Disability
Advocacy
Network Inc

Submission to the Review of

the National Disability Advocacy Programme Discussion Paper

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Disability Advocacy Network Inc
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Introduction

The Disability Advocacy Network Inc (DAN) is based in Wagga Wagga, NSW and is funded solely by DSS (no State Government funding since its inception in 1992) to provide the Individual advocacy model (100%). DAN provides support, information, advocacy, community education and consumer training for people who have a disability, their families and carers in the Riverina & Murray, South West Slopes, Southern Tablelands, and Central Murrumbidgee regions. Major towns include Wagga Wagga, Griffith, Leeton, Narrandera, West Wyalong, Temora, Young, Tumut and Cootamundra.

DAN is pleased to have the opportunity to provide input into the review of the National Disability Advocacy Programme. DAN's feedback will specifically focus on the importance of

- ensuring that advocacy agencies funded under NDAP remain independent (free of conflict) in the NDIS environment.
- ensuring that face-to-face Individual advocacy services are continued in order to maintain effective interaction with service users.
- ensuring that locally-based advocacy services continue to utilise local knowledge of their community's needs, issues, available services, changes to services and local government initiatives.
- emphasising that advocacy agencies should be funded appropriately to provide quality advocacy program.

DAN hopes that the review will take into account what is being said by the advocates on the ground, who understand the industry, the needs of their service users and the local community. DAN also hopes that the review acknowledges the unique challenges of disability advocacy provision in isolated rural areas compared to metropolitan areas; including limited access to support services/respite, transport and accommodation.

Last but not least, DAN is hoping that areas of unmet needs will be researched carefully and identified so that regional advocacy services are supplied with adequate funding to provide coverage to these areas.

This review is the result of collated input from a focus group comprised of services users and staff members with the endorsement of DAN's Board of Management.

Responses to the consultation questions from DAN are as follows:

DSS's QUESTIONS	DAN's ANSWERS
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?	- Funding of only one or two models of advocacy per agency allows smaller agencies to focus their training and development of staff on these specific models, thus delivering a better quality service. - Each advocacy agency that is only funded for one or two models should have a reasonable knowledge of other advocacy models and an appropriate network of contacts to make referrals if a different model is required. - A National FREE call centre manned by appropriately trained staff would be a great way to direct consumers to the most appropriate advocacy serviced based on their location and required model of advocacy.
1.2 What are the drawbacks?	Most service users have general issues. Although there are many specialised support services around, service users often are reluctant to be referred to specialised services.
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?	Regardless what model of advocacy is being provided, all appropriately trained advocates must be familiar with all advocacy models. Individual advocacy agencies should be able to support their service users on-site through telephone conference or skype when they are being supported by other model of advocacy agencies. A centralised call centre to direct consumers to the most appropriate service would improve access. Adequate funding to individual advocacy agencies, especially in regional and remote areas such as DAN, to set up an appropriate communication system would help. Currently, the process is conducted through teleconferencing.

Recommendations:

1. DSS should recognise the importance of continued advocacy in the life of people with a disability and the increased demand for it in the current NDIS environment. Keeping in mind that people who have a disability but who don't meet the requirements of the NDIS will still have the same desires to improve their living conditions as those in their community who have been accepted in the NDIS and may require more advocacy services to enable them to achieve this.
2. Increase in funding in response to the increased demand of advocacy support
3. Individual advocacy should remain independent of service provision to ensure impartial support .
4. Individual advocacy services in rural and remote areas should be sufficiently resourced to be able to attract highly qualified advocates with a broad range of advocacy skills to safeguard people with disability.

2.1 How do we improve access for:	
• **people with disability from Aboriginal and Torres Strait Islander communities and their families (ATSIC)?**	Employment of an appropriately trained advocate of Aboriginal and/or Torres Strait Islander background would improve access by ATSIC service users.. Most accesses to DAN's service result from referrals from family and other community services. Community Education on Advocacy and Disability Awareness for ATSICs are crucial. The meeting place for face-to-face advocacy must be culturally appropriate and ensure the consumer's privacy. Privacy is of special importance in many Aboriginal communities because of complex family relationships and also the ongoing stigma attached to disability in those communities Advocacy agencies should aim to build stronger links with local Indigenous community organisations
• **people with disability from culturally and linguistically diverse communities and their families?**	Employment of an appropriately trained advocate of CALD background would improve access. If this is not possible, forming close links with local refugee/migrant organisations could improve access.

