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| Submission: |
| Review of the National Disability Advocacy Program |
| Aged and Disability Advocacy Australia (formerly Queensland Aged and Disability Advocacy - QADA) |

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**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?**

Advocacy models have been developed to meet the specific needs of diverse groupings of people with hurdles to accessing procedural fairness and natural justice.

The funding of multiple organisations, each of which specialise in single or simple-interface models to address these hurdles, is beneficial for the following reasons;

* specialisation provides a higher quality of service in that particular framework
* repeat engagement in single and simple interfaced models provide the opportunity for vicarious learning and education (i.e. a client repeatedly engages in a single model framework, then they will eventually be able to identify the pattern of that framework and replicate it for themselves)
* allows for the establishment of multiple ‘entry points’ for assisted referral and access to other forms of advocacy (i.e. a client may access self advocacy in my area, but require representative advocacy. The local advocacy group can provide me with space and telephone to access the representative agency in another town and assist with referral)
* provides the consumer with a higher level of choice in accessing an agency that meets their needs and reduces potential of conflict of interest in smaller communities where advocacy services may recruit to meet ‘peer advocacy’ requirements.

Advocacy should provide people with information and options so people can make an informed decision, or so they can be supported to make a decision that best meets their need, wishes, desires and situation.

**1.2 What are the draw backs?**

The limitations with only one or two models can mean that issues remain unresolved which can then impact other parts of the person’s life. An example of this if a person does not live in an area that offers advocacy then that individual is not able to access advocacy support. Currently disability advocacy services are only offered in small pockets of Queensland.

Other limitations include the pathway of resolution, ensuring procedural fairness and equity of access for vulnerable people will generally involve interaction with multiple forms of advocacy. A complex case may follow a continuum;

* clients facilitated to develop knowledge and skills to self advocate
* assisted/representational advocacy with the client supported, in person, by an advocacy practitioner to engage locally and through appropriate external complaints mechanism
* legal advocacy with a solicitor engaging with appropriate legal and external mechanisms.

Drawbacks in funding multiple organisations, each of which specialise in single or simple-interface models to address these hurdles, include:

* Loss of efficiency in operation costings when a single organisation running cost for a state wide service could direct that money into direct information, education and advocacy services.
* Potential for additional hurdles if local advocacy services do not provide the needed model and are not connected with other providers or if a regional area only has self advocacy funding although clients require support to learn how to self advocate .
* Offer extended time lines for dispute resolution due to requirements to refer between organisations (including the requirement for secondary and tertiary ‘intake’ interviews which expose clients to repeated having to relive arguments, situation and events that can trigger mental health issues and make them associate speaking out on their own behalf as a negative)
* The lack of ability to relocate staff from other regions/models to meet short term or episodic demand in particular regions.
* Currently there are gaps and people take what they can get or go without advocacy assistance, making it difficult for people to make an informed choices.
* Requires referral to other agencies and clients becoming comfortable with another organisation to get their needs met.

**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?**

It is important that there is opportunity for everyone requiring support to have the ability to access advocacy regardless of where they live. It may require a one stop advocacy service that would accommodate individual needs, or a single point of access advocacy system. In order to achieve this, the below options may be a solution:

* + Consortiums/funding amalgamations
	+ Funding to support a single point intake process
	+ Funding requirements /regulations providing for streamed process
	+ Increased training and resource funds to create comprehensive training across all generalist advocacy models to allow current services to increase practice and create consistence.

**2.1 How do we improve access for?**

*People with disability from Aboriginal and Torres Strait Islander communities and their Families*

It is vital to offer services that are culturally appropriate and relevant to what the person needs, offer face to face options and provide a flexible advocacy model which best meets the need of each person that requires support.

There is an opportunity to engage with the community to see young people trained and employed in local community programs. Use programs already designed within communities that have extensive lists of young people who have engaged with leadership and advocacy programs. Work within a strengths based framework to provide education and employment to existing young Indigenous Leaders in their own communities.

*People with disability from CALD Communities and their families*

It is vital that there is access to interpreters at no extra cost and staff should be skilled in working with people from other cultural back grounds, ensure face to face access to advocates is provided.

Allow the knowledge of skilled advocates to be conveyed by interpreters with an ability to assist in face to face and telephone questions and who can assess the understanding of clients.

Offer support to access language as direct translation of words often does not connect the words accurately to the cultural understanding or meaning.

*People with disability in rural regional and remote locations*

Offering face to face advocacy must be a priority in service negotiation and client engagement. Rural and remote communities have statistically higher levels of social isolation and a lack of physical interaction means that clients in remote areas also become vulnerable to poor care services and exclusion due to accessibility from external complaint mechanisms as they may feel that a poor service is better than no service.

While telephone and video conference can assist remote access needs, this is only one tool in the engagement process with remote locations. It is well established that remote locations actually increase the vulnerability of a client. Also while internet access has improved in rural and remote regions, in many areas it is inconsistent or non-existent.

The message of the availability of advocacy needs to be wide spread and contact and access pathways must be reliable.

*People that are socially isolated, including those with communication difficulties and those in institutional care*

It is vital that advocacy services be offered face to face to people who have communication difficulties. Advocacy staff need to have knowledge of alternative and augmentative communication methods and assistive technology, communication aids and sign language which may assist with communication. Therefore training in these areas for staff is essential.

