



# REVIEW OF THE NATIONAL DISABILITY ADVOCACY PROGRAM

MAY 2016



DACSSA is recognised as one of the premier Advocacy agencies in South Australia providing mainly an individual advocacy service. We are delighted and welcome the opportunity to provide a submission to the Department of Social Services (DSS) for this important review of the NDAP.

DACSSA is funded by the DSS under the National Disability Advocacy Program (NDAP) to provide individual advocacy (95%), and systemic advocacy (5%). DACSSA provides support, information and advocacy for all people with disability, their families, friends and carers. DACSSA is a not for profit organisation funded by the Australian Government, dedicated to providing the most effective, respectful and culturally competent individual advocacy service for people with disability.

DACSSA advocates are highly experienced and qualified and understand the importance of adopting a person-centered philosophy when working with family, friends, professionals and organisations to help make changes happen.

DACSSA promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence in accordance with the National Standards for Disability Services.

David Egege

Executive Director.

## INTRODUCTION

The Commonwealth is reviewing the National Disability Advocacy Program (NDAP) in consultation with stakeholders.

NDAP provides people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights enabling community participation.

The review is part of an on-going, continuous improvement and reform process that will result in a new NDAP delivering the best outcomes for those who need it most.

NDAP want to hear from all stakeholders including people with disability, advocacy agencies, disability peaks, human rights organisations and the offices of public advocates and ombudsman, to find out what is and is not working in the current programs

## 1. MODELS OF ADVOCACY

### 1.1 How do people with disability, their families and carers benefit when agencies are funded to provide only one or two models of support?

Given the range of models of advocacy, it is clear that within each model there are distinctive and unique characteristics relating to the type of work that is involved. Some agencies are of the opinion that a needs based model of intervention, that focuses solely on the different types of disability of a client (the needs of the client) is a more appropriate model of intervention than agencies that provide advocacy services from a human rights perspective.

It can be argued that the uniqueness of the type of work undertaken, the length of involvement and significantly, the 'appropriate' person involved, all leads to a level of service that can be clearly satisfying to clients, their families and carers. Specialised advocacy is particularly appreciated among people from the Culturally and Linguistically Diverse (CALD), Indigenous<sup>1</sup> Mental Health and Lesbian, Bisexual, Gay, Transgender and Intersex (LBGTI) backgrounds. According to Karen Newbigging:

'Cultural sensitivity is believed to be crucial in order to provide an understanding of and ability to begin to address some of the key issues faced by particular groups.'<sup>1</sup>

There are clear expectations of agencies providing one or two models of advocacy to have built comprehensive knowledge and skill in both their advocates and modus operandi. This collective expertise, skill and competence should translate into a service that understands the specific needs and issues unique to their clients.

DACSSA is of the view that if advocacy agencies were funded to provide individual advocacy (rather than being tied to a particular type of advocacy model, i.e. self-advocacy, family, legal, Citizen, Independent etc.), then it would provide far more flexibility to be able to deliver the type of advocacy support provided and any specialised support (i.e. Indigenous, CALD). It would of course require collaboration with other agencies.

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<sup>1</sup> Throughout this submission DACSSA will use the term Indigenous to include Aboriginal and Torres Strait Islander people.

## **1.2 What are the drawbacks?**

Whilst there are some clearly defined benefits for specialist agencies providing needs based advocacy support, there are a number of inherent barriers to access for those who may be geographically restricted from a rural and remote perspective and/or do not fall into a 'specialised category' of disability. In regional towns or outlying suburbs the lack of an advocacy service that is based on the rights of the individual, rather than needs based disability, can result in people simply not accessing an advocacy service. Specialisation of disability advocacy can create a sense of great confusion for people who require advocacy but do not necessarily fall into a specialised category.

Too many one or two model support agencies can find themselves restricted financially struggling with both administrative and reporting requirements. Smaller agencies can be continuously battling to meet all their overheads as well as having little funding for training and development. The outcome can impact on services provided and ultimately lead to burn out of staff and reduced services to clients. Very few agencies employ their staff on a full time basis leading to dissatisfaction of staff and difficulty in attracting the most skilled staff available.

