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Canberra ACT 2600



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Via email: carolyn.wilkes@dss.gov.au

Dear Carolyn

Re: NDAP Review of advocacy

The Alliance is pleased to contribute this response to the Review of the National Disability Advocacy Program (NDAP). We have drawn on our submission to the review of the National Disability Advocacy Framework in August 2015 to address the key questions in the current NDAP review discussion paper.

Advocacy definition and integrity of NDAP in the NDIS environment

With the advent of the NDIS the function of advocacy needs to be well defined as a community safeguard and support that is separate to the NDIS 'market'. Although the discussion paper raises some dilemmas around the interchangeability of some supports that are currently delivered by NDAP agencies, we believe the new contract for NDAP should promote a clear definition of advocacy that cannot be commodified by the NDIS market and diluted by a transfer to individual packages.

Some NDAP providers may want to register to be providers of some NDIS services such as plan management or even support coordination, but these should be available as add-ons to their core business of providing advocacy: they should not be seen as substitutable. We are aware that a number of NDAP agencies have received funding from the NDIS Disability Support Organisation peer support project and have used this to complement their advocacy services, not diminish or duplicate them.

The NDAP needs to be available to all Australians with disability, and although the NDIS is a significant reform in its own right, there will be significant numbers of people with disability who will not be eligible for direct support. There are still major barriers existing for people with disability to achieve full participation in the life of the community.

The form of the Independence, Linkages and Capacity Building (ILC) segment of the scheme is still unclear. Although the timing does not align, the Alliance believes that it is appropriate that the ILC uses NDAP as a reference point and builds in the space between NDAP and the NDIS rather than NDAP risk being treated as a residual

program. Although we are in a period of transition, it is vital that NDAP very much maintains its own integrity as a core program.

NDAP in a period of transition

The rollout of the NDIS offers a generational opportunity not only for reform in the funding and provision of disability services, but in other areas of the human services system including the funding and provision of advocacy services.

The Alliance believes that advocacy services are necessarily in transition from a singular rights based model delivered by disability advocacy organisations, to an approach based on active citizenship and delivered by disability and non-disability organisations alike.

In our NDAP Framework submission we suggested that a strategy be formed that would see NDAP itself transition out of the disability programs area and be moved to the Attorney General's department to reflect that the long term aim that advocacy not be a segregated program in a post NDIS environment. We still believe that this remains an appropriate long term aim for the NDAP program.

The next NDAP contract

Because of the transitional context of the current NDAP review and the fact that the NDIS will not be fully rolled out by 2017 when the next round of NDAP funding is awarded, there are many features of the current program that should remain in place, while improvements are made and a pathway articulated to deliver a post 2020 advocacy framework.

Because provision of disability services alone will not resolve poor access and/or poor responses by mainstream programs to people with disability, the sustained provision of skilled advocacy is essential into the future. The Alliance makes the following points in response to the discussion paper.

Types of Advocacy

The Alliance recommends that the current suite of advocacy supports offered by NDAP remain in scope, but that the next contract allows for the provision of specialist advocacy in certain areas. This would include some diagnostic groups where specialisation is essential (e.g. mental health and acquired brain injury) and also in content areas where a strong working knowledge of mainstream programs is required (e.g. education, employment, health/chronic disease, legal/justice). The Alliance does not believe that the NDIS reform or the National Disability Strategy are sufficiently advanced to only offer a single type of contract across the NDAP program.

Access to advocacy

The Alliance agrees that providing consistent geographical coverage across Australia via NDAP is inherently difficult and unrealistic given the scale of investment in the NDIS. As we said in our response to the NDAP framework, the Alliance receives many calls for advocacy assistance from all over Australia. People are calling us because

either they do not know about disability advocacy; they have had contact with an NDAP agency that has been unable to assist either because of lack of capacity or lack of competence; or they have been referred by a hospital or aged care service directly.

We have delivered advocacy support remotely for these people, sometimes (though rarely) in concert with an NDAP agency. This experience leads us to believe that where there is need for specialised advocacy, this can be delivered remotely via a hub and spoke structure. The NDAP contract could require NDAP agencies to work collaboratively with specialist agencies where required. One of these areas of specialisation must be working with people with complex health needs across the health, disability and aged care systems.

Systemic advocacy

The Alliance strongly believes that the current requirement for the significant majority of NDAP services to be individual casework needs to be abandoned in the new contract. Agencies will still run a casework approach because advocacy work demands this, but they need to have much more scope to escalate key issues to the systems level.

Previous arrangements from the 1990s that allowed advocacy services to strike a reasonable balance between individual and systemic advocacy worked well and enabled individuals to engage at other levels and not simply be viewed as a 'client'.

But because we are in a time of reform and the currency of the reform is about participation, every opportunity needs to be afforded people with disability, including through their advocacy organisations. Casework also tends to concentrate problems (some intractable such as the shortage of housing and jobs for people with disability) and limits the ability for advocacy services to be creative and positive in developing new approaches.

The current division between NDAP performing casework advocacy and the national peaks (the Cross Disability Alliance and other national organisations) being responsible for systemic and representative advocacy is largely ineffective. The chain of representation for the peaks needs to be more solid and the experience of casework and local membership can provide a powerful mandate to systemic advocacy. We would recommend that both the peaks and NDAP agencies be able to deliver both individual and systemic advocacy.

Competency of advocates

The Alliance strongly recommends that the next NDAP contract include requirements for advocacy practice. Our experience is that the quality of advocacy is still patchy across NDAP.

We have worked with some NDAP providers that place a high value on advocacy practice, outcomes and consumer participation and have worked with some

outstanding advocates. On other occasions we have had to step in and 'rescue' a young person with complex needs from a poor experience with an NDAP agency.

For NDAP to maintain its integrity as a program amid the reform in the disability sector, quality and competence are key drivers. We would recommend a more significant investment in this area in the next contract, much of it in a lead national agency, as well as provision of separate additional funding for NDAP providers to participate in national events, training and campaigns.

Collaboration

Given the need to promote stronger take up of disability issues by mainstream programs, the next NDAP contract should incentivise cross sector collaboration between current NDAP agencies and mainstream advocacy agencies. These could include community legal centres, consumer advocacy bodies, trade unions and aged care advocacy organisations, health advocacy bodies such as the Consumers Health Forum or the public transport advocacy bodies.

Rather than competing with them, the NDAP agencies also need to have a close relationship with and complement the work of statutory bodies like the Human Rights Commission and state ombudsmen agencies.

Finally, the Alliance has a keen interest in the policy and practice outcomes of this review and would be pleased to assist the Department in the design of the next NDAP contract.

Yours sincerely



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