Ensure that information and education is provided to individuals working with people with a disability, carer’s, formal and informal decision makers so that they can support people to access advocacy services.

**2.2** **What are Strategies or Models that have worked? What are Strategies that do not work?**

An individual advocacy model is an effective way of achieving outcomes for a person resulting in the opportunity to provide guidance and assistance to empower the individual to achieve an outcome. Individual advocacy works best face to face where possible and offers the opportunity to build and strengthen the skills for each individual in all of the special needs groups as outlined above.

Advocacy should be inclusive and work from a strengths based approach taking the time to engage and listen to people accessing advocacy services.

There is a need to create a system where non clinical staff are able to provide information, support and direct advocacy in a manner that facilitates independence and equalises the perceived power imbalance for people with a history of institutionalisation.

 Further specialist training for staff engaging with socially isolated and emotionally neglected clients to enable a ‘helping’ relationship rather than dependency have worked include:

* Assets Based Community Development, facilitating the strengths of unique communities and their own organically developed coping mechanisms to meet the need.
* Professionally supported Peer networks at the local region;
* Focus on Information and education to facility communities developing self advocacy as a right in Australia.
* Lower likelihood of informal, skilled social network, lower likelihood of being able to ‘switch providers.
* Ensure advocacy representatives are part of the existing community, or a worker from a known entity, or a member of a known and trusted organisation
* Understand that issues between communities are not homogenous. Each community will require inside knowledge on how to best offer any advocacy support and providing for the individual participants.
* Understand that disability itself as a concept is not widely recognised in community. Therefore approaches that assume self identification of ‘disability’ that would normally suit the mainstream may not suit Aboriginal and Torres Strait Islander clients.
* There are large gaps in basic service provision and access to basic services in many areas so the need for advocacy may not yet be identified within the populous.
* To ensure appropriate NDIS participation, independent advocacy for Indigenous people in community may be required across the board.
* Recognition that a shared economy and problem may be the norm rather than an individualised approach so advocacy may need to be tailored to a collective consideration.
* Funded in house education within facilities by independent organisations which is mandatory for all services to ensure that people in institutions and their families and carers know about available advocacy channels.

*Strategies that have not worked*

“Fly in fly out” and cyber access are being championed at this time, however all evidence from client engagement indicates that there is a lack of local understanding from people who have no connection to community.

Client dissatisfaction with the clinical model and feeling removed from the process when remote viewing is used as well as the professional being unable to view the local situation or experience the distances etc. faced by clients in remote areas. Feedback regarding ‘patronising’ advice of just head into town, when town may be two hours away and there is only two buses a day or no public transport.

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

There needs to be standardised reporting that is consistent across Australia to determine trends and which may determine gaps within the disability sector.

Development of mechanisms that could be used to ensure information on systemic issues is captured and provided to all stakeholders including regular contact with the Department of Social Services. Offer official reporting channels with wide access doorway for example a stakeholder website that anyone can contribute to.

**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 organisations (DPOs)**

**• the Australian Human Rights Commission**

**• Ombudsman organisations**

**• aged care advocacy organisations**

**• state disability advocacy organisations**

**• peak bodies?**

In order to collaborate better within organisations with similar aims, confirm there is on going discussions about what other services that organisations are able to offer. Provide support to individuals to access other organisations by using internal referral processes.

Development of a Lead Agency/partnership service model will improve connections between agencies ensuring a more uniform outcome.

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

Advocacy providers should remain independent of service provision; this would reduce issues associated with conflict of interest.

To minimise the conflict it would be suggested a person working within the service would need to disclose any conflict of interest which may influence the official decisions or actions on behalf of the organisation..

In instances where there may be minimal conflict, for example when a client is requiring support with decision making, the service offering decision making support also offers Advocacy. The organisation would need to disclose this and may need to have different employees to support the person with the two different issues.

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

Provide independent advocacy for all participants as requested when completing Access Request Forms and External merit reviews. Build good working relationships between the NDAP services and the NDIS to ensure the outcomes for the clients are achieved in a timely manner.

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

Advocacy needs to be independent of service provision to avoid conflict of interest. Similar to advocacy offered through the National Aged Care Advocacy Program and offer support to engage in a formal complaints system. Ensure that within the program an informal and formal complaints process is offered to protect people with disability.

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

According to research compiled by NSW Law and Justice Foundation, people with a disability are the most vulnerable in legal matters. Most common areas include accidents (resulting in personal injury), consumer credit debt, crime, employment discrimination, family, government including understanding information about QCAT, Public Trustee Qld, Office of the Public Guardian, health, housing and financial matters. As a result this group would benefit from advocacy and legal services related to this list, in order to have their voice be heard.

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

The barriers include that there has been a lack of access to legal practitioners. It has also been recognised that an adult’s own lack of understanding that a specific problem is a legal issue. It has been identified that professionals’ lack the recognition that the problem raised by their client is a legal one. An example is if the adult speaks to their doctor regarding a legal problem and the doctor does not recognise that it is a legal problem. Therefore education and information needs to be provided about legal issues with in schools, community centres and doctor’s offices.

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

The most effective approach would be multi-faceted services offering legal and non legal services such as social workers. This multidisciplinary approach would look at tailoring solutions to support individuals to provide early interventions by providing supported decision making to avoid going to court and better understand the law.