27 October 2006

Anthony Bartolo
Assistant Section Manager
National Disability Operations
Department of Families, Community Services and Indigenous Affairs
GPO Box 9820
Sydney NSW 2001
Anthony.bartolo@facsia.gov.au

Dear Anthony,

VDAN Response to Consultation Paper: Enhancing the National Disability Advocacy Program

Thank you for the opportunity to respond to the recent consultation paper. Again, the timeframes have been short, and therefore we have not had the opportunity to thoroughly canvas the views of all VDAN members. However, the following is a summary of the comments from a meeting of VDAN members held on 24 October. This document was circulated to all for further comment and refinement before forwarding to you. Hence it represents the views of the majority of VDAN members (see attached list).

VDAN is a coalition of approximately 35 independent, community-based organisations that formed a network in December 2003 to assist in advocating for and with people with any disability. VDAN spans the full range of disability advocacy services, and is a network to share ideas and strategies, support member organisations, and distribute sector information amongst its members. The vision of the network is to be an active participant in the creation of a fully inclusive society in which people who have a disability are included as equally valued and contributing citizens. The mission statement is to promote and defend human rights and the valued status of people with disabilities by supporting and promoting member actions and initiatives. VDAN aims to:

- strengthen and promote an effective network for the advocacy movement;

- defend good advocacy; and

- promote good advocacy and the rights and needs of people with a disability.

The comments which follow fit within this framework of understanding that the role of advocacy organisations is to promote and protect the rights of people with a disability in line with the Disability Services Act. Our focus is on empowering the person with the disability to be in a better position to self-advocate. The Victorian Disability Advocacy Sector again emphasises its willingness to improve the services offered within this model. We have already been actively engaged in planning and developing strategies to be more effective in advocating with and for people with disabilities and we would welcome the opportunity to continue this work in collaboration with government.

1. Measurable program goals and objectives

One of the reform targets is to improve the program objectives so they are more measurable and realistic, and provide data about the effectiveness of services in meeting the needs of people with a disability and their families.

- We agree that there is a need to measure services to ensure that consistently good services are being delivered across the nation, and as a mechanism for continuous improvement.

- However VDAN believe that there needs to be considerable care and research into defining those measures, so that they measure how well the primary aim of an advocacy service is met, which is to empower individuals with a disability and assist to promote and protect their rights.

- We suggest that an independent researcher develop the measures, guided by a steering committee that includes government representatives, disability advocates and people with a disability. There would be some concern if the measures were developed by government alone in the absence of rigorous research and a consultative process.

- We believe there needs to be a focus on both quantitative and qualitative measures, and that quantitative measures alone will not provide a sufficient understanding of the effectiveness of services – eg number of clients seen are inputs and do not represent achievement of outcomes.

- There is a concern about the loss of focus on empowering individuals, the complexity of dealing with individual cases, and the value advocates add to improving the quality of life for individuals if measures are only quantitative. At the same time, we recognise that these are hard to measure, given the myriad of other influences on a person's life, and the fact that successful outcomes will differ from individual to individual depending on the level of assistance required. Professional assistance is required to determine the outcomes that can reasonably be attributed to advocacy in order to rate the effectiveness of a service.

- The measures need to be meaningful not only to government but also to the advocacy services themselves so they can self-assess the effectiveness of their services. This is why input from the advocacy services in designing the measures is required.

- We were reminded that a report was conducted in 1995/96 by MGM on advancing advocacy, and that this included a useful framework for measuring the effectiveness of advocacy. It is suggested that this report be revisited.

2. Coverage and Type of Services

There is a lack of clarity around the government's intention regarding the future design of advocacy services. Whilst there is mention of a "hub and spoke model", centralising administrative functions and thereby freeing up advocates to focus on advocacy, it isn't clear whether the government is supporting this model.

- We reiterate that a one-size fits all approach to structuring advocacy services in each state and territory will not work, but that services need to be reviewed on a state-by-state basis, in conjunction with the current level of state funding.

