

26th October, 2006
Mr Anthony Bartolo
Assistant Section Manager, National Disability Operations
Department of Families, Community Services & Indigenous Affairs
GPO Box 9820, Sydney NSW 2001

anthony.bartolo@facsia.gov.au

Dear Mr Bartolo

Re: AMIDA's Response to the Consultation Paper on 'Enhancing the National Disability Advocacy Program'

Thank you for the opportunity to respond to the Consultation Paper. The short time frame has made it impossible to give a detailed response and/or to consult with all our committee members and members. Our response below is based on one Committee Meeting, which fortunately occurred 3 days after receiving the Consultation Paper. We have had no opportunity to consult more widely with our members.

We agree there is room for improvement within the program, but only after proper consultation with people with disabilities, and we don't believe there has been the opportunity for this to occur. We trust that any changes can be developed with input from people with disabilities and advocates, so any changes that are made do protect the rights of people with a disability and truly improve their lives.

We have addressed the 8 points in the paper, but note that some items in the full report have not made their way into the consultation paper. Some of the details are not decided, so in these instances it is impossible for us to comment at this stage.

1. Introduce measurable program goals and objectives.

AMIDA already has goals and objectives and to a certain degree these are measurable statistically, but by its very nature, advocacy is not always easily measurable. Often the advancement is slow and over a long period of time. This slow but sure progression is why people with disabilities have advanced in their situation to where they are today. Advocacy happens because they and their families, supporters and advocates have persisted under adverse conditions to push towards better conditions for people with disabilities. Statistics are not the only way that advancement can be measured or judged. A way of

measuring and valuing advocacy must be developed, which takes into account small advances.

2. Introduce standard policies and procedures (funding condition)

Standard policies and procedures sounds like a good idea, and would be easier to manage for FaCSIA, but as all advocacy is not about the same issue or concerning the same disabilities, to create policies and procedures to cover all possible instances to 'fit into' would make a mammoth policy and procedures document. The Standards already cover this area, and AMIDA works on policies that have been developed to meet these standards and in conjunction with people with a disability. Does FaCSIA no longer value the local input of service users? Imposing a set of procedures on everyone, without proper consultation with the stakeholders will not improve advocacy.

3. Introduce a 'priority table' as a condition of funding, setting out which cases advocates will give priority to.

AMIDA has its own list of priorities, based on its experience, history and expertise and the issues that people present with. We already prioritise those most in need as the standards require. We refer people to other more appropriate advocacy services where necessary. Our priorities have been developed because we saw a need for advocacy to specialize in the housing area and we focus on the most vulnerable people, ie people with a cognitive impairment.

However even people who are capable of advocating for themselves may need an independent advocate if their rights are being denied and they have been unsuccessful in their own advocacy. They then may seek the assistance of an advocate and surely this is why previous governments have funded advocates. It seems the government isn't sure it wants to fund advocacy at all and has simply inherited this program that it is simply not committed to.

But if this is wrong and the government believes people with a disability should have access to funded advocacy then it must provide this on an equal footing across Australia. If there are groups within the community that seem to be missing out on advocacy, then advocacy needs to be properly funded and developed to cover these people. Removing independent specialist advocacy groups which have developed over many years to fill a need, may support some other

individuals in certain circumstances, but this would be at the expense of people who also need and deserve independent advocacy.

4. All services asked to meet Benchmarks for people with particular disability types, indigenous people with disability and those from culturally diverse backgrounds.

As an advocacy organisation that has worked extensively with people with intellectual disability on housing issues over 25 years, AMIDA has built up particular expertise. It has taken this time to gain that knowledge and to utilize the personal experience of people with disability who have joined AMIDA to improve the lives of others in similar circumstances. Over recent years we have worked with people with other disabilities, and they have also gained from AMIDA's way of working.

We have done networking, training, planning and outreach to communities of Cultural and Linguistic Background but despite this the number of people using our services from this background remains small. Indigenous people and people from culturally diverse backgrounds are much more likely to seek support from advocacy groups which specialize in working with indigenous people and people from culturally diverse backgrounds. We will continue to try to increase access to our services within the existing resources but we cannot force people to come to us.

If the only advocacy service available was a generic service, people from CALD and indigenous backgrounds may decide not to seek advocacy at all. If FaCSIA is serious about benchmarks it must fund all services enough to make this effective.

