costs.
Terms of Reference

Terms of Reference will be agreed by the Advisory Committee at the first meeting. They will provide enough guidance to run an organised committee, while allowing for flexibility to address any unforeseen issues. The Terms of Reference may be updated as agreed by the Committee.

Themes identified through the evaluation and Provider feedback will provide a focus for the Advisory Committee. Based on feedback to date, it is anticipated that Members’ input and advice will be sought on:

- workforce recruitment, retention, allocation and learning and development
- guidelines on workplace health and safety and appropriate interactions between Linkers and the people with disability, families and carers they work with
- communications and promotional material
- data and reporting
- ways of better addressing the challenges associated with rural and remote service delivery
- alignment with Early Links
- interactions with the NDIS
- interactions with government agencies
- ways of facilitating communication and information sharing between Providers
- strategies for supporting consistency, best practice and service improvement.

Members will actively take part in identifying opportunities, risks and priorities and contribute to the development of meeting agendas and the resolution of issues.

Decision making

A quorum will consist of half the membership, including the Co-chairs or their nominated delegate.

Members will commit to finding solutions, recognising that ALNSW service delivery needs to reflect the diverse communities we serve, and share responsibility for decisions taken. The Advisory Committee will attempt to make decisions based on consensus, but where this is not achieved, each member will be given one vote and the matter resolved in the favour of the majority.

NSW FACS will have a veto power that will only be exercised if decisions do not align with or contradict the direction of the NSW State Government.
Secretariat

Secretariat duties will be performed by NSW FACS, which will:

- source and book venues and arrange teleconferencing, if required
- prepare and distribute the agenda in consultation with all members
- record discussions and decisions during meetings
- prepare and distribute minutes
- follow up on actions of meetings.

6.1.2. Working Groups

The purpose of the priorities-based working groups is to make recommendations and proposals on specific issues for decision by the Advisory Committee.

Membership

All Providers are asked to participate in a working group, especially if they have expertise in a particular area. Each working group will have an Advisory Committee member who will be the lead liaison between the Committee and working group.

Meetings

The frequency of sub-working group meetings will be determined as appropriate by the sub-working group leads. Participation is voluntary and members will bear their own costs of travel.