## **1.3 How do we value and support the various models of advocacy while ensuring equitable access to individualised, fit-for purpose advocacy, regardless of location?**

At present in Australia, we have a significant amount of Advocacy agencies providing large variations of types and models of advocacy. Many agencies are small, underfunded, and have for many years struggled with the provision of services to the disability community in the regions where they are funded to operate. In South Australia for example, there are many regions that have no recognised advocacy services at all, and if they do, they receive services on an ad hoc basis.

It has been argued that concepts of advocacy can vary quite dramatically from region to region and from one jurisdiction to another. Some models of advocacy operate from a disability focussed perspective, whilst others adopt a more rights based perspective. It could be argued that all models of advocacy have services to offer and have been operating for many years to provide appropriate services. However, it has been stated in an earlier review paper that:

'Many advocates are doing a great deal of routine help and assistance, which used to be termed welfare work. This is not advocacy...'<sup>ii</sup>

It is clear that the Department of Social Services recognises and respects the various models of advocacy that currently operate in Australia, and clearly there is value in the uniqueness of the various models of advocacy, in particular, agencies that concentrate on specific groups like Indigenous, CALD

It is clear that the Department of Social Services recognises and respects the various models of advocacy that currently operate in Australia and clearly there is value in the uniqueness of the various models of advocacy, in particular agencies that concentrate on specific groupings like Indigenous, CALD, Non-English Speaking Backgrounds (NESB) and other speciality groups relating to mental health and the LGBTI community.

However, given the tyranny of distance and the uneven coverage of geographical rural and remote regions that is pertinent to many jurisdictions in Australia, anecdotal evidence from stakeholders informs us that the unmet needs in these areas are not known precisely. We do know however, that even if we just take the Indigenous communities as an example, the need is huge.

It is becoming clear that a more effective, consistent and reliable model of needs based advocacy services are going to be required to provide the type of services needed to cover all areas in a jurisdiction. This may require more support from State Governments, especially in the area of Mental Health and Education disability requirements.

If we accept that the need for greater partnership, collaboration and sharing of resources is required in the Advocacy sector, then perhaps one structure of service that requires more of an alliance of agencies and models is the Hub and Spoke type of consortium that in DACSSA's opinion could be timely in its application given the rollout of the National Disability Insurance Screen (NDIS).

A 'Hub and Spoke' model of service delivery would see a centre (HUB) based in a physical single locality perhaps partnered with a larger organisation but having responsibility for outlying advocacy services. Administrative and all data could be achieved from the centre and sent to the NDIA and DSS, whilst at the same time the centre would support practitioners and ensure professional development and training is consistent and effective to all the regional services. There could be a centralised intake service and collation of systemic issues. The Hub and Spoke Model could ensure support, whilst ideas and expertise could be shared within a strongly supported team based environment.

The fly in fly out method of service, which in effect is the one that is used at present, (when funds are available) tends to be ineffectual, inefficient and frustrating to local communities. A Hub and Spoke model does have the capacity to ensure a presence in regions and help maintain a constructive relationship with agencies and advocates that have not gained their trust and have at present, no

services at all. Also, in line with the principles of the NDIS, the focus should be on outcomes, rather than processes/models of service delivery.

## 2. IMPROVING ACCESS TO ADVOCACY SUPPORTS

### 2.1(a) People with disability from Indigenous Communities and their families

There has long been debate on how best to improve services to the Indigenous and CALD communities of Australia.

From an Indigenous Australians and disability advocacy perspective, many Indigenous advocates are of the view that: 'there is a distinct lack of understanding about the nature of advocacy support required by Aboriginal and Torres Strait Islander people with disability'.<sup>iii</sup> This fundamental lack of understanding of advocacy support can extend to a lack of understanding and knowledge of the historical shaping of policy impacting on the lives of members of the Indigenous Community.

This is not a new concept regarding agencies not being aware of the impact of history and government policies affecting Indigenous communities to such an extent that it results in deep generational distrust and fear of government agencies.

