

family

A D V O C A C Y

Submission in response to the

Enhancing the National Disability Advocacy Program Consultation Paper

Issued by the Department of Families, Community Services and Indigenous Affairs.

October 2006

family
A D V O C A C Y

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Foreword

This submission is made in response to the release of the consultation paper – *Enhancing the National Disability Advocacy Program* (29th September 2006) by the Department of Families, Community Services and Indigenous Affairs (FaCSIA). This is the second submission written by Family Advocacy since evaluation of the program began in late 2005.¹

Some of the recommendations in this subsequent submission are the same as those made in February 2006, and some are new and specific to the current environment.

Family Advocacy is a community based, state-wide advocacy agency which promotes and defends the interests, rights and needs of children and adults who have developmental disability in NSW.²

The majority of Management Committee members and staff are parents or family members of people with developmental disability.

The Vision of Family Advocacy

We have a vision of families being agents of positive social change so that people with developmental disability have inherent value as members of a just and inclusive society.

The Mission of Family Advocacy

To attain positive social roles for people who have a developmental disability through the development and support of advocacy by families and by strengthening the knowledge, role and influence of the family.

The organization has been in existence for 15 years, and:

- is governed by a Management Committee drawn from its membership,
- is guided by a set of core principles,
- is committed to the definition of social advocacy as defined within the current National Disability Advocacy Program; and
- functions within the framework of a Strategic Plan.

¹ Family Advocacy, *Submission in response to the Evaluation of the National Disability Advocacy Program – Response to key questions*, February 2006.

² Developmental disability includes any disability that arises within the developmental period and includes intellectual disability, cerebral palsy, Down Syndrome, spina bifida, autism and multiple disability.

Recommendations

1. Funding contracts for all currently funded advocacy agencies are extended for a further 12 months so that the additional work needed to develop a comprehensive framework for the NDAP can be carried out *before* changes are implemented.
2. That a Working Party which includes representatives from the advocacy sector is established and that this Working Party has the expertise to develop the framework under which the NDAP will function.
3. That the Government increases the funding pool for advocacy in recognition of the real cost of delivering quality advocacy and that eligible agencies are funded accordingly.
4. That the Government increases the funding pool for advocacy so that new agencies can be funded to address the issue of gaps in geographic spread and to meet the unmet need for advocacy.
5. That over the next 5 years, the annual recurrent budget for advocacy is enhanced to reach at least 10% of the resources allocated to disability services.
6. That funding is increased so that advocacy agencies can take up difficult and longer-term advocacy priorities by increasing their capacity and through training and development activities, access to external consultants and/or assistance with strategic planning.
7. The Goal, Objectives, Definitions and Principles remain as the overarching framework with the suggested amendments.
8. That funding is allocated solely to agencies which meet the agreed Goal, Objectives, Definition and Principles of advocacy.
9. That, where current advocacy funding has been allocated to agencies which do not meet the above criteria, but which may be undertaking other useful functions, negotiations take place to ensure that their funding continues from other sources or advocacy-specific funding is withdrawn and redistributed.
10. People with disability must remain the sole target group for the Program.
11. That Citizen Advocacy continues to be recognised as a legitimate and vital form of individual advocacy and is adequately funded by Government.
12. That advocacy development is formally recognised as a legitimate and vital form of advocacy and is adequately funded by Government.

- 13.** That agencies with a good track record and a commitment to independent advocacy and advocacy development, be invited to assist with the development of advocacy, particularly in country areas, and that these organisations receive the resources needed to assist the growth of advocacy for groups of people who are likely to miss out.
- 14.** That agencies engaged in systems advocacy be allowed to take up issues that arise through a number of avenues and not be limited to those issues that arise from individual advocacy.
- 15.** That a variety of systems advocacy forms should continue to be funded including:
 - consumer-driven peak agencies
 - specialist agencies for specific groups of people who are unable to give voice to their advocacy needs because they are isolated, in institutions, unaware of why they need advocacy or too young
 - agencies which focus on the needs of people from culturally and linguistically diverse populations and Aboriginal people with disability
 - agencies whose systems advocacy voice is made up of families, and/or other unpaid citizens
 - agencies at regional or local levels.
- 16.** That individual advocacy be included within the range of advocacy forms funded within the NDAP.
- 17.** That individual advocacy be defined more clearly by the Working Party recommended earlier in this submission.
- 18.** That a Working Party which includes representatives from the advocacy sector, is established and that this Working Party has the expertise to develop the framework under which the NDAP Program will function.
- 19.** The NDAP framework which is developed in collaboration with the advocacy sector, include an advocacy-specific Code of Practice. This should include criteria and guidelines to assist advocacy agencies adopt a suitable approach to long-term and short-term priorities and set out how they will ensure that they undertake advocacy for those who are most vulnerable to bad treatment and exclusion from the life of the community.
- 20.** That a baseline of standard operational policies and procedures be developed by the Working Party in collaboration with the advocacy sector, drawing from good practice that already exists within the sector, with the understanding that all funded agencies will develop additional policies and procedures relevant to the form/s of advocacy they undertake.
- 21.** That any benchmarking proposals are accompanied by increased resources and funding.