- We agree that a common name "Disability Advocacy Australia" would be useful to identify services that are federally funded, and that we understand from the consultation meeting that this would be part of the "branding" proposal. However many VDAN organisations would wish to keep their own organisational name. This is because some programs are delivered by not-for-profit organizations within state-based legislative frameworks (eg Incorporated Associations Acts).

- In Victoria the "hub and spoke" model would appear to work well, that is, a central service providing an administrative core and supporting the delivering of generic services across a region so all have improved access to services. However, a major concern is that in order to ensure access for all to generalist advocacy services as well as the provision of expertise through specialist services, further funding would need to be allocated for such a model to work. It is too ambitious to expect this could be achieved within the current limited budget. For example, one of our members noted that the experience in Victoria with speech therapy services going to a hub and spoke model is that this is less access to services than before. Additional funding would be required for this model to provide an adequate level of service.

- Of most importance for all services to improve quality is a code of practice to guide service delivery. In Victoria, one of the key actions in 2007 for the new Disability Advocacy Resource Unit, which VDAN successfully tendered for, is to create a code of practice for advocates.

- VDAN feels it is important to defend the retention of some disability-specific and issue-specific advocacy services, as the complexity of needs and issues which individuals can present with can extend beyond the core capabilities of a generalist advocacy service – eg legal issues, employment specific services. In order to provide the best service, a high degree of expertise is often required to most effectively and efficiently support an individual.

- VDAN has a good understanding of how the current general advocacy services draw on specialist services for advice and refer people to them, and is well-placed to provide some advice on the nature of the specialist services required. We would be keen to have the opportunity to consult with our members to make recommendations on what services need to be provided.

3. Standard Operating Policies and Procedures

- The disability advocacy sector would like to be consulted regarding the development of minimum operating policies and procedures. VDAN would be keen to contribute to this development, in order that there is a shared understanding of what is required and can be achieved within the resources provided.

- It is agreed that there is a need to ensure that all services are operating legally, and are looking after the welfare of their staff and clients. We understand that some services have insufficient resources to ensure that training, operational processes and reporting are up-to-date.

- VDAN agrees that minimum requirements need to be set and that there may be a need for additional resources to ensure that compliance to these minimum requirements can be met. The “Hub and Spoke” model may be a way to ensure services have the administrative capability, expertise and resources to meet such requirements.

4. Priority table

- There is some concern about the adoption of a priority table to determine priorities that is issues based, rather than based on individual needs. Currently advocacy priorities are determined by each agency on the basis of knowledge of the local community and constituency. Deciding on who to assist first on the basis of a list of issues – eg legal, abuse, housing – may sound useful in theory but in practice people can present with multiple and complex needs and a judgement is required to determine which individuals have the highest need.

- There are two potentially unintended consequences of adopting the priority table. One is that the priorities may reflect the government needs, which may not be the same as the community needs, and secondly, people who are in desperate need or a crisis situation may not be able to access services.

5. Benchmarks

- Ensuring that services are provided to all people with disability, and to those with particular backgrounds such as indigenous people and those from culturally diverse backgrounds is agreed as an important objective. However, it needs to be understood that there can be significant costs (eg interpreters), additional support issue and cultural issues to be take into account if it is assumed that these individuals will be able to access generalist advocacy services.

- We propose that the indigenous community is consulted regarding the kind of service that is required to meet the needs of indigenous people, which might be different (and might not).

- Similarly those advocates working with people from culturally diverse backgrounds need to also be consulted to determine what kind of support is required for this to work effectively.

6. Individual advocacy and parent/family advocacy

- VDAN is concerned with the increasing emphasis on individual advocacy at the potential expense of systemic advocacy. VDAN believes that both go hand-in-hand, and would disagree with further limiting the amount of systemic advocacy that services could engage in. We argue that all organisations need to engage in a mix of individual and systemic advocacy as they inform each other.