This is not a new concept regarding agencies not being aware of the impact of history and government policies affecting Indigenous communities to such an extent that it results in deep generational distrust and fear of government agencies. Kerry Stopher and Heather D'Antoine recognised this fact in a recent paper, in which they stated:

'Although the disability sector may not have initiated these policies, they, along with other government services, bear the legacy of their effect'<sup>iv</sup>

Even though Advocacy agencies are not Government organisations, from an Indigenous Australian perspective, there is little to differentiate them from a government agency, especially when advocacy agencies seek signatures relating to the collection of data for the Government.

The concept of disability within the Indigenous community and within various groups in the Indigenous community is a difficult concept to understand for those with little knowledge of the complexity of culture per se. Concepts of disability within the community are totally different to those of the non-indigenous community and require skill and expertise to understand, interact, and provide advocacy services that have meaning. Many agencies fail to understand that Indigenous communities are not a homogenous group; there can be diversity within diversity which often complicates further the process of access into communities to highlight our advocacy services.



## **People with disability from culturally and linguistically diverse communities and their families**

In the last two decades there has been an influx of CALD members with disabilities and significant medical issues into South Australia. With the new arrangements for refugees and asylum seekers coming to Australia, settlement services have highlighted an increase in new arrivals with disabilities requiring specialist and disability services.<sup>v</sup>

There are many issues faced by people with disabilities from diverse backgrounds, these issues relate to language, distrust of agencies, along with a lack of knowledge and information on the type of services available. Many new migrants have issues related to privacy, confidentiality of information and isolation highlighting the complexity for agencies providing advocacy services.

### **2.1(b) Improving access to Indigenous People and CALD communities**

It has long been suggested that the key to addressing the needs of diverse communities lies firmly in the development of strong partnerships and the capacity of agency staff to self-reflect in respect to their own professional and personal bias whilst building strong relationships within the community. In short, Advocacy agencies need to have an understanding of the vital role that a clear cultural competence framework policy can have in ensuring enhanced service access for people from the CALD and Indigenous communities to advocacy services.

A recent paper stated that to provide a culturally competent service requires:

‘A sustained focus on knowledge, awareness, behaviour, skills and attitudes at all levels of service, including at the operational or administrative service level, health practitioner level, practitioner-patient level and student training level.’<sup>vi</sup>

DACSSA cannot overestimate the importance of Advocacy agencies establishing and developing reciprocal relationships between their organisation and local Indigenous and CALD organisations. It is perhaps one of the key strategies required for us to enhance our expertise and skill in the area of cultural competence. We know that trust is an essential component in the reciprocal relationship between an advocate and the person utilising the service. When trust is achieved we can enhance our capacity to provide the information that is required to build up the skill and knowledge needed for self-advocacy to increase.

Advocacy agencies do need to actively seek further information, advice and cultural competency training/support from appropriately skilled people in the community. Agencies need to seek out opportunities to employ and retain appropriately skilled workers from Indigenous and CALD

backgrounds. (Employment is one thus, ensuring retention of staff is much harder to achieve.) Utilising the Hub and Spoke concept could allow the establishment and development of robust outreach programs to encourage community participation among people with Indigenous and CALD backgrounds. This is not necessarily an easy or quick task to achieve as cultural competence is an ongoing process impacting on the individual, the service and the broader level relating to how we as an Advocacy service relate to and respect other agencies, Elders of the community and their unique protocols.

The progress of a cultural competence initiative should be monitored by a specific system set up to report on service outreach, service up-take and service outcomes (Hub and Spoke Model).

### **2.1(c) Improving Access to people in rural and remote location**

DACSSA believes it is vitally important to utilise technological advancements to improve access for people located in rural and remote locations.

This is not a new concept, the use of technology like Tele-web to access people in rural and remote communities has been around for some time and used very successfully. Tele-web for example, provides an evidence-based telephone and online mental health programs for individuals with common mental health disorders and those in psychosocial crisis.<sup>vii</sup> Indeed, the Mental Health Services in Rural and Remote Areas (MHSRRA) already provides funding to the Indigenous Medical Services and the Royal Flying Doctor Service to deliver mental health services by social workers, psychologists, occupational therapists, mental health nurses and Indigenous Health workers. So we do know just how effective this method of communication can be.