- 22.** That funding under the NDAP is significantly increased to enable additional agencies to be funded.
- 23.** Those agencies with specialised expertise in particular disability types are recognised as legitimate providers of advocacy services.
- 24.** That any promotion of the NDAP occur well after the Program has been reformed and once it is clear that there has been a significant increase in the capacity of the system to take on more advocacy.
- 25.** That the Working Party, in collaboration with the advocacy sector, develop a set of Disability Advocacy Standards and KPI's.
- 26.** That FaCSIA work with the advocacy sector to identify the skills/competencies that are required by advocates given the form of advocacy they will be engaged in. Agencies then should be required to ensure their existing staff and newly appointed staff develop those skills over a specified period of time.
- 27.** That adequate funding is allocated to advocacy organisations to enable them to invest in training and development of members, volunteers, and Management Committee members.
- 28.** That adequate funding is allocated to advocacy organisations to enable them to invest in training and development of staff in the skills and competencies required to perform their role.
- 29.** That FaCSIA not proceed with a competitive tender process and:
 - Enter into a transparent review of existing agencies using the newly developed framework for advocacy as the benchmark for quality
 - Research the unmet need for advocacy in terms of geographical spread and the forms of advocacy needed
 - Seek expressions of interest for growth funding from currently funded, eligible agencies
 - Seek expressions of interest from new and existing eligible agencies to resolve issues of unmet need for advocacy.
- 30.** That the Commonwealth assume responsibility for advocacy for people with disability through an agreed and co-ordinated approach with the State and Territory Governments.
- 31.** The Working Party recommended previously in this submission consider the development of an appropriate mechanism for this to occur and make recommendations to the Commonwealth Government about the mechanism for such a co-ordinated and national approach.

Introduction

Family Advocacy welcomes a process that has at its core the genuine desire to strengthen the National Disability Advocacy Program (NDAP) so that the Program provides strong, independent social advocacy for and to people with disability across Australia.

Family Advocacy is keen to be part of a review which leads to the development of a Program that is:

- principled
- coherent
- accountable to people with disability, their families and other relevant stakeholders including Government
- clear about what does and does not constitute advocacy; and
- guided by a long-standing social advocacy framework eg. for whom, by whom, for what, against what and how done?

The organisation has serious concerns, however, about the overall process of the evaluation. The process has been inadequate, flawed and not reflective of an understanding of the importance of social advocacy for people with disability and the achievements for which it has been responsible over the last 20 or more years. In addition, there are deep concerns about the assumption that the acknowledged unmet need can be met by an administrative redistribution of the existing inadequate funds allocated to the Program.

The Department's consultation paper recognizes that "*advocacy remains a valuable and much needed program*".³ Family Advocacy agrees with much that is stated in terms of:

- safeguarding the human and legal rights of people with disability
- providing a good quality service
- directing funds to the forms of advocacy that people need
- helping people who are not able to advocate for themselves
- accountability for funding.

Some of the suggested changes for the Program which the Department states are needed to improve efficiency and effectiveness appear to sit in direct contrast to this vision and this submission highlights several areas which require a total rethink including:

- the suggested target group
- the focus on individual, crisis advocacy with systemic and citizen advocacy being reduced

³ Department of Families, Community Services and Indigenous Affairs, *Enhancing the National Disability Advocacy Program*, Consultation Paper, September 2006, p. 1

- the administrative changes suggested
- competitive tendering
- the development of a strong nation-wide advocacy sector.

The process of the review

The overall process undertaken to bring about a complete re-design of the program has been comprehensively inadequate and flawed. FaCSIA state that they are aware that the data collected to date is not useful, yet this same data is being used to justify some of the proposed changes. Much more is required to be done, *prior* to changes being brought to the program.

The proposed changes are currently being developed in an ad-hoc manner, within an unrealistic timeframe, and Government and the Department are not working in genuine partnership with the sector. This work must be undertaken in proper consultation with the advocacy sector, drawing on the substantial, collective knowledge and expertise that currently exist. This partnership approach has more potential for developing a framework for the Program that encapsulates all the necessary factors eg. a vision for the Program, objectives that benefit people with disability, a mix of advocacy types, the range of activities undertaken by them and their inter-relationships, relevant performance criteria and measures, advocacy specific standards and related key performance indicators.

Recommendations

1. Funding contracts for all currently funded advocacy agencies are extended for a further 12 months so that the additional work needed to develop a comprehensive framework for the NDAP can be carried out *before* changes are implemented.
2. That a Working Party which includes representatives from the advocacy sector is established and that this Working Party has the expertise to develop the framework under which the NDAP will function.

