AMIDA NEWS

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AMIDA (Action for More Independence & Dignity in Accommodation) is a disability advocacy group that works on housing issues. This means we speak up for people with a disability or help them to speak up for themselves about problems they have with their housing.

Graeme Williams - 7.5.1947 - 31.7.2015

It is with sadness that we let you know that a long time AMIDA Committee member, Graeme Williams, has passed away.



My Tribute to Graeme: Janice Slattery - It is with sad regret that I have lost another great mate and a good friend Graeme Williams, who passed away on Friday 31st July, 2015.

I first met Graeme when I was still at Gawith Villa in 1983; he was at a conference with Nick at Common Ground Seymour.

When I left Gawith Villa in 1986 to join AMIDA at Middle Park I met up again with Graeme. We got to be good friends.

We went up to Canberra together to fight for more public housing.

Graeme was involved in demonstrations against Institutions and he was in many videos. He was also a

Community Visitor with the Public Advocate, advocating on people's behalf that lived in Institutions.

Over the years even though we haven't seen each other we still manage to catch up, and we often ring each other to see how we are doing; that's why it's hard to say goodbye to a good friend; and I will always remember the good times that we shared and the great memories.

May you rest in peace.

AMIDA has recently made the following submissions: Complete submissions are available at www.amida.org.au

Review of the National Disability Advocacy Framework - A discussion paper was released by the Federal Department of Social Services on the implementation of the NDIS and possible changes to advocacy. AMIDA provided feedback and suggested how the framework should be improved:

- the importance of advocacy being independent from service provision
- advocacy providers must be comprised of people with disability and their supporters with experience in advocacy provision.
- Strengthening the existing legislation is vital, with an overarching body with the authority to see that the intent of the framework and the legislation is carried out. For example a National Human Rights Charter or Bill of Rights would provide a mechanism to improve people's lives.
- with the increased flexibility to use funding, there would be more points that could fail, with the need for advocacy intervention.
- though capacity building is mentioned, self-advocacy is not identified; this should be developed and promoted in the NDIS environment.
- transition to NDIS should be carefully managed so people with disabilities are not disadvantaged.
- the framework should make clear that advocacy should be free for people with disabilities and that it is a right.
- NDIS is not solely about choice and control for people with disability, but about their information needs at the very start of the planning process.
- outcomes in the framework are the aspirations advocacy works towards achieving.
- there must be clear commitment from state and federal governments that independent advocacy will continue to be funded.
- people with disability who do not fall within the scope of the NDIS must continue to be eligible and have access to independent disability advocacy. Advocacy funding must cover this.
- NDIS does not address education or housing, two vital areas for people with disability. Advocacy to support goals in these areas must be available, and properly funded.
- the present good practice being exercised in Victoria relies on resourcing through DARU and SARU. This allows continued development and is a model that should be expanded Australia-wide. Victoria's diversity in providing disability specific and issue based advocacy services must be maintained.
- being audited against the National Standards of Disability Services has been effective and should be retained.
- the link between individual advocacy and systemic advocacy should be acknowledged, nurtured and properly funded.

• in the lead up to the NDIS, the multitude of reviews and submissions have timeframes which are impossibly short.

Residential Tenancies Act Review - AMIDA commented on the consultation paper with emphasis on the review resulting in secure, safe and accessible accommodation for people with disabilities. We recommended that any review take into account the need for modifications for people with disabilities, with the landlords being required to allow modifications where needed, at the tenants expense.

- the need for more protections for rooming house tenants with regular inspections and more willingness to prosecute to ensure good standards.
- We recommended Consumer Affairs intervening more often before tenants are required to go to VCAT about unfair practice by landlords. We also commented on VCAT hearings being dismissed because paperwork was not carried out in a certain way, to the disadvantage of tenants.
- Rental subsidy should be realistic taking into account the cost of living in Australia.
- improvements should be made to ensure that rental properties are accessible for those with physical disabilities and those on low incomes. If people are confident that they have a long term residence, they will be more comfortable in their local community and there will be less instances of dissatisfaction and disputes leading to VCAT hearings.