Between July 2011 and February 2013 the total amount of video consultation in Australia skyrocketed. By the end of March 2013 the Department of Human Services had processed more than 77,000 telehealth services payments, provided to over 33,000 patients by more than 7,700 practitioners.<sup>viii</sup>

### **2.1(d) Improving access for people who are socially isolated, including those with communication difficulties or those in institutional care**

DACSSA recognises that technological advancements can also be utilised to improve access for people who are socially isolated, including those with communication difficulties or those in institutional care.

Online chat forums could be used. Advocates could be employed to speak with people in real time, in a confidential chat box online. This would overcome issues that can arise with telephone use. That is, people concerned that they will be overheard by a carer or a particular staff member, or people with communication difficulties who are unable to use telephone services.

Another way to promote access to advocacy services is through the use of public awareness campaigns. Public awareness campaigns could be used to inform people with disabilities, their family and carers of the advocacy services available to uphold their rights. Campaigns should be initiated by the Australian National Government in collaboration with States and Territories.

Campaigns could be launched using a variety of mediums. Social media- Twitter, Facebook, Instagram and Apps could provide users with an online directory of an up-to-date list of state and national advocates to contact.

There should be Television and YouTube advertisements on NDIS. Not a one off add in 2013, but an ongoing campaign. Disability awareness should be on par with anti-smoking and gender equality ads.

## **2.2 What are the strategies or models that have worked? What are the strategies or models that have not worked?**

DACSSA is of the view that opportunities could be lost to enhance access for linking and/or strengthening ties with Indigenous and CALD communities through adherence to a needs-based model of service, over one of human rights. The UN Convention on the Rights of Persons with Disabilities, (CRPD) perhaps more than any other document established disability as a human rights issue. This obligation is also the basis for the National Disability Strategy, which is Australia's commitment to the UN Convention. The recent National Standards for Disability Services supports the move away from people being defined by their disability related needs and highlights the human rights based approach.

Whilst basing advocacy on a disability needs based model creates an 'ownership' or 'heartland of expertise' for some, DACSSA argues that the rights based model of service is far more appropriate and useful in the work that is required not only in the Indigenous and CALD communities but by all people with disability receiving advocacy services. The rights approach lends itself to a move away from prescriptive models to an overall individual advocacy approach which focuses on outcomes for individuals in line with the principles of the NDIS.

DACSSA already has Skype access available to people who want to call in and access an advocate. Though still in its infancy, such technology has the capacity to begin to enhance inclusion and reduce the social and geographical isolation experienced by those with disability in rural and remote regions.

DACSSA in 2013 explored electronic access in detail in an NDIA proposal utilising the Teleoffice concept. Teleoffice operates out of a confidential/secured meeting room which can be located in a Government Office/facility, GP office or local library. The concept included a video communication system, which allows clients to communicate and interact with staff in a central office in real time.

Once again this is not new technology and is part of the enhanced technological services operating in various parts of Australia specifically to combat some of the isolative access health issues experienced by those in the rural and remote regions.

The Mental Health Emergency Care Rural Access Project in New South Wales gives mental health clients, in rural and remote hospitals, access to a specialist team at Bloomfield Hospital in Orange. They provide support to those in need 24 hours a day 365 days a year by video conference. Following in the footsteps of numerous programmes that are already in operation like Tele-web, (who have been achieving excellent results in accommodating the mental health needs of people living in rural, regional or remote Australia) Advocacy agencies in partnership with larger organisations that already operate a hub and spoke model could implement a similar process to access clients.

### 3. IMPROVING THE ADVOCACY EVIDENCE BASE AND COORDINATION ON SYSTEMIC ISSUES

#### 3.1 What mechanisms could be used to ensure information on systemic issues gets to the right people and organisations?