The funding of advocacy

The provision of advocacy for people with disability has been reviewed many times. Consistent to each review has been the recognition that there is a huge unmet need for advocacy on behalf of people with disability across Australia. At the same time, the NDAP has experienced no real growth in funding additional to CPI since its inception and has had to endure Government imposed 'efficiency dividends' which have, at times, served to reduce the amount of recurrent funding agencies receive. This has put enormous pressure on agencies which have been expected to meet an increasing demand for advocacy as well as an increase in administrative recording and reporting.

As the disability service system grows, as it does year after year, there will be an associated increase in the need for advocacy.

To suggest that the way to meet this demand is to redistribute already inadequate funds is illogical. Additional resources are desperately required to strengthen what

already exists and to provide the additional mechanisms necessary to widen geographical spread and fund additional, urgently needed, advocacy agencies.

These additional funds should be used in two main areas:

- to ensure that all currently funded, eligible advocacy agencies have sufficient resources to function efficiently and effectively;
- additional agencies are needed to provide the geographical coverage and additional specialisation that is currently missing.

Recommendations

3. That the Government increases the funding pool for advocacy in recognition of the real cost of delivering quality advocacy and that eligible agencies are funded accordingly.
4. That the Government increases the funding pool for advocacy so that new agencies can be funded to address the issue of gaps in geographic spread and to meet the unmet need for advocacy.
5. That over the next 5 years, the annual recurrent budget for advocacy is enhanced to reach at least 10% of the resources allocated to disability services.
6. That funding is increased so that advocacy agencies can take up difficult and longer-term advocacy priorities by increasing their capacity and through training and development activities, access to external consultants and/or assistance with strategic planning.

Comments on the framework of the Program

Goal of the NDAP

Family Advocacy is supportive of the current Goal for the Program which has the focus on people with disability and includes families “*wherever possible and appropriate*”.

Objectives

Family Advocacy puts forward these suggestions which could be built on by the Working Party in due course:

- to identify instances of abuse, discrimination or negligent treatment of people with disability and act accordingly;
- to actively promote and enhance the rights of people with disability;
- to encourage people with disability to make informed choices;
- to bring influence to bear to enable an increase in economic and social participation for people with disability in the community;
- to bring influence to bear on systems which prevent people with disability from participating equitably in community life;
- to increase the knowledge and understanding of people with disability, their families and carers about the rights of people with disability;
- to recognise, value and include families and carers, wherever possible and appropriate, in the support system for people with disabilities.

Definition of Advocacy

Family Advocacy is generally supportive of the wording of the current definition of Advocacy but would like to put forward the definition below as an alternative as it reflects the crucial element of independence:

- “Speaking, acting or writing with minimal conflict of interest on behalf of the best interests of a person or group to promote, protect and defend their rights and interests as participating and contributing members of the community and achieve inclusion in the life of the community through:
 - being on their side and no-one else’s;
 - being primarily concerned with fundamental needs;
 - remaining loyal and accountable to them in a way that is emphatic and vigorous;
 - staying autonomous and separate from direct service provision.

Principles

Family Advocacy is supportive of all the current Principles of advocacy and in addition would like to suggest additional Principles. These are:

- Advocacy must be pro-active in approach⁴
- Advocacy involves taking positive, ethical action on behalf of a person or group⁵
- Advocacy operates from a clear values base of social justice⁶

Recommendations

7. The Goal, Objectives, Definitions and Principles remain as the overarching framework with the suggested amendments.
8. That funding is allocated solely to agencies which meet the agreed Goal, Objectives, Definition and Principles of advocacy.
9. That, where current advocacy funding has been allocated to agencies which do not meet the above criteria, but which may be undertaking other useful functions, negotiations take place to ensure that their funding continues from other sources or advocacy-specific funding is withdrawn and redistributed.

⁴ Proceedings of the National Advocacy Workshop, *Principles, Strategies & Effectiveness*, June 1994, p. 1

⁵ Dyke, J., *Towards Principled Evaluation of Advocacy – A Discussion Paper*, March 2000, p. 12

⁶ Dyke, J., *Towards Principled Evaluation of Advocacy – A Discussion Paper*, March 2000, p. 14

Target group

An important principle of the program states that “*advocacy focuses on the fundamental needs and/or rights of people with disability*”. To introduce families and carers as a focus for the advocacy program is a fundamental shift in the framework and requires a much broader discussion than has been allowed.

Advocacy agencies may work with families in an advocacy development capacity, but it must be in the context of working with the family to enable them to advocate effectively on behalf of the best interest of the person with disability. If the needs of the person with disability are met, in most instances, the needs of the family will be met.

The NDAP is not a parent support program, nor is it a counseling service, nor is it a marriage guidance service, nor is it a family relationships service. Families may confuse their need for a voice around what is missing in the disability service system with the provision of advocacy on behalf of people with disability. Advocacy is not the mechanism to provide the types of support families are seeking. This need must be met elsewhere by other mechanisms more appropriate to the need. This is not to say that advocacy agencies would not listen to and work with families.

To include families and carers into the target group for this program would provide an advocacy agency with a huge dilemma as to who the “client” is – the parent or the person with disability?

