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Disability Advocacy Framework Consultation Response
From Physical Disability Australia (PDA)- August 2010

❖ **About Us:**

Physical Disability Australia Ltd (PDA) is the national disability peak organisation representing the interests and views of people with physical disability across Australia.

Physical Disability Australia is funded by the Australian Government through the Department of Families, Housing, Community Services and Indigenous Affairs (Fahcsia).

❖ **People with physical disability in Australia:**

According to the Australian Bureau of Statistics in 2003:

1. **One in five** people in Australia (3,958,300 or 20%) had a **reported disability in 2003;**
2. **Of those** with a reported disability, **86%** (3,387,900) were **limited in the core activities** of self-care, mobility or communication, or restricted in schooling or employment. Most people with a disability (76%) were limited in one or more of these core activities;
3. **A further 21%** (4,149,000) had a long-term health condition that did **not restrict their everyday activities;**
4. **The remaining 59%** 11,703,800 **had neither** a disability nor a long-term health condition.

❖ The experience of people with physical disability:

Regardless of individual differences, PDA states with confidence that people with a physical disability, particularly those with significant mobility impairments:

1. **experience discrimination** within the community in some form and at a great frequency;
2. have great **difficulty gaining access to public and private buildings** because of physical barriers such as steps, steepness of site and lack of parking, public transport etc;
3. **face greater costs than other people** because of their disability (such as equipment, modifications to vehicles, household appliances and housing, home maintenance, transport, personal, medical and health care costs and managing a household) which impacts substantially on their financial situation;
4. **generally cannot access public transport** and are reliant on taxis, with varying levels of subsidy throughout Australia, or on private vehicles;
5. **face significant discrimination in finding/securing a job** and obtaining promotional opportunities, despite the avenues for redress provided through disability discrimination legislation;
6. **have lower incomes than their equivalent age/educated peers** due to greater difficulties in getting employment and in achieving equal promotion opportunities;
7. **have fluctuating income if their impairment is associated with medical conditions** leading to episodic periods of hospitalisation and/or absence from work. (Such people include some people with spinal cord injury, multiple sclerosis, muscular dystrophy);
8. **lack access to affordable, secure and appropriately designed housing**, and is a critical issue for people with a physical disability. Lack of access to such housing has a major impact on our capacity to participate fully in the life of the community and to live as independently as possible within our own households.

QUESTIONS CONSIDERED:

1. Please comment on the broad definitions of disability advocacy, individual advocacy and systemic advocacy:

The definitions provided are adequate. PDA would however like to take this opportunity to suggest that an **introductory sentence should include a reference** to the **importance of the independence** of advocacy support. This must apply to all forms of advocacy.

As proposed by DANA, PDA also **supports the establishment of an independent**, statutory body to oversee and manage advocacy across the country. This body should comprise a majority of people with disability with advocacy experience.

2. Does the objective of the framework encompass the vision of advocacy adopted by your agency?

PDA would like to see the **word 'right'** to advocacy **not just 'access'**. There should also be a right of the advocate to meet the person needing advocacy. The Victorian Guardianship and Administration Act give these rights of access to advocates.

3. Please comment on the outcomes provided under the framework and whether they can be achieved through the advocacy sector:

The disability advocacy sector is only one but important group of paid professionals who strive to achieve all this.

PDA believes that the **national disability peak organisations** are another source of systemic advocacy, but as yet are **not recognised** advocates outside of their members. Any systemic framework should be built around including national disability peak organisations that specialise in their particular field of disability.

4. **Please give us your feedback on the National Disability Advocacy Principles provided in the framework and their appropriateness for guiding the delivery of advocacy for people with disability:**

PDA would like to see mention of the importance of:

- The **rights** of people with disability **to access advocacy**;
- The **rights** of advocates to **access people who need advocacy** (there are times when a person cannot communicate their wishes, and 'best interests' advocacy should also be recognised – sometimes this is the most important work advocates do.)
- The **independence of advocacy**, in terms of the geographic placement of the service, the funding source and the management structure of each organisation.

5. **Are the outputs provided in the framework appropriate in achieving the outcomes of framework?**

PDA agrees with the 'outputs' provided but would like to see:

- an agreed recognition that **specialist disability advocacy** should be mentioned as **having value**
- is **a service** offered to people with disability **by right**.

Quality advocacy recognises that **different disabilities need particular skill sets** for example – people who only use Auslan need advocates who can speak their language and people who use aids and equipment need advocates who understand the existing complex systems and services about aids and equipment.

- PDA believes that this **sentence is vague**. We therefore ask **who is to define the 'agreed outcomes'?** Is it the funder, the local community management committee or a group of people with disabilities connected to the service?

6. **What processes and pathways are required to ensure effective communication of issues raised and dealt with by advocacy organisations and government, including communication of issues between individual and systemic advocacy services?**

This is a pertinent question. **Some suggestions:**

- **Regular reports from each agency and shared** throughout networks;
- Advocacy agencies to be **funded to regularly meet** (conference) as a group to facilitate such communications;
- **Agencies which are only doing systemic work** should be in regular contact with agencies that focus on individual advocacy. This way they can discuss their most pressing systemic issues and the likelihood of some positive outcomes. At times, agencies working together on common issues will be the best method for systemic reform (i.e.: young people in nursing homes);
- The **Social Inclusion Board principles** mention **building partnerships with key stakeholders** which include working relationships being built:
 - *“between Governments, organisations and communities working together to get the best results for people in need... Strong relationships between government and these other stakeholders are keys to achieving the joined up approach required for sustainable outcomes and to sharing expertise to produce innovative solutions. Building effective partnerships to tackle shared priorities is essential to improving social inclusion over time. “* (Social Inclusion Board – Principles)

PDA recommends that the government departments that fund disability advocacy agencies share the data back to the community agencies. This will be useful information for agencies conducting systemic advocacy.

PDA further supports the recommendations from the 'Research of the Models of Advocacy funded under the National Disability Advocacy Program' Final Report 14 September 2009 by Jenny Pearson & Associates Pty Ltd. These are:

- **Systemic Advocacy** when appropriately resourced and managed can achieve significant outcomes for the wider population of people with disability;

- In order to be most effective, Systemic Advocacy needs to have dedicated resources and good linkages with Individual Advocacy to enable a flow through of information about the issues affecting people with disability;
- There is **strong support from stakeholders** for continued funding of Individual advocacy and Systemic Advocacy;
- The main issue when these two models are both provided by an advocacy agency is the **lack of resources for Systemic Advocacy and the resultant impact** on Systemic Advocacy when Individual Advocacy needs have to take precedence.

7. Please comment on the reform and policy directions that governments will work towards under the framework?

- (a) data directions – advocacy agencies have always provided detailed data about the work they do, and it will be useful for everyone if the data set is 'returned' to the sector to use. **Please see the recommendation above.** It however must be noted that even the best advocacy cannot always get a good outcome for individuals or groups. The **outcomes are not in the control of advocates.**
- (b) this is a very important area for development and PDA **recommends that an independent and autonomous statutory authority be established for advocacy. Ideally** it should be **funded through the Attorney Generals Department.**
 - Government departments **must stop funding service providers to deliver advocacy services as there are clear conflicts of interest.**
- PDA would like to see **governments work more closely with the services they fund and provide them with more active support.** Governments should also become braver - as often advocacy agencies are privy to important information about services who are not treating people with disabilities well and government departments are reluctant to take any remedial action. (details are available from individual advocacy agencies).

8. Do you have any other comments, thoughts or ideas about the National Disability Advocacy Framework?

- PDA would like to see that **advocacy agencies are funded to a minimum number of staff (say 3)**; some services are so **poorly staffed** that they are unable to provide **any 'cover'** if they take annual leave.
- Disability advocacy should have its **own recognised accreditation and qualifications** in the same way that workers providing personal support services undertake TAFE or similar training, advocates in all streams of advocacy should have minimum training requirements for all staff. This should be at a nationally accredited level and be consistent across Australia.
- **Agencies** must also ensure that they **minimise 'potential conflict of interest'** by **not** employing people who are related to each other and **not** having members of management committees related to one another or to members of staff. Other safeguards should provide for people with disabilities on management committees to **not** receive advocacy from the organisation they are managing and always referred to an alternate organisation. Some of these golden rules should be written into funding agreements.

PDA **also agrees with the following points from Jenny Pearson & Associates Report** '*Research of the Models of Advocacy funded under the National Disability Advocacy Program*' Final Report September 2009 which states that:

- **"Stakeholders generally agree that Systemic Advocacy is the model** which most contributes to systemic change, although other models can feed issues into Systemic Advocacy or result in systemic changes in their own right, e.g. Legal Advocacy.
- Some examples have been described where advocacy action on behalf of an individual has resulted in broader systemic change.
- The systemic changes described by advocacy agencies include changes to service provider policy and procedures, local government initiatives such as access modifications to local buildings, changes to departmental policies at state government level, and introduction or revision of legislation.
- In many of the systemic change examples cited by stakeholders, the change has taken a long period of time to achieve (often several years) and direct cause : effect relationships between the advocacy and systemic

change are often difficult to identify due to other factors occurring concurrently.

- It is apparent from discussions with stakeholders that Systemic Advocacy efforts are currently fragmented across geographic areas, jurisdictions, disability types and advocacy models. Although this problem has been recognised by the advocacy sector, initiatives to improve the coordination of Systemic Advocacy, such as state/territory and national advocacy networks are not yet sufficiently developed in all jