meda
melbourne east disability advocacy

National Disability Advocacy Program (NDAP) Review

Melbourne East Disability Advocacy Submission

Question 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.

Although MEDA is funded for both individual and citizen advocacy there have been occasions that there has been contribution to a systemic advocacy issue and underpinning our work with consumers is to foster self advocacy. Resourcing limits the capacity to have a suite of advocacy models to serve a consumer. Increasing demand in individual advocacy has the potential of impacting on the offering of other advocacy models due to the immediacy required around individual advocacy.

Individual and Citizen Advocacy are complementary advocacy models. With limited resources and the importance of having skills and expertise essential to each of the varied models of advocacy it would be challenging to be thorough in each of the models.

By only providing one or two models of support there is potential for an enhanced skill set and systems customised or tailored to the particular advocacy model or models. This has the benefit of more efficiently serving consumers and families with more experienced workforce and approaches when working within defined advocacy models.

1.2 What are the drawbacks

The drawback of being quarantined to the 2 advocacy models is the inability to at times have a wholisitic approach to advocacy and the consumer where there is continuity of a trusted advocate for a consumer or family.

Another potential drawback is the never ending and increasing demand around individual advocacy which may address immediate needs but to view issues of discrimination from a prevention platform where an investment could be made to prevent issues of discrimination and to further build systems that support people with a disability and individuals with a greater opportunity to engage in self advocacy.

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?

To acknowledge each of the advocacy models as having value and merit within the NDAP framework, funding and dialogue is an important approach. Often Citizen Advocacy is undervalued or not acknowledged amongst the other advocacy models.

Enhanced collaboration between advocacy agencies with expertise in advocacy models.

Having a workforce that is more fluid and works across a variety of agencies with expertise.

Expanding catchments or boundaries

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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? continued

Develop services of expertise in advocacy models (ie systemic, citizen, family and legal) but an expectation that all advocacy services deliver individual and self advocacy as core advocacy models of service.

Develop MOU's between services that have models of expertise and core based services

Equitable access also indicates that advocacy services are flexible in their engagement with a diverse range of people with a disability. This could also be complemented with agencies of population expertise. MEDA has a continued commitment to ensuring that people with an intellectual disability are served through advocacy. They continue to be a group that are increasingly vulnerable and at risk of discrimination.

Question 2. Improving access to advocacy supports

2.1 How do we improve access for: (ATSI, CALD, rural, regional & remote locations, socially isolated and those with communication difficulties and in institutional care)

MEDA is particularly sensitive and aware of people with communication difficulties and in institutional care. It is important to have positive relationships with settings that support people with disability that maybe in group homes or accessing specialist day programs to build knowledge and understanding of advocacy and access to advocacy services.

Workforce development - building skills and knowledge in serving these diverse communities.

Disability Standards that ensure these communities are supported and recognised and that organisations are accountable to better serving these members of the community.

Development and access to reference groups from the key population groups that might be regionally based that provide guidance and support to advocacy services.

Workforce more readily reflects ATSI and CALD demographic

Increased training opportunities within the advocacy sector around alternative / complementary communication.

Increased knowledge and understanding in the disability sector about advocacy which would enhance referral.

Development of a Regional based program where Volunteer Citizen Advocates could be allocated to group homes to raise the profile of advocacy and to address household advocacy issues and / or feed into broader systemic issues to be addressed.

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2.2 What are the strategies or models that have worked. What are the strategies that do not work?

Self advocacy as a model should be viewed as a fundamental model which could be embedded in all advocacy services and a range of education and community based environments as part of building an individual's resilience and capacity. Peer based self advocacy models should be strengthened ie parenting and self advocacy group

Individual Advocacy is imperative to protect the rights of individuals with a disability but there would be some value in looking at this from a prevention perspective. How can we prevent discrimination which leads to a reduction in experiences of discrimination and long term the reduction in the demand on individual advocacy. Individual Advocacy models that also engage Citizen Advocates can also provide a valuable complement to paid advocates. (Short Term Citizen Advocacy Program).

Citizen Advocacy holds an incredibly important place within the advocacy models. This model provides an invaluable platform for including individual advocacy action and fostering self advocacy but it has the added benefit of building communities rapport and involvement with people with a disability. This model is also important in building civic participation within local communities.

Systemic advocacy is critical to changing environments and policies that affect people's experience of discrimination. Systemic advocacy investment can be from a reactive approach addressing a current or emerging issue or from a preventative approach where an investment is made based on evidence to address systemic issues that impact on people with a disability. Involving people with disability or having a commitment to co-production would also be of value.

Organisation's that have an area or areas of expertise can be valuable. The expertise can relate to the advocacy model or the people whom they serve. In particular ensuring that there are organisations that have expertise in providing service and support to our even more marginalised people with a disability including people with an intellectual disability and multiple or complex needs.

Increasing the knowledge and understanding in the disability sector of advocacy leads to increased referral and engagement of people with disability. Embedding the understanding of advocacy and advocacy models within disability training. To build skills of school / education sector to strengthen self advocacy principles and practice amongst young people with a disability.

Develop a settings based approach to advocacy which complements systemic advocacy however from a prevention perspective. Schools, day programs, group homes and community based settings or environments are considered from reducing barriers and increasing opportunities. Aware that the Local Government Metro Access program contributes to a Local Government approach but this could be complemented by advocacy services working on prevention of discrimination programs.

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Question 3. Improving the advocacy evidence base and co-ordination on systemic issues

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

The right data collection process and system including case studies. A bank of evidence based issues and outcomes kept and shared within the sector ie. DANA (Disability Advocacy Network Australia), DARU (Disability Advocacy Resource Unit).

Can systemic issues have a State or Regional planning approach from a responsive and preventative perspective. A Regional plan could be submitted to DSS which would include evidence base planning, goals and objectives and strategies that engage a wide range of stakeholders – similar plans occur within DHHS and Integrated Health Promotion or more locally Municipal Public Health Plans.

3.2 How can we help disability advocacy organisations work with a wide range of other organisations with similar aims? Ie DPO, AHRC, Ombudsman organisatons, State Disability Advocacy etc

Disability Advocacy organisations including MEDA are engaged with other organisations sometimes around planning platforms, feedback opportunities and occasionally with consumers or like minded agendas. Time constraints can at times limit this opportunity.

Supporting and creating communication platforms of interest. Link around planning phases, objectives and initiatives. Call for EOI with regional or Statewide projects where advocacy organisations can be resourced to be a part of a new initiative.

Question 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?

Conflict of interest policies, declarations and measures in place within organisations and monitored through audit processes. Conflict of interest identified within disability standards and operational guidelines.

On engagement of an advocacy service within application or referral process questions around conflict of interest are raised and questioned so as organisations and practitioners reflect.

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4.2 How do we avoid gaps between supports provided by the NDIS and advocacy funded by the NDAP.

Ensure that NDAP funded organisations also receive resourcing and connectivity with NDIS especially through ILC. Keep an updated register of all NDAP services and services funded by NDIS ILC funds.

NDIS to have an expectation at the time of planning to engage a local advocacy service. For this engagement at the planning point to be remunerated by NDIS.

The State and Federally funded Advocacy programs could have measures and expectations to work collaboratively with NDIS which might be reflected within funding and service agreements.

At decision making agendas and / or Local Area Co-ordination level to have representatives from Advocacy services to continue to raise the profile of advocacy services.

Ensure there are clear differences between ILC and NDAP Funding and Service agreement and business.

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

A suite of policies and strategies that engage all levels of government, community, commercial and private environments to protect the rights of people with a disability.

A voice for people with a disability at key decision making agendas, arenas but not just disability specific agendas.

Maintainance of the Disability Discrimination Commissioner and peak bodies for protecting the rights of people with a disability and advocacy services ie. DANA

Question 5. Understanding and improving access to justice.

The justice system is complex and at times an overwhelming experience.

Can there be research undertaken looking at the pathways to justice for people with a disability. This could then be critiqued by an expert panel of people with a disability to provide recommendations.

Does or could the Department of Justice have a program that work towards improving access to the justice system for people with disability?

Other Comments

A recognised under or postgraduate course in advocacy to build the recognition and value of advocacy and to strengthen the validity of the advocacy workforce.