The social advocacy principles clearly indicate that it is the person with disability who is the most vulnerable, but if parents have the expectation that advocacy agencies are now to respond to their stated needs, the program will be completely incoherent and unmanageable.

Recommendation

- 10.** People with disability must remain the sole target group for the Program.

The focus on individual, crisis advocacy with systemic and citizen advocacy being reduced

There is a clear legislative mandate for funding citizen advocacy and systemic advocacy through the *Disability Services Act, 1986*, (Cth) which is supported through the *Commonwealth State/Territory Disability Agreement (CSTDA)*.

The *Disability Services Act, 1986* (Cth) defines advocacy services as:

- a) Self -advocacy services, namely services to assist persons with disabilities to develop or maintain the personal skills and self-confidence necessary to enable them to represent their own interests in the community;
- b) Citizen-advocacy services, namely, services to facilitate persons in the community to assist:
 - i. *Persons with disabilities; or*
 - ii. *The families of, and other persons who provide care for or assistance to, persons with disabilities;**to represent their interests in the community; or*
- c) Group advocacy services, namely, services to facilitate community organisations to represent the interests of groups of persons with disabilities.

Family Advocacy is greatly concerned that the Government has failed to recognise the breadth of important activities that legitimately constitute advocacy under this framework. These include:

- a range of individual advocacy models, including citizen advocacy, paid and unpaid advocacy.
- self advocacy where people who have a disability advocate for themselves as individuals or in groups.
- legal advocacy where specialist advocacy assistance and advice not available through the generic legal services system is given to people who have a disability.
- systems advocacy where advocacy groups focus on changing systems, laws, policies and practices that disadvantage people with disability.
- advocacy development which develops advocacy where it currently does not exist or needs strengthening and provides technical support and skill development to enhance the effectiveness of existing advocacy efforts.
- diversity support in which specialist advocacy agencies inform and support the advocacy efforts of others.⁷

⁷ Family Advocacy, *Submission to the Inquiry into Disability Advocacy Funding*, (NSW Parliament General Purpose Standing Committee No. 2), May 2001, p. 9

For the sake of this submission, a selection of the different forms of advocacy have been described beginning with the most cost effective forms of advocacy through to the least cost effective.

Citizen Advocacy

Family Advocacy is very concerned with the move to increase ‘professionalised advocacy’, or advocacy that is conducted only by paid advocates, and the withdrawal of funding from agencies committed to unpaid, informal advocacy eg. Citizen Advocacy.

Citizen Advocacy is the most independent form of advocacy in that it is freely given and unencumbered by the constraints of a paid role. People with disability will vary widely in terms of what help they need, the amount of help they need and the duration of their need, but some things will remain a constant. Many people with disabilities will be disadvantaged and vulnerable and this leads to a need to have someone:

- prepared to make a commitment to stand beside the person
- to ensure the person’s interests are understood and responded to
- who will see the issues from the person’s view point
- prepared to take action if necessary
- who will take the person’s life seriously.

As Dr Wolf Wolfensberger described in a presentation first given at a Citizen Advocacy workshop in Adelaide in September, 1992:

*“All people – including handicapped people – have some important needs which can only be addressed by or within a freely given, voluntary relationship, i.e. a relationship in which neither party receives outside motivators or incentives for engaging in the relationship, and especially not payment, because this would denature and degrade the relationship, and reduce, or even nullify, some or all of its potential benefits”.*⁸

“...there are also people who will need vast amounts of help until the day they die, and one should work toward Citizen Advocacy relationships with them in which the advocate will remain faithfully attached...”. *“...societies will be better societies if their individual members voluntarily take care of each other in a direct, personal, concrete way, in contrast to either not taking care of the needy at all, or mostly doing it impersonally, indirectly, distantly, involuntarily, or on a paid basis”.*⁹

A dependence on paid advocacy increases the vulnerability of people with disability. If the funding were to disappear, so would the advocates, and possibly the organisations themselves. This is the real limit of professionalised solutions, in that nothing is done unless it is paid for.

It is highly probable that paid advocacy could serve to undermine the possibility of ordinary people seeing themselves as having a role in defending the rights of people

⁸ Wolfensberger, W., *Assumptions underlying Citizen Advocacy*. Transcript of presentation given at a Citizen Advocacy workshop, Adelaide, September 1992. p. 2

⁹ Wolfensberger, W., *Assumptions underlying Citizen Advocacy*. Transcript of presentation given at a Citizen Advocacy workshop, Adelaide, September 1992. pgs 4-6

with disability. It would also be easy for ordinary citizens to come to believe that, even if there was a role for them, those in paid advocacy roles have more to offer, more expertise, and more time. Just as in service provision, the almost total reliance on paid people in the lives of individuals with disability is highly likely to make people believe that their involvement would not be welcome, valued or even legitimate.