- There is a concern that systemic advocacy is not well understood. Systemic advocacy is oriented towards changing entire systems that discriminate against people with a disability. Systemic advocacy often involves linkages with other aspects of the service system and working with other groups to represent issues on major social policy matters, such as transport, education, housing. Systemic advocacy can redress the disadvantages faced by numerous individuals and is often a more an efficient way to bring about sustained positive change.

- VDAN believes that there needs to be one or two organisations in each state that focus on systemic advocacy who are well-informed by having close relationships with individual advocacy services and access to data so there is a clear understanding of emerging needs.

- Specialist advocacy services also play a key role in informing systemic advocacy, such as legal services, or particular constituencies such as culturally diverse communities.

- Systemic advocacy also needs to be clearly measured. VDAN has developed a useful matrix as an attempt to measure the level of systemic advocacy currently undertaken, which has been important information to share to improve the effectiveness of systemic activity.

- There is limited evidence to suggest that the government has acted on systemic advocacy issues in the past. Rather, many of the recent initiatives have come from advocacy organizations collectively advocating with others for change– eg the Young People in Nursing Homes campaign and the Companion Card are two such examples. Without systemic advocacy at the grassroots level these initiatives would not have been addressed.

- VDAN does not agree that peak organisations are well-placed to undertake systemic advocacy, as the consultants' report suggests, as the role of peak organizations is largely determined by their constitution, they are diagnostic/specific issue based, and they do not have good working links with state or local grass roots organisations and networks.

- Most advocacy services currently provide support to parents and families of people with a disability, within the framework the advocate is working to promote and protect the rights of the person with the disability, as per VDAN's vision and mission statements. It is agreed that such support continue to be provided in line with this fundamental philosophy and with the DSA.

7. Funding

- VDAN are concerned that the NDAP funding percentages reported in the Consultation Paper, which are linked to the numbers of people with a disability in each state, give a skewed picture of advocacy service delivery as the figures have been outlined as if state funding did not exist. For example, in Victoria, approximately half of the advocacy services are funded by the State Government.

- A key point that this highlights is the need to view the provision of advocacy services as a whole. Any changes to services need to be made in collaboration with the state and territory governments to ensure that they take into account the levels of funding also provided at these levels.

- A valid concern is that the program may be redesigned without taking into consideration the range of state-funded disability advocacy services in place.

- The lack of capital input into services severely restricts the capacity of organisations to expand service delivery - for example, access to vehicles for travelling, access to computer equipment, minor building works and so on. Without access to an annual capital grant budget, organisations are hampered by the limited recurrent funds available.

8. Centralised referral service and service promotion

- We agree that some form of a centralised referral service would increase efficiency and response times to people seeking advocacy services, however that it will be a barrier for some people who have traditionally accessed advocacy through local networking.

- A key requirement is that any central service needs to be staffed by people who have a thorough understanding of the local services available, so the appropriate referrals are made.

- We believe that although a single national free-call telephone number could be a starting point, at the next level people need to be directed to a regional area which is small enough for the staff to understand the local service system. That is, a state-wide telephone service would not be able to fulfil these need. There may need to be several regions in each state that the person is referred to after calling the single free-call number.

- VDAN would like to work with FACSIA to ensure the approach taken is workable, and increases efficiency, rather than further complicates access to services.

- We are aware that many people seeking services require a intermediary – such as family or a service – to contact an advocacy service on their behalf, as they are reluctant to speak up for themselves and would be even more reluctant to call a stranger and discuss their issues (if they knew the number in the first place). There are major concerns that some people with disabilities, such as those who experience communication or speech difficulties, those living in institutional care, and people from culturally and linguistically diverse backgrounds will be disadvantaged if there are not alternative mechanisms in place to ensure they have easy access to advocacy services. The central phone number is likely to work better for those with reasonably good self-advocacy skills, but these are likely to be a minority. In addition, not everyone has access to or can use a telephone, so whilst this may be the principle medium to access services, there need to be multiple approaches, such as outreach, to ensure access for all.

