1. Do you believe the new NDAF encompasses your vision of advocacy? If not, what changes are required?

2. Are the principles of the NDAF appropriate for guiding the delivery of advocacy for people with disability in a changing disability environment, including in the context of the NDIS? If not, what changes are required***? Justice • Disability advocacy is inclusive of legal advice and representation where it is required to assist people with disability to exercise their rights.*** Disability advocates are not trained in legal advice, it would be inappropriate for us to give legal advice as part of our role. We can connect people to legal help, but we cannot provide that service ourselves.

3. Are the outcomes of the NDAF clear and achievable? Should different ones be included? If so, what should be included?

**Outcomes**

*** People with disability are accorded the same rights and freedoms as all Australians.***

*** People with disability enjoy increased choice, control, and wellbeing, exercise their right to make decisions, are involved in all decision-making processes that affect their lives, and receive the support they need to make those decisions.*** If supported decision making is going to be a focus of the new framework, then it is imperative that we receive further funding and training within our role to meet demands. We also need mandatory entry legislated to stop private supported co-living organisations from gate keeping and not allowing encouraging/allowing advocates to work with them. Prior to privatisation the community visitors were expected to be allowed entry regularly, however this mandate has not transferred to the private providers of supported living facilities.

*** People with disability are able to participate in all aspects of the civil, political, economic, social and cultural life of our communities.*** This needs to go back to the disability support pension services. They cannot participate often because the amount of money awarded is not enough to meet basic needs. The application process is discriminatory. As an advocate I have helped many people to gain access to the DSP, but it should be a much clearer process.

There is a wide gap in community acceptance and opportunity within the sector, many people continue to attend day programs and are somewhat segregated from mainstream community. An example of this was during the covid pandemic people living in support accommodation were not able to leave their homes or attend any functions. I understand there were state-wide lockdown measures in place, but the supported accommodation remains very strict with these laws. All other aspects have been lifted but lock downs continue within the houses.

 ***Regardless of where they live, people with disability can access quality and independent advocacy support.*** We need mandatory rights of entry to co-supported living arrangements. We also need to be funded to work within the prison sector. Advocacy agencies receive many requests to help people who are residing in prison with disabilities and are often unable to help due to funding constraints.

*** People with disability, including those experiencing multiple disadvantages, are supported to have effective interactions and access to disability supports and services and/or mainstream services and facilities including supportive, flexible, and timely access to justice and legal advocacy.*** There needs to be specific case managers for people with complex care needs and a more transparent system for advocates to access the complex care needs team at the NDIS. Many clients particularly those with psychosocial disabilities have difficulty maintaining services and relationships so they need to have a case manager to assist. Psychosocial recovery coaching would be good in this space but in regional Victoria, we cannot get them, they are not available. More staff need to be trained in this.

*** Aboriginal and Torres Strait Islander peoples with disability will have a greater say in how advocacy is designed and delivered; have access to culturally and linguistically appropriate, and culturally safe, disability advocacy, including access to community-controlled organisations delivering disability advocacy; and have access to, and the capability to use, locally relevant data and information.*** The First People Disability Network need to be consulted and funded appropriately; they are the peak body in this space. Currently they have Indigenous support officers in a small number and it is important that they remain within an advocacy role once the DRC has finished.

** Culturally and linguistically diverse communities, have access to culturally and linguistically appropriate, and culturally safe, disability advocacy that features the engagement and input of relevant local communities.** Our organisation had a grant of funding to help a group of refugees settle into the community, it was our role to assist them with centrelink payments, forms, tax information and other advocacy issues. This funding needs to be ongoing they continue to have advocacy needs but no advocate.

*** People with disability have a range of ways to express their views and wishes about supports and services, play an active role in working out how things will improve, and can access a complaints mechanism and independent support and advice when providing feedback or making a complaint in relation to the supports and services they purchase or engage.*** The NDIS fraud taskforce and the Quality and Safeguards commission are under resourced meaning that any complaints sit there waiting to be triaged for over 12 months.

*** The demographics of people with disability receiving individual advocacy reflects the diversity of the communities that the agencies are operating in.*** Rural and regional areas are disadvantaged in this space. They do not receive adequate levels of funding to operate.

*** People with disability have the opportunity to be actively involved in all aspects of the development, delivery and evaluation of disability and broader government policies, programs and services that impact them.*** ILC funding plays a role within this space, peer support is incredibly important. It empowers people to be involved by giving them the tools and support to do so.