DACSSA recognises the significant role played by systemic advocacy to pursue positive changes to the 'systems' that people with disability have to deal with, this includes changing of legislation and policy and service practices. At present, the way systemic advocacy tends to operate is through an isolative process on a case by case basis. We like many other agencies seek to look beyond any one client's issue and design solutions to fit the biggest picture. Many agencies are only funded about 5% in respect to systemic issues which curtails the effectiveness to maximise the impact on clients who are vulnerable to a systemic issue.

In response to the question, 'What mechanisms could be used to ensure information on systemic issues gets to the rights people and organisations?' we would like to once again look at the Hub and Spoke model of service that could play a significant role to effectively tackle systemic issues holistically and be of benefit to people not only in the community but communities and government as a whole. The Hub and Spoke model would allow systemic issues to be regionally or state identified via the 'spokes' and transferred to the HUB. With developed pathways to local and Federal Governments, enhanced decision making, new solutions to systemic issues could be achieved.

A systemic advocacy agency in each State/Territory would provide a very practical conduit for identification and analysis of issues/trends arising directly from individual advocacy agencies. The State/Territory based systemic advocacy agencies would then report to a national systemic advocacy agency for analysis of issues/trends at the national level, particularly those relevant to the NDIS and National Disability Services (NDS).

#### 3.2 How can we help disability advocacy organisations work with a wide range of other organisations with similar aims?

DACSSA acknowledges the work that came out of the recent **DSS Options Paper on National Disability Advocacy Program (NDAP) Collaboration**, developed from NDAP consultation and clearly recommending a significant role for the disability advocacy sector in collaboration, as well as partnership with government and other relevant sectors. Although there appeared to be varying levels of understanding about what collaboration is and the steps involved in successful collaboration. Some of the suggestions included:

- Greater sharing and awareness of information about collaboration at the State/Territory and International levels which is relevant to the NDAP sector and Not-For-Profit (NFP) sector more generally.
- Learning and development to facilitate better collaboration linked to:
  - The core capacities that support and enable collaborative action;
  - The logistics and operations of collaborative arrangements, such as MOU's, mergers/consortia arrangements.
- Creative and innovative responses to be successful in a changing environment with limited resources.
- Ongoing information and support for collaborative arrangements associated with the NDIS implementation.
- Development of an interactive online resource, which includes a database of disability advocacy issues.
- Enhancement of systemic advocacy collaborative arrangements.
- Performance reporting against collaborative arrangements.

As the Options paper highlighted, by working in partnership and collaboration, we are all able to benefit from broader perspectives and expertise that are brought to the table.

## 4. THE INTERFACE WITH THE NDIS AND ADDRESSING CONFLICT OF INTEREST

### 4.1 What steps or organisational structures should be put in place to ensure conflicts of interest do not arise, or are minimised?

DACSSA is aware that NDAP requires that all disability advocacy agencies are structures and operate independently in such a way as to be as free as possible from conflicts with other service provisions, and the interests of people with disability. We seek to ensure that we have structured, updated, and clear Conflict of Interest Policies. We also have safeguards and procedures in place to address and minimise conflict of interest within our agency. We are of the view that maintaining a Conflict of Interest register within DACSSA will help to foster and promote a culture of disclosure within our organisation.

### 4.2 How do we avoid gaps between support provided by the NDIS and advocacy funded by the NDAP?

DACSSA is of the view that some types of advocacy could be funded as part of an NDIS participants place, e.g. self-advocacy so that the participant is better equipped to make informed decisions about what is included in the plan, goals, as well as choice of service provider, how to complain/make changes to plan etc. This could necessitate advocacy agencies being registered service providers for the relevant NDIS support cluster, and would need to have strong conflict of interest policies in place.

Also there is a key role for advocacy in the Information, Linkages and Capacity building program of the NDIS in relation to community awareness and capacity building; information, linkages and referrals; and individual capacity building. It is clear that many advocacy agencies have staff with the required skillset, qualifications and most importantly values base that is in line with the rights basis of the UN Convention.

### 4.3 What policies and strategies do we need to protect the rights of people with disability?

DACSSA operates from both an individual and systemic advocacy level, to advocate for the improved rights for people with a disability, including their right to live a full life without fear of abuse. We are guided in the work that we do to protect the rights of people with a disability by adhering to the **UN Convention on the Rights of Persons with Disabilities** in conjunction with the **2012 National Standards for Disability Services**. We also adhere to our own Human Rights and Freedom from Abuse policy and the **Universal Declaration of Human Rights (UDHR)** that recognises the barriers people with a disability may face in realising their rights.

## 5. UNDERSTANDING AND IMPROVING ACCESS TO JUSTICE

### 5.1 What forms of legal review and representation do people with disability need most?

DACSSA recognises that people with disability face significant barriers to full participation in the legal system within Australia, and concur with the view that:

‘People with a disability have an increased vulnerability to a broad range of legal issues in comparison to others and that these issues were less likely to be resolved’<sup>ix</sup>

The legal representational needs for people with disability can be diverse. Legal representation may be required for Care and Protection Order applications, Human Rights Commission hearings, and at Review Hearings regarding decisions made by the South Australian Civil and Administrative Tribunal (SACAT).

### 5.2 What barriers prevent people with disability from accessing justice?

DACSSA supports the human rights based approach to improving access to justice for people with disability, as outlined in the **Australian Human Rights Commission’s 2014 report**.<sup>x</sup>

We acknowledge and commend the work of the South Australian Government through the **Disability Justice Plan 2014-2017** to address the systemic failures of the justice system in South Australia to adequately meet the needs of people with a disability.

According to the **2012 Legal Australia-Wide Survey**<sup>xi</sup>, ‘people with a disability are still identified as a group highly vulnerable to a wide range of legal problems’.<sup>xii</sup> The report also highlighted that of all the vulnerable groups likely to experience substantial and multiple legal problems in all jurisdictions, ‘people with a disability stood out as the disadvantaged group that had higher prevalence according to the greatest number of measures’.<sup>xiii</sup>

People with disability receive minimal support for civil and administrative claims, even when such claims concern important human rights issues. From 2011 to 2012, the Australian Human Rights Commission received 2610 complaints, 37% (965) of which were for disability discrimination.<sup>xiv</sup> Due to a lack of funding, public legal services are primarily available only to the extremely poor and generally only in criminal matters. Increased living costs and difficulties securing employment means people with disability are often unable to pay for legal services, or bear the cost-risk of not succeeding.<sup>xv</sup>

People with disability also face barriers in accessing the criminal justice system, whether they are victims or witnesses of crime, accused persons, defendants or offenders. People with cognitive



impairment or intellectual disability often have difficulty understanding the legal process and gravity of their circumstance. When people are considered unfit to plead, they are often indefinitely detained in prisons or psychiatric facilities without being convicted of a crime or receiving appropriate legal support. In addition, the 'Equal before the Law' report found that people with a disability are often stereotyped as unreliable, lacking credibility as a witness, or just viewed as not capable of making appropriate legal decisions.<sup>xvi</sup>

There are also a range of physical barriers to justice from a lack of wheelchair access within a court setting or difficulty accessing judicial buildings. Tools to aid in communication, aids to address health and social risk factors and a range of other adjustments that might be required within the justice system are often not available on request. People with disability can often feel tremendous isolation within the community and may simply not be aware of what sources are available for them or what rights they have under law.

### **5.3 What models of legal advocacy are most effective?**

As stated earlier in this submission, people with disabilities experience high risks of accessing the justice system and require appropriate models of legal advocacy that will support them and ensure that they understand clearly their rights under legislation.

South Australia is unique in that, it does not have a Legal Service that specialises in disability rights. Given that people with disabilities are a group highly vulnerable to a wide range of legal problems, DACSSA is of the view that a Disability Rights Legal Service integrated into an established advocacy agency would be extremely beneficial.

People with disabilities often require legal assistance regarding discrimination matters or accessing Centrelink. There is also likely to be a number of legal complexities arising from NDIS, including administrative issues, and disputes regarding the delivery and nature of service. These issues cannot always be addressed adequately without comprehensive knowledge and expertise in disability.

Currently, people who require specialist areas of assistance often need to seek out two different services to have their needs met. That is, a disability advocacy service, and a legal service. DACSSA is of the view that a 'one stop shop' where a person with disability can access both advocacy support and legal services would be a more effective model. People with specialist skills in the area of disability are more apt to readily identify and address the particular issues people with a disability often face, and it would help eliminate confusion for clients.

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- <sup>i</sup>Karen Newbigging, Mick McKeown and Beverly French, 'Mental health Advocacy and African and Caribbean mean: good practice principles and organisational models for delivery' (2007) 16(1) *Health Expectations* 80-104.
- <sup>ii</sup>Australian Government Department of Families, Community Services and Indigenous Affairs, 'Evaluation of the National Disability Advocacy Program' (2005) *Social Options* 70.
- <sup>iii</sup>Ibid 25.
- <sup>iv</sup>Kerry Stopher and Heather D'Antoine, *Aboriginal People with Disability: Unique approaches to unique issues* (2008) Disability Services Commission  
<<http://www.disability.wa.gov.au/Global/Publications/About%20us/Count%20me%20in/Research/aboriginal-people-with-disability.doc>>.
- <sup>v</sup>Iolanda Principe, *Issues in health Care in South Australia for People form Culturally and Linguistically Diverse Backgrounds* (2015) Health Performance Council SA  
<[http://www.hpcsa.com.au/files/651\\_cald\\_scoping\\_study\\_final.pdf](http://www.hpcsa.com.au/files/651_cald_scoping_study_final.pdf)>.
- <sup>vi</sup>Roxanne Bainbridge, Jayna McCalman, Anton Clifford and Komla Tsey, *Cultural competency in the delivery of health services for Indigenous people* (2015) Australian Institute of Health and Welfare  
<[http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our\\_publications/2015/ctgc-ip13.pdf](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2015/ctgc-ip13.pdf)>.
- <sup>vii</sup>Australian Government Department of Health, *Mental Health Services in Rural and Remote Areas* (2015)  
<<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-rural>>.
- <sup>viii</sup>Rural Health, *Health and Telehealth in Rural and Remote Australia* (2013)  
<<http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-ehealth.pdf>>.
- <sup>ix</sup>Abigail Gray, Suzie Forell and Sophie Clarke, *Cognitive Impairment, legal need and access to justice* (2009) Law Foundation  
<[http://www.lawfoundation.net.au/ljf/site/articleIDs/2EDD47C8AEB2BB36CA25756F0018AFE0/\\$file/J110\\_Cognitive\\_impairment.pdf](http://www.lawfoundation.net.au/ljf/site/articleIDs/2EDD47C8AEB2BB36CA25756F0018AFE0/$file/J110_Cognitive_impairment.pdf)>.
- <sup>x</sup>Australian Human Rights Commission, *Equal before the Law* (2014) <  
[https://www.humanrights.gov.au/sites/default/files/document/publication/2014\\_Equal\\_Before\\_the\\_Law.pdf](https://www.humanrights.gov.au/sites/default/files/document/publication/2014_Equal_Before_the_Law.pdf)>.
- <sup>xi</sup>Christine Coumarelos, 'Legal Australia-wide survey legal need in Australia' (2012) *Law and Justice Foundation of New South Wales*.
- <sup>xii</sup>Ibid iv.
- <sup>xiii</sup>Ibid xv.
- <sup>xiv</sup>Australian Human Rights Commission, *Annual Report 2011-2012* (2012)  
<[https://www.humanrights.gov.au/sites/default/files/content/pdf/about/publications/annual\\_reports/2011\\_2012/AHRC\\_AnnualReport11-12\\_Final.pdf](https://www.humanrights.gov.au/sites/default/files/content/pdf/about/publications/annual_reports/2011_2012/AHRC_AnnualReport11-12_Final.pdf)>.
- <sup>xv</sup>People with Disability, *Productivity Commission Issues Paper: Access to Justice Arrangements* (2013)  
<<http://www.pc.gov.au/inquiries/completed/access-justice/submissions/submissions-test/submission-counter/sub030-access-justice.doc>>.

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<sup>xvi</sup> Australian Human Rights Commission, *Equal before the Law* (2014) <

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