Senate Inquiry into Violence and Abuse in residential settings & Victorian Inquiry into Abuse in Disability Services - AMIDA's submission to the Inquiry consisted of comments as well as stories by AMIDA's members of their experience of residential living. Some of the experiences were recent; others happened in institutions which have since closed.

- This is the first opportunity for people to tell their stories. Apologies have been made to the Forgotten Australian children who were placed in institutions and to the Stolen Generation of indigenous people, but no government has apologised to people with disability for the deprivation, neglect and abuse they were forced to endure in government run and funded institutions.
- Research shows that people with disability experience abuse at rates 4 to 10 times higher than the rate for people without disabilities. This is often hard to document for many reasons including that historically data on disability status has not been collected in databases tracking crime and victimization. Media often fails to cover these situations, keeping the problem hidden from view. Another factor in the hidden nature of abuse is

that research suggests people with disability often cannot or chose not to report abuse and when they do report, their claims are often disregarded.

- During a recent project in 86 group homes where AMIDA provided information in an accessible format, numerous instances of abuse were disclosed to us, and we were able to advocate for the individuals to remedy the situations.
- AMIDA advocates for many clients in group homes and SRSs where we observe reluctance by service providers to be open to discussion on issues of concern, let alone take action to change their procedures.
- A common policy across Commonwealth, states and territories to close and dismantle and cease to support institutional services should be incorporated into all national and state action strategies.
- Public and private institutions, which congregate and segregate people with disability for large periods of their lives, must be closed in order for Australia to comply with the United Nations Convention on the Rights of People with a disability. In addition, smaller group homes need to allow people choice of who they live with, where they live and more control over decisions affecting them in the place they live.
- We queried why service providers don't invite advocacy. Our experience is that it is difficult to gain entry to group homes, work places or day services to deliver information about rights that people with disability won't otherwise have.

Senate Inquiry into Adequacy of residential services for young people with disabilities - AMIDA supported a client to submit to this Inquiry with their experience of residential services.

Senate Inquiry into the impact of Department of Social Services tendering process - AMIDA concentrated on the impact on the Disability Advocacy sector as a result of the defunding of DANA (Disability Advocacy Network Australia). DANA had to tender for funding and compete with other peaks for a smaller pool of funding where only a defined number of would successful. No consultation tenderers be preceded announcements and no analysis was presented to justify the exclusion of funding for resourcing independent advocacy at a National level. Service provider peak funding cannot resource advocacy because of the conflict of interest this poses.

Those Peaks that were defunded have important work ahead of them during the transition to the NDIS. Their expertise and disability specialization will not be replaceable by those peaks that were funded. The nature of the tendering process that guaranteed some services funding because of the sectors they represent has not guaranteed full and expert representation for people of all disability types and has seriously impeded the sector's capacity for collaboration. This will impact on advocacy services across the sector.

NDIS - Information, Linkages and Capacity building - AMIDA wrote that 'It is important that the ILC acknowledges that, "a system that responds only to individual need is not enough to bring about societal change" and that, "investment in community education, broad based interventions and capacity building sustains and strengthens informal support and promotes and social and economic inclusion of people with a disability". It is also important to acknowledge that independent advocacy organisations, Disabled persons Organisations and self advocacy groups have been working in this space for decades. That we have an NDIS and that inclusion is a goal is due to the societal change this work has already produced.'

NDIS - Safeguarding and Quality Framework - In April AMIDA made submission to Department of Social Services stating that no quality and safeguarding framework can exist without the support of independent advocates to support people with disabilities. The structure of the proposed quality and safeguarding framework, Developmental, Corrective and Preventative, seems a good base, but the only way that people with disability will have access to these safeguards is if there is a system of independent advocacy organisations to work with them and support them.