*** There is increased community awareness of barriers to people with disability, the stigma associated with disability and the presence and value of advocacy supports.*** currently our organisation receives a tiny amount of funding per year for systemic advocacy, approximately 4 hours per week across 11 LGA’s. We do not receive any state funding for systemic advocacy at all.This means that there is limited if any ability to include regional voices in the state and federal decision making. This results in a cycle of disempowerment and exclusion.

4. Are the responsibilities, reform, and policy directions of the NDAF relevant or should different ones be included? **Responsibilities, Reform and Policy Directions**

***- Ensuring the funding of disability advocacy is transparent, equitable and accountable, and geographical coverage and services gaps are identified and addressed.*** Discrepancies in funding between different advocacy agencies even though the area covered are the same in population and geographical areas.

***The collection, use, and reporting of evidence-based data for administration and planning of disability advocacy and improvement of services systems.*** There needs to be adequate time for advocates to complete this role within service delivery, currently we are so under resourced it is difficult to find the time to comply with all the different funding bodies requests. The DEX and SCORE frameworks implemented by the Commonwealth government last year are not advocacy specific. The reporting requirements are to be used across a variety of funding programs and they do not consider disability advocacy specifically. Many advocacy agencies have voiced the opinion that it is not written from a human rights perspective and a large amount of the questions asked are not appropriate. Again perpetuating the cycle of disempowerment and marginalisation of people with a disability.

***- Improving coordination and communication between disability advocacy organisations, disability services, the National Disability Insurance Agency, mainstream services, community-based services, and governments to develop the overall capacity of the disability sector, including promoting linkages between individual and systemic advocacy.*** The advocacy sector often falls in between other mandated organisations. We are not counted when it comes to many things including training within the sector. An example of this is the MARAM family violence framework, including the information sharing aspect of it. We are not prescribed to this framework and it at times impedes our ability to ensure that the rights of our clients are being met and that best practise is being undertaken. Often other agencies tell us we are allowed to share information under the framework, and we must explain and at times argue that we are not prescribed under this and therefore cannot share information without the client’s consent.

Another example of this is when the covid vaccines were rolled out to disability workers earlier than the public. Support workers, NDIS registered workers, disabled people and caregivers were offered the vaccine early to protect the often immunocompromised or disabled people with complex health needs, advocacy agencies were not included within this roll out.

The information linkages and Capacity building grant needs to continue with a minimum term of 3 years to build the relationships needed between independent advocacy, self-advocacy, and systemic advocacy. Our organisation has been given a substantial grant and with that has delivered x 15 programs to over 75 participants that included independent living skills and a human rights self-advocacy focus. Often delivered to people who are yet to have a NDIS plan and have very limited options to available programs. They have also delivered two peer support groups monthly that have a focus on self-advocacy, this gives people a chance to gain peer support and learn how to speak up for themselves.

***To implement advocacy in-line with the Closing the Gap National Agreement Priority Reforms.*** Indigenous specific advocacy needs to be rolled out, there is one advocacy agency in Victoria that has an Indigenous specific Advocate, and they are funded under the disability Royal commission Individual Support through an agreement with the First Peoples Disability Network. The Advocates currently within this role need to be funded to provide advocacy once the DRC has ceased in June 2023.

5. Does the NDAF identify what is needed in the current and future disability environment? If not, what changes are required? There needs to be better funded reporting bodies. Currently if a person does not have funded NDIS supports the police are the only ones that can conduct welfare checks, often the police are not a good option due to the trauma it causes people. The NDIS safeguards also need to be better resourced and act on reports with a meaningful outcome.

6. Do you have any other comments, thoughts, or ideas about the NDAF?

My role in a small regional town is funded for 18 hours per week. Currently I am also funded to provide disability Royal Commission Individual Support making it a full-time position. During my time as a DRC support officer, I also assist people with advocacy issues. All the clients I have assisted to make submissions have also required some form of advocacy. I have a waiting list of a minimum of 5 people this has continued for over 12 months and referrals continue to come in. There needs to be funding for more advocacy hours.

Our organisations NDIS appeals space is also at capacity with daily referrals being received. There is simply not enough hours to complete all the requests, a common narrative across the board.

Advocacy needs to be acknowledged and paid accordingly. The SCHADS award is not reflective of the role we do. Including the management positions, I do not know of any other industry that has such low rates of pay for management. This leads to a strong turnover of staff and people not wanting to remain in advocacy for management roles. This creates a lack of expert knowledge and leaders within the field.