

Action for More Independence & Dignity in Accommodation

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Advocacy, Self Advocacy, Rights, Accessibility, & Community Living for People with a Disability

A Submission to the Family and Community Development Committee — for the inquiry into abuse in disability services.

June 2015.

Supplementary submission

We wish to make a supplementary submission in light of the Victorian Ombudsmans phase 1 report recommendations.

In general terms we support Recommendation 1 of the Ombudsmans report but given the NDIS is likely to develop a national body we prefer not to waste effort by establishing a new agency. Rather we believe the powers and responsibilities called for in Appendix 4 of the Ombudsmans report be transferred to the office of the Disability Services Commissioner, its powers increased and its remit extended to included active investigations and powers to order changes.

Recommendation 2 of the report calls for an increase in funding for advocacy which should be informed by a comprehensive assessment of the need. While we support more funding for advocacy review of the need, this must be done in tandem with other announced reviews. The federal government is currently reviewing the National Framework for Advocacy provision and has announced it will be reviewing the National Disability Advocacy Program with results to be fed into the Disability Reform group at COAG by December 2015. The Victorian government could call for the NDAP review to include all state funded advocacy provision as well as an assessment of need.

Secondly we do not support part b) of recommendation 2. The recommendation that OPA manage advocacy funding and provision did not appear to be well

justified. The main reasons appear to be to ensure all people with disability have access to advocacy and to provide freedom from conflict of interest.

Office of the Public Advocate is also a service provider in that it provides guardians appointed by VCAT. Advocates have at times supported people with disability to challenge guardian's decisions including at VCAT. For OPA to administer advocacy would not remove conflict of interest, though this is an important aim. Conflict of interest is at least minimized by advocacy funding currently being administered within the Office for Disability which, while now part of DHHS, is separate from the part of DHHS responsible for provision of funding and administration of disability services. The Office for Disability has funded the Disability Advocacy Resource Unit and the Self Advocacy Resource Unit so that training, resourcing and development of advocacy and self advocacy services is independent of government or DHHS. All advocacy services are required to comply with quality self assessments and most also must be independently audited for quality against standards. Advocacy services are also subject to oversight by the Disability Services Commissioner and must report all complaints about their services to them.

Advocacy funding would not be protected simply by funneling it through the OPA. It is best protected when it is supplied by both federal and state governments who commit to supporting it. That way, if a government cuts it back at one level of government, Advocacy survives because there is another source of funding. Centralizing advocacy funding is extremely risky.

In relation to ensuring all people with disability have access to advocacy; the best way to ensure this is to increase available funding to advocacy services including OPA, who provide advocacy as a last resort and in the best interests of people with a disability. At present advocacy services receive referrals to their services from a range of sources including Disability Client services, non government disability services, and OPA itself when it doesn't have capacity to provide a service. More funding would ensure service demand from these sources can be met. A streamlined referrals process and protocols between advocacy services would ensure the right service was provided to each person seeking advocacy as some advocacy services specialize in particular issues or target groups. Without more funding however this referrals protocol just creates more accurate waiting lists.

Simply funding more individual advocacy is not in itself enough however as many people with disability cannot contact advocacy services or fear to do so.

Funding for advocacy services to go into services and provide rights discussion sessions is important to outreach to potential users of advocacy. Funding for self advocacy groups which help empower people with disability is also important and some of the current state funding does go in this direction via the Self Advocacy Resource Unit and a small number of self advocacy groups. This is not individual advocacy but plays an important role in shifting the culture of disability services toward recognition of the rights of people with a disability and helps build inclusive communities. Systemic advocacy also plays a role in building inclusive communities and addressing discrimination. This funding should not be removed or redirected because of the need to fund more individual advocacy. Abuse and neglect needs to be tackled on a number of fronts.

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On behalf of AMIDA