- Systematic audits must be incorporated into the NDIS to ensure regular checks of service provision. The present audits have ensured our service has improved its practice, and continues to do so.
- An independent body to oversee complaints is vital. Advocacy organisations can support people to make complaints and follow them up. The complaints body must have the power to not only investigate complaints, but to require changes and adjustments to disability services which are found to be in contravention of human rights, legislation and regulation.
- We noted a reluctance by service providers to promote advocacy and spoke of our difficulty gaining entry to group homes, work places or day services. Instead of welcoming the opportunity for information, services are defensive of any criticism or proposals for improvements that will benefit people with disabilities.
- The Community Visitor scheme provides a good monitoring system, though their annual reports have been known to contain the same issues year after year. The scheme should come with the power to make recommendations that are acted upon to make system improvements for

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people with disability. Community Visitors do not provide people with disability with information on their rights or advocate on their behalf; their role is to check and report on services. Services should be required to allow advocacy services to come in and provide people with information about their rights and advocacy services. If privacy is a concern, a mailing house intermediary should be.

- AMIDA recommended that the NDIS Safeguards & Framework System should include that complaints and suggestions should be seen as opportunity by service providers, who then would view advocacy and advocates differently.
- The NDIS complaints system should cover all supports funded by NDIS and provided to people with disability regardless of whether the services are registered with NDIS or not. This will ensure that supports to people with disability are safe, monitored and accountable.
- Incident reporting, Investigation and Taking Action DHHS has a thorough process of incident reporting and handling, but improvement can and should be made and the Victorian Ombudsman is currently reviewing this system. It is as vital as complaints handling, but has been neglected in the consultation paper. Further consultation may be required as this is so important.
- If improved in a couple of key ways, Victoria's incident reporting system could be adopted. Sequential numbering of incident reports at the service level should be implemented. Currently in Victoria only the highest category of incident must be reported to the funding body. All incidence of harm needs to be acknowledged and acted on so should be reportable to either the funding body or an Independent Complaints Body. Incident Reporting is vital because people with a disability usually don't or can't complain.
- AMIDA receives requests for advocacy support on restrictive practices in group homes. An example is dietary requirements for a couple of clients being imposed on all; and what is often seen as normal is in fact restrictive, eg locked doors, cupboards, early meal and bed times, grouped activities at the expense of individual activities. In the consultation paper, restrictive practices are acknowledged as a risk factor, but if restrictive practices are recommended/practised, then there must be strict supervision/ reporting of these practises, and of course restrictive practices must only be used as a last resort. This could cause some problems with existing Guardianship legislation within states, and needs to be clarified. Application for restrictive practice must not simply be rubber stamped. Review and alternatives should be shown to have been explored first and there must be a mechanism to appeal decisions.

- The Senior Practitioner's Office in Victoria has been proactively providing services with alternatives to restrictive practices and we believe this model should be national as part of the Framework.
- Our final statement is '...it is not easy to put a \$ value on advocacy, but "having an advocate always makes a difference" as we have often been told by people with disabilities, families and others working with people with disabilities.'

Endorsement of the Australian Network for Universal Housing Design call for minimum access features in all new housing - The three simple features are:

- 1. An accessible path of travel from the street or parking area to and within the entry level of a dwelling.
- 2. Doors, corridors and living spaces that allow ease of access for most people on the entry level.
- 3. A bathroom, shower and toilet that can be used by most people, with reinforced wall areas for grab-rails at a later date.
- **To endorse this recommendation go to www.anuhd.org

Enquiry into the 2014 Victorian State Election - AMIDA urged that "inclusion of people with a disability, particularly those residing in government funded and regulated group homes and residential services or attending day services be part of the investigation".

We quoted Articles from the United Nations Convention on the Rights of Persons with a Disability to which Australia and its States are signatories to support our submission, namely:

Article 12 - Equal recognition before the law

- 1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
- 2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
- 3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.

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2nd Wednesday of each month at 6.00 – 6.30pm

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The AMIDA office is usually open: Monday 9.30 - 5.00 Tuesday 9.30 - 5.00 Wednesday 9.30 - 5.00 Thursday 9.30 - 5.00

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You can offer any comments you have on AMIDA Policy or Newsletter by phone, email or writing:

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