- We would support a telephone referral service as an <u>additional</u> avenue for accessing services if <u>additional funding</u> were allocated to support its implementation, as we recognise this may create some efficiencies. However, VDAN would not want funding diverted from the current advocacy program to set up a telephone service, given that it may not be accessible by a large number of people. For example, we have been informed that a telephone service (NRS) was set up for people with communication and speech difficulties and deaf and hearing impaired people and attracted only 2% of total users.

- In promoting advocacy services, there needs to be a recognition that the word advocacy is a barrier for some and is not understood by others. Any attempts at promoting our services needs to factor this in so that service provision is not restricted.

- There is a concern that promotion of the services through information dissemination is likely to be less effective than other forms of communication. Research by Deakin on behalf of CAUS showed that people prefer to receive information face-to-face and have it explained. Strategies to promote advocacy therefore need to take this into account and also be aware that some of the people who would like to access services are isolate and vulnerable.

9. Quality Assurance System

- VDAN agrees that a quality assurance system that is applied across all services would be useful and would suggest that the government support the industry to develop its own indicators.

- Currently we believe that the only University in Victoria that offers a qualification in advocacy is Victoria University in Melbourne. There is no off-campus provision to study this qualification in Victoria. The situation throughout other states would need to be investigated.
  Whilst a minimum qualification might be a useful idea, it is unable to be implemented at this stage.

- In addition, many current advocates have developed their expertise over years in the job or working in similar fields.

- VDAN would be keen to work with the government to consider how to both provide off-campus training and also recognise prior learning in developing any minimum qualification.

10. Service standards

- VDAN suggests that the government engage with a small group, including advocates and people with a disability, to review these revised standards in a more considered way.

VDAN members are keen to be involved in the development of an improved program for the provision of advocacy services within this State, and recognise that in order to do so that enhanced collaboration between advocacy services, state and federal governments is required. We look forward to working with you in a more collaborative partnership to achieve the aim of ensuring that people with a disability are empowered, equally valued and play a role as contributing citizens.

Kind regards,

Paul Hume

Chairperson, Victorian Disability Advocacy Network (VDAN) on behalf of the following VDAN member organizations and individual members:

Action for Community Living
Action for More Independence and Dignity in Accommodation
Action on Disabilities within Ethnic Communities
Association for Children with a Disability
Barwon disAbility Resource Council
Citizen Advocacy - Inner East
Citizen Advocacy - Western Region
Colac Otway Region Advocacy Service
Communication Aids User Society
Disability Advocacy and Information Service Inc.
Disability Discrimination Legal Service (Inc.)
Disability Employment Action Centre
Disability Justice Advocacy Inc.
Disability Resources Centre
Disability Rights and Advocacy Service
Diversity & Disability
Gippsland Citizen Advocacy
Gippsland Disability Resource Council Inc.
Grampians disAbility Advocacy Association Inc.
Headway Victoria
Housing Resource & Support Service
Mental Health Legal Centre Inc.
Migrant Resource Centre North West Region Inc.
North East Citizen Advocacy
Office of the Public Advocate
Regional Information & Advocacy Council Inc. Bendigo
Regional Information & Advocacy Council Inc. Mildura
Regional Information & Advocacy Council Inc. Shepparton
Regional Information & Advocacy Council Inc. Swan Hill
Southern Citizen Advocacy
Southwest Advocacy
STAR Victoria
Victorian Advocacy League for Individuals with a Disability
Victorian Network on Recreation and Disability
Villamanta Legal Service
Yooralla Society of Victoria
Ingrid Hindell
Alexander Rowsell
Natalie Tomas
Steve Reidy-Crofts
Paul Hume
Cc Ed Seaford, FaCSIA State Office, GPO Box 9828, Casselden Place, Melbourne 3001

The Hon. John Cobb MP, Minister for Community Services, Parliament House, Canberra, ACT 2600
The Hon. Sherryl Garbutt, Victorian Minister for Community Services, Level 22, 50 Lonsdale St, Melbourne, 3002