The 'quick fix' mentality which is also rampant in our culture, can also mean that the easy, 'solvable' issues get attention by paid staff so that they can produce lots of 'outcomes' whereas the more difficult, long-term issues that can have life changing outcomes for a person, may be relegated to the 'too hard basket' and not be given the attention they rightly deserve.

Recommendation

11. That Citizen Advocacy continues to be recognised as a legitimate and vital form of individual advocacy and is adequately funded by Government.

Advocacy Development with families

"Advocacy development is those actions and processes that enlist the energy and commitment of individuals and groups in our community so that they choose to take a considered action called advocacy on behalf of and alongside people with disability".¹⁰

Advocacy development is a form of cost effective advocacy that reaches many more people than 1:1 individual advocacy. Unlike individual advocacy, advocacy development does not lead to the development of waiting lists and can be delivered in an 'outreach' model.

Drawing on its own direct experience, Family Advocacy is of the view that advocacy development with families and systemic advocacy are highly compatible forms of advocacy and can comfortably co-exist within an agency. The advocacy development function brings the agency into contact with many families who raise the issues that are impacting on them. This information is then synthesized by the systemic advocate who, due to their knowledge and expertise, are able to identify the factors that are being signaled and take the issues up with the relevant instrumentality. Conversely, the systemic advocate identifies changes within the system that will impact on people with disability and their families or that have the potential to, and can again analyze the information and feed it down to people with disability and their families via the advocacy development function of the agency. Family Advocacy has undertaken this work successfully for 11 years and has in place internal structural and management practices which ensure that the two forms of advocacy function separately, but are informed by each other.

Family Advocacy has conducted advocacy development work for more than 10 years and has assisted thousands of family members of people with disability recognise their validity in speaking out on behalf of their family member with disability. Many

¹⁰ Queensland Advocacy Development Project, *A Working Framework for Advocacy Development in Queensland*, March, 1996, p. 14

of these families have gone on to advocate on many occasions over many years at no cost to Government and now draw only occasionally on the resources of Family Advocacy to support their advocacy efforts.

The advocacy development work of Family Advocacy takes the form of face-to-face seminars, workshops and weekend events that bring families together around a particular issue of interest to people with disability and their families. These events are conducted in metropolitan Sydney and across rural and regional NSW using an 'outreach' model. Family Advocacy uses parent leaders, who have developed their skills through a deliberate leadership development strategy within the agency, to travel to various locations across the State. The parents attending these events also have the potential to act as resources for other families in their area and can be used as an additional resource to other families over time.

Advocacy development, if done well, can have a ripple effect whereby family members who attend an event share their learning with other members of their immediate family. They implement the skills they have learned when advocating for their family member with disability and this in turn educates the wider community about the rights and interests of people with disability.

Family Advocacy strongly encourages the formal recognition of advocacy development under the NDAP. However, for advocacy development to be undertaken effectively, there needs to be a clear and shared understanding of what advocacy development is and whose interests are to be taken up by those undergoing "advocacy development" training.

Family Advocacy contends that it is people with disability whose interests should be paramount here and that any advocacy development must be focused on outcomes that improve the life of people with disability, otherwise there will be great confusion in terms of whose interests receive primacy within any resulting advocacy action.

*"Advocacy development is very much a journey during which the person or group becomes firmly grounded in advocacy principles, an understanding of the real life issues and vulnerability of people with disabilities and their families, and the vision of valued, inclusive lives for people with disabilities in their community."*¹¹

Recommendations

- 12.** That advocacy development is formally recognised as a legitimate and vital form of advocacy and is adequately funded by Government.

- 13.** That agencies with a good track record and a commitment to independent advocacy and advocacy development, be invited to assist with the development of advocacy, particularly in country areas, and that these organisations receive the resources needed to assist the growth of advocacy for groups of people who are likely to miss out.

¹¹ Advocacy Plan Working Group, *The Development and Funding of Advocacy in Queensland*, August, 1994, p. 10

Systems Advocacy

Family Advocacy is very concerned by the proposed changes to the Program that would see “*smaller effort directed to systemic [and citizen] advocacy*”.¹² Systems advocacy is essential as abuses of human rights are often structural and systemic in nature and therefore require a structural response. If systems advocacy were enabled to do its work adequately, it would reduce the need for the high investment in individual advocacy in many instances.

As articulated in our February submission, Family Advocacy also has very serious concerns about the simplistic linking of systemic advocacy to individual advocacy. This is a very narrow and constraining view of the function of systems advocacy and places it in a position of reactive advocacy only. It does not allow for a pro-active approach.¹³ It signals a move away from the notion of human rights and social justice as an imperative of systems advocacy functioning.

It is common for agencies carrying out systemic advocacy to be aware of emerging issues that have the potential to impact profoundly on people with disability in the future but about which individuals themselves may not yet be aware. To be constrained by a system that limits advocacy action only to those issues raised by individuals is reactive and completely undermines the function, intent and efficacy of systems advocacy and will significantly narrow the breadth of issues that should be taken up.

Systems advocacy should operate as an “early warning system” so that actions are taken preventatively. This monitoring role requires a good network of contacts and information sources. Some issues that are taken up by those involved in systemic advocacy stem from their personal experience and expertise of the ‘system’ and their understanding of the processes that occur within the systems that impact on people. An effective systems advocate will be on the lookout for changes to policy, legislation and programs that have the potential to impact negatively on people and will take these issues up with those with the power to do something about it.

Advocates focused on individual issues are unlikely to have the time, expertise or networks to facilitate this. Once a problem has arisen and is already impacting on people, it can be much harder to undo than had it been prevented in the first place. People with disability are already vulnerable to many difficulties without the disability advocacy system consciously developing a strategy which has the potential to allow more harm to come their way.

Systemic advocacy is a very cost effective form of advocacy as it can bring about significant and long-term changes that provide good outcomes for people on a state-wide or nation-wide scale.

Recommendations

¹² Department of Families, Community Services and Indigenous Affairs, *Enhancing the National Disability Advocacy Program*, Consultation Paper, September 2006, p. 3

¹³ Proceedings of the National Advocacy Workshop, *Principles, Strategies & Effectiveness*, June 1994, p. 1

14. That agencies engaged in systems advocacy be allowed to take up issues that arise through a number of avenues and not be limited to those issues that arise from individual advocacy.
15. That a variety of systems advocacy forms should continue to be funded including:
 - consumer-driven peak agencies
 - specialist agencies for specific groups of people who are unable to give voice to their advocacy needs because they are isolated, in institutions, unaware of why they need advocacy or too young
 - agencies which focus on the needs of people from culturally and linguistically diverse populations and Aboriginal people with disability
 - agencies whose systems advocacy voice is made up of families, and/or other unpaid citizens
 - agencies at regional or local levels.

Individual advocacy

Individual advocacy is an important form of advocacy and should, quite rightly, play a role in the advocacy responses funded by Government. Family Advocacy has major concerns, however, with the proposed changes to the NDAP which will see individual, crisis advocacy as the main form of funded advocacy provided under the program. Some advocacy is not crisis driven, but is a planned approach to prevent crisis happening in the first place (for example, the matching of a non-disabled citizen with a person with intellectual disability to form a relationship which will prevent many bad things happening to a person and furthermore is a protective measure if the person faces abuse, neglect or exclusion).

The form of individual advocacy that is suggested by a mechanism of ‘intake’ is predicated on the assumption that all people with disability will have the ability and be in an environment from which they can either “drop in” or call an advocacy agency or the free call line. This is a gross misunderstanding of the lived experience of many people with cognitive disability who are most at risk of abuse, neglect and discrimination. Individual advocacy will not meet the needs of:

- babies and young children with disability
- people with moderate to high intellectual disability who may also be medically frail
- people in institutions and boarding houses and hostels
- people with intellectual disability in nursing homes
- the huge numbers of people who currently sit outside the service system.

What remains very unclear in both the Social Options and the FaCSIA papers is what activities constitute individual advocacy. Will it be limited to a 1:1 type paid advocacy function of one worker per one person with disability, or will a broader

range of activities be recognised as legitimate eg. advocacy related advice given over the phone to a parent taking up an issue on behalf of their child with disability?

If an agency that is predominately performing 1:1 individual advocacy with people who are most vulnerable and most in need of advocacy, and are doing it well, they will have little or no capacity to undertake systemic advocacy.

Recommendation

- 16.** That individual advocacy be included within the range of advocacy forms funded within the NDAP.
- 17.** That individual advocacy be defined more clearly by the Working Party recommended earlier in this submission.

Administrative changes

The introduction of measurable program goals, objectives and standard operating policies and procedures

For many years, advocacy organizations have been raising with Government and the Department the need for a sound monitoring and accountability framework. Assessing advocacy is difficult when doing so from a solely managerial framework.

*“Advocacy organizations work almost solely in an influencing role, and generally have no direct control over outcomes. Direct power in relation to issues picked up by advocacy organizations lies in the hands of others, such as government and service providers. Thus it is not reasonable to expect advocacy organizations to take responsibility for producing outcomes over which they have no direct control. Measuring the extent of influence of an individual advocacy organization in the achievement of particular outcomes is difficult”.*¹⁴

As was stated in Family Advocacy’s previous submission¹⁵ the Commonwealth Government has relied on a monitoring system dependent on output and outcome measures. This has proved very problematic as it has been clear to all involved that this is not an effective way to monitor and evaluate an advocacy agency.

Cross and Zeni identify a number of issues with this type of system:

- *Advocacy does not necessarily result in clear outcomes*
- *It can take many years of advocacy effort before a result is evident*
- *An outcome focus risks orienting groups towards responding to cases where there will be an easily achieved and assessable outcome*
- *Outcomes determine the number of people, but not the amount of work, nor do they indicate the quality or nature of the outcome*
- *Advocacy action that is unsuccessful today, may well result in a positive outcome next year*
- *Often there is no clear causal link in advocacy where one can claim that X activity produced Y outcome.*¹⁶

Recommendations

- 18.** That a Working Party which includes representatives from the advocacy sector, is established and that this Working Party has the expertise to develop the framework under which the NDAP Program will function.

¹⁴ Dyke, J., *Towards Principled Evaluation of Advocacy – A Discussion Paper*, March 2000, p. 5

¹⁵ Family Advocacy, *Submission in response to the Evaluation of the National Disability Advocacy Program – Response to key questions*, February 2006, p. 9

¹⁶ Cross, J., & Zeni, L., *Safeguarding Advocacy for People with Disabilities in Australia*, 1993, p. 75

19. The NDAP framework which is developed in collaboration with the advocacy sector, include an advocacy-specific Code of Practice. This should include criteria and guidelines to assist advocacy agencies adopt a suitable approach to long-term and short-term priorities and set out how they will ensure that they undertake advocacy for those who are most vulnerable to bad treatment and exclusion from the life of the community.
20. That a baseline of standard operational policies and procedures be developed by the Working Party in collaboration with the advocacy sector, drawing from good practice that already exists within the sector, with the understanding that all funded agencies will develop additional policies and procedures relevant to the form/s of advocacy they undertake.

“Priority table” as a condition of funding.

On first glance, the suggestion that developing “priority tables” will somehow ensure that advocacy services are directed to those most in need seems plausible. Those most in need of advocacy, however, are those least able to access it under their own volition. It will be the most vocal and the most able who get their needs met regardless of the issue and it will be the most vulnerable who are missed.

Advocacy must be proactive in seeking out those least able to come forward either because of age eg. babies and young children, or because of their level of disability eg. those with significant intellectual disability. It is this reason alone that speaks to the importance of advocacy development with families as it will generally be families who will bring the issues for this vulnerable group of people to the fore. (Advocacy development is covered earlier in the report).

A priority table will necessitate the development of waiting lists. People not in crisis will be prioritized to the bottom of the list. Issues that could be dealt with at a level of lower urgency and with lower resources will not be addressed and the person will be left in a position of vulnerability until their situation reaches a point of crisis.

Benchmarks for service to people with particular types of disability, indigenous people with disability and those from a culturally diverse background.

In principle this sounds like a reasonable idea. Benchmarking must be flexible enough, however, to accommodate the nuances that are inherent in a program that funds local, regional and statewide agencies. Typically, people from Aboriginal and culturally and linguistically diverse backgrounds have found it difficult to access generalist advocacy agencies. The advocacy sector can do more to assist access, but – given the current workload – additional resources are required to enable agencies to respond appropriately.

Additionally there is also the need for specialist agencies. There have been moves to establish advocacy for people from indigenous backgrounds but these have never received the support from the bureaucracy that they require.

Family Advocacy also strongly argues for services to be funded that have specialised expertise with particular disability types. The fact that most disability types have

agencies, associations and peak bodies that are specific only to them has not occurred by accident. They have sprung up because of the recognition that specialised expertise and experience around the particular disability type is essential. Attempting to be 'all things to all people' is a flawed strategy which will weaken the sector and not enhance the delivery of advocacy services across Australia.

In other areas of service provision specialization is recognised and valued as a necessary layer of service delivery. In the legal field there are lawyers who deal only in family law issues, others deal only with workers compensation issues. In the medical profession if you have a heart condition you seek out a cardiologist and a brain-related illness is dealt with by a neurologist. This same principle should exist within the advocacy sector. If there are population groups whose specific needs are not being addressed by the current level of specialization in the sector, then additional funding must be forthcoming to address this inequity.

Recommendations

21. That any benchmarking proposals are accompanied by increased resources and funding.
22. That funding under the NDAP is significantly increased to enable additional agencies to be funded.
23. Those agencies with specialised expertise in particular disability types are recognised as legitimate providers of advocacy services.

Rights training for people with disability and a central referral service

While ensuring that people with disability know more about their rights is an important component of advocacy, the suggestion that the promotion of services and a central referral agency will ensure this is simplistic and will not achieve a greater knowledge of rights. It also disadvantages people with significant intellectual disability.

Like many other advocacy agencies, Family Advocacy already struggles to cope with the increasing demand for advocacy. If the Departments strategy of promoting the advocacy program has even a modest level of success, it could completely overwhelm the resources of a system already stretched far beyond its capacity.

Recommendation

24. That any promotion of the NDAP occur well after the Program has been reformed and once it is clear that there has been a significant increase in the capacity of the system to take on more advocacy.

Quality assurance system and training of advocates

Standards and Key Performance Indicators (KPI's)

Family Advocacy believes that work needs to be done on a set of specific advocacy standards and KPI's that reflect the goal, definition and principles of advocacy. This work would be carried out by the Working Party previously recommended. The KPI's could be developed by smaller groups in each State who then refer them back to the Working Party for further refinement.

The Disability Advocacy Standards already developed by Queensland advocacy agencies in conjunction with Disability Services Queensland could be used as a baseline for this work.

Recommendation

- 25.** That the Working Party, in collaboration with the advocacy sector, develop a set of Disability Advocacy Standards and KPI's.

Training for advocates

Family Advocacy is opposed to the suggestion put forward by FaCSIA re minimum qualifications for advocacy staff. Family Advocacy and many other advocacy agencies are strongly committed to employing people with disability and family members of people with disability as staff as they are intimately aware of the issues facing people with disability and their families and bring this lived experience to their work.

This strategy has been used to good effect for many years and is reflected in the comments made by people with disability and family members who say how refreshing it is to be speaking to someone who understands the issues at such a personal level. This increases the 'standing' of the agency enormously and provides a level of legitimacy than no formal training will ever be able to replicate. Family Advocacy undertakes in-house training for staff members that is relevant to the work they will be conducting.

Recommendations

- 26.** That FaCSIA work with the advocacy sector to identify the skills/competencies that are required by advocates given the form of advocacy they will be engaged in. Agencies then should be required to ensure their existing staff and newly appointed staff develop those skills over a specified period of time.
- 27.** That adequate funding is allocated to advocacy organisations to enable them to invest in training and development of members, volunteers, and Management Committee members.
- 28.** That adequate funding is allocated to advocacy organisations to enable them to invest in training and development of staff in the skills and competencies required to perform their role.

Competitive Tendering/Open Tendering

Family Advocacy is strongly opposed to the suggestion of a competitive tender process for a number of reasons.

Competitive tendering is adversarial in nature. It produces tensions between agencies. Rather than enhancing the capacity of advocacy agencies to collaborate and co-operate, competitive tendering brings dysfunctionality and lack of trust.

Services that are able to write good tenders may not necessarily be providing quality service. The two skills are not synonymous with each other. Quality can only be achieved through an effective and constructive monitoring system, investment in service development and continuous improvement approaches.

Competitive tendering advantages larger agencies who may be able to dedicate a staff member solely to the task of tender writing.

Competitive tendering is a top-down, Government-controlled approach that will not lead to effective community-based advocacy.

All those involved in advocacy agree that they must be accountable for the funding they receive and embrace the concept of continual improvement. The normal process for Governments to engage in improvement in service delivery is through consultation, review and encouragement of change. Vacating all deeds of funding and putting existing funding up to a competitive tendering process will not bring about a stronger and more effective advocacy sector.

Recommendation

- 29.** That FaCSIA not proceed with a competitive tender process and:
- Enter into a transparent review of existing agencies using the newly developed framework for advocacy as the benchmark for quality
 - Research the unmet need for advocacy in terms of geographical spread and the forms of advocacy needed
 - Seek expressions of interest for growth funding from currently funded, eligible agencies
 - Seek expressions of interest from new and existing eligible agencies to resolve issues of unmet need for advocacy.

Development of a strong, nation-wide advocacy sector.

There is no doubt that advocacy practitioners are supportive of the development of a strong advocacy sector which has capacity to share ideas and become more effective. This is significantly and negatively affected, however, by a number of factors.

One of the problems is that the responsibility of the National Disability Advocacy Program rests with one Department which has many other roles and responsibilities.

The effectiveness of advocacy on behalf of people with disability is also constrained by the fact that State and Territory Governments have inbuilt conflicts of interest in administration of advocacy given their major role in the funding and administration of direct service provision.

Additionally, some agencies have dual reporting responsibilities diverting scarce resources away from their direct advocacy functions.

A more effective approach would be that the funding provided by the States and Territories be co-ordinated and administered under a national program.

Recommendations

- 30.** That the Commonwealth assume responsibility for advocacy for people with disability through an agreed and co-ordinated approach with the State and Territory Governments.
- 31.** The Working Party recommended previously in this submission consider the development of an appropriate mechanism for this to occur and make recommendations to the Commonwealth Government about the mechanism for such a co-ordinated and national approach.

Response to the three questions posed by FaCSIA.

1. Will the reform plan help to improve the effectiveness and efficiency of the program?

No. Family Advocacy does not believe the proposed changes will improve effectiveness and efficiency of the program. Many of the proposed changes will, in fact, weaken and lessen the efficacy of the current program and the people with disability who are most marginalized and isolated will not be reached.

2. What other things can be done?

It would appear that, in reviewing the distribution of advocacy around the country, FaCSIA has not taken into account the advocacy programs funded by the individual State Governments. This oversight has led to a distortion of the facts in relation to the composition and distribution of advocacy as a whole and may also lead to duplication. This will defeat the Government's own objective of the most effective use of the advocacy dollar.

Please refer to the recommendations made in the submission as a response to this question.

3. Are the refinements to the Disability Services Standards and new Key Performance Indicators right?

No. The current Standards are disability service standards. The suggested KPI's require much more work although a positive suggestion is that they become less in number and replace the existing 101 supporting standards currently in existence. Better KPI's, in and of themselves, will not reveal, however, whether good, independent, social advocacy on behalf of the most vulnerable is being carried out.