	Adequate funding for translating/interpreting services should be provided. Important information and educational material should be printed in languages other than English that are commonly spoken in Australia or in the area concerned. The meeting place for face-to-face advocacy must be culturally appropriate and ensure the consumer's privacy. Increased provision of community education to CALD groups to break down the stigma and misinformation about disability may increase access.
• **people with disability in rural, regional and remote locations?**	In rural and remote areas, public transport is generally poor or absent. By the nature of our work in dealing with consumers with speech impairment, intellectual disabilities etc., telephone consultation is not always satisfactory. Ideally, advocates working in a rural/remote area should have adequate funding to conduct home visits, in company with a support person for safety reasons.
• **people who are very socially isolated including those with communication difficulties and those institutional care?**	Ideally advocates should make regular visits to group homes and other relevant institutions to build rapport and increase awareness of the services available with both consumers and carers. Important information and educational material should be made available in a range of formats to cater to varying levels of literacy, intellectual ability and sensory impairment.
2.2 What are the strategies or models that have worked? What are the strategies that do not work?	The individual advocacy model works well in DAN's local area. Generally, people come to us when they know that self-advocacy or advocacy by a family member will not, or has not, been successful. Self advocacy is not always possible for people with an intellectual disability, and also for people with other language or communication difficulties, including cultural barriers. Whilst individual advocacy is an important element to defend and uphold the rights of people

	with a disability, Self Advocacy must be recognised and valued as part of a strong element in the process of individual advocacy support to help empower the individual.

Recommendations:

1. DSS needs to recognise that advocacy agencies working with people with disability from ATSICs and CALD backgrounds and those with high support needs, especially in regional and remote areas, may need to provide ‘case management’ model of support rather than just generalised advocacy support.
2. DSS also needs to recognise the additional costs necessary to provide the above support, including addressing communication difficulties, such as the need for material in plain English, interpreters, face to face contact and home visits.
3. Individual and Self Advocacy models should go hand in hand to complement each other.

3.1 What mechanisms could be used to ensure information on systemic issues get to the right people and organisations?	As described above, a nationwide call centre manned with appropriately trained staff could be useful in directing consumers to the most appropriate service for their area and the appropriate model. Additionally, local, state and nationally based services would still refer service users to each other as required. Every now and then when it is possible and there is no choice, Individual Advocacy agencies in regional and rural areas often address local systemic issues. Frequently, this takes up much of the Advocates’ time; however, they don’t get brownie points from the government in terms of the statistical report.
3.2 How can we help disability advocacy organisations work with a wide range of other organisations with similar aims, such as disabled people’s organisation (DPOs), the Australian Human Rights Commission, Ombudsman	Advocacy Agencies/Advocates have the experience and necessary skills in networking with a wide range of organisations. Most small Advocacy Agencies, especially regional and rural ones, however, do not have enough time and resources to do so.

organisations, aged care advocacy organisations, state disability advocacy organisations and peak bodies?	

Recommendations:

DSS needs to develop single data base software or reporting software for all NDAP funded agencies. This software should include provision for systemic advocacy support provided; whether they were issues that affected local, state or national and whether they were big or small, and where they were referred to.

4. 1 What steps or organisational structures should be put in place to ensure conflicts of interest do not arise, or are minimised?	Since the Right to have Choices and Decision Making as detailed in NDIS principles are paramount, NDIS registered services should NOT act as advocates for their service users. This should be detailed in the contracts between the government and NDIS services.
4.2 How do we avoid gaps between supports provided by the NDIS and advocacy funded by the NDAP?	For whatever reasons, there will be many people who have a disability who will not receive NDIS packages; This could be because they are not qualified or it could be because they do not want to. The continuation of NDAP support must be highlighted and promoted in the NDIS environment.
4.3 what policies and strategies do we need to protect the rights of people with disability?	Advocacy service provision should be kept FREE of charge and INDEPENDENT from NDIS services. Increased NDAP funding is likely to be required to cover the increased demand for advocacy services with the rollout of the NDIS.

Recommendations:

1. DSS must acknowledge that everybody with a disability, whether with or without an NDIS package, will be able to receive advocacy support FREE of charge and quite independent of the NDIS. DAN believes that this should be stated under the principles of advocacy.
2. In addition to Advocacy Agencies, CRRS is the complaint mechanism to deal with complaint issues related to the NDIS faced by

NDIS service users. In addition, Arbitration Appeal Tribunal and Advocacy agencies should have close contact to avoid gaps in support received.	
5.1 What forms of legal review and representation do people with disability need most?	From DAN's experience, the Legal representation that people with disability need the most is support at court hearings, Guardianship Tribunal hearings and the lodging of applications for AVOs.
5.2 What barriers prevent people with disability from accessing justice?	Most service users lack knowledge or understanding of the Justice system, consequently they rely on their Advocate. Local law firms may have a poor understanding of the complexities involved with people with a disability and their interaction with the law and judicial system. This is often manifested in a judgemental attitude being shown towards offenders with a disability. Information may not always be provided in a format appropriate to the intellectual capacity or sensory needs of the service user.
5.3 what models of legal advocacy are most effective?	DAN has no knowledge of what models of legal advocacy that are the most effective, however, we have made numerous referrals to IDRS. Unfortunately, IDRS only supports people who have an intellectual disability.

Recommendations:

DAN believes that each state should have a legal advocacy agency and that this agency work closely with advocacy agencies who make the referrals. DAN also believes that the NDAP funded Legal advocacy model should be available for all people with disabilities.