5. Focus on individual and family/parent advocacy with smaller effort directed to systemic and citizen advocacy.

This is not an efficient way of working. The reason that systemic advocacy does work is that it is informed by individual advocacy. Issues arise again and again, so of course it is useful and sensible to work to see that more people are not distressed and disadvantaged by the same problems over and over again. There must be a mix of individual and systemic advocacy. This way advocacy organizations can see what is happening across the state, talk to each other and develop strategies to work with the government to improve the system statewide. In the past improvements in advocacy have occurred because advocacy groups have worked very hard to see that these

improvements happen. They have not occurred because government has decided to make improvements, based on statistics gathered.

If advocacy is focused on individual advocacy, with even less funding than is now available (as is hinted at in Victoria with the 're-balancing'), there will be little energy, time or funds available to improve the system to benefit more people. Individuals will have to deal with the same poor and discriminatory situations, day after day. When will the system improve? Who will see that it does? Improvements have only occurred in the past because of advocacy - by people with disabilities, advocacy groups and families and supporters.

Groups like AMIDA, which spends the greater part of its resources on systemic advocacy, have been able to focus on improving the accommodation rights of people with a disability. If we can only do a small amount of systemic advocacy it will be fairly ineffective. Systemic change is major change and takes a concerted effort and energy.

We also don't believe the Social Option Consultants report supports this proposed change. The report is fairly uninformed with regard to systemic advocacy, which is not surprising given the very limited nature of the consultation. They seem to be under the impression that those groups doing systemic advocacy don't also do individual advocacy. This is not true in Victoria where all groups doing systemic advocacy also do some individual advocacy, which informs their work. However, despite this error the report does not recommend decreasing the amount of systemic advocacy in the program but rather having some groups which specialize in it. This is precisely what we currently have. We do not support the proposed lessening of systemic advocacy or the lessening of funding to Victoria. This is part of the government agenda and is not in any way going to benefit people with a disability.

6. Re-balance funding across states and territories to better reflect the distribution of disability population.

The funds available now are not sufficient to provide advocacy in Victoria, so 're-balancing' funds, may benefit some people, but will disadvantage others. Where is the sense and justice in this? If some groups within the community are not receiving advocacy, then that advocacy must be funded properly. Increase funding to other states - but not from the existing pool of funding. If the government really cared about the rights of people with a disability it would 'get real'

instead of robbing one group of people with a disability to service others in need.

7. Make sure people with disability know more about their rights and responsibilities by promoting services and introducing centralized referral service with a single free-call number.

Promoting services is a start but will not ensure that people know more about their rights or can access them. The promotion has to be face to face. Often a pamphlet or phone number won't work alone. The only way to ensure that people know about their rights is to provide enough funding for individuals to receive rights awareness sessions, presented and supported by people with disabilities. We offer such outreach training in rights to vulnerable people who rely on paid carers much of the time. They never get access to independent people who can tell them about their rights and advocacy services unless we do this outreach work.

A centralized referral service is one idea, but only if there are individual advocacy organizations statewide which can deal expertly with particular disability types and particular issues. It is such a diverse population, that it is implausible for one group to have expertise in everything. Even community legal services, a similar rights and advocacy model, have specialist services such as the Mental Health Legal Service.

Many people with a disability will find it difficult or impossible to use a phone referral system and will prefer to drop in to a local service. The phone referrals must not replace local face to face service access, but be an additional service.

In the push to generalist services or "broadbanding" much local, specialist knowledge and experience will be lost to users of the services. In addition the move will mean limited choice for people with a disability. One service user we spoke to gave the example that since all the big Victorian services for people who are visually impaired amalgamated into Vision Australia, he has had no choice about who he receives a service from. He believes this has disadvantaged him and led to a lessening of the quality of the service.

In conclusion AMIDA is willing to work with the government to see that the rights of all people with a disability are respected, and that a broader more flexible measure for advocacy is developed. We would

also like to see an acknowledgement that both individual and systemic advocacy is valued and that they are closely linked. Finally we would like to state that without extra funding, no amount of 're-balancing' will improve the conditions for all people with a disability.

Yours sincerely

Gabrielle Dickinson

Housing Rights/Co-ordinator

On behalf of the Committee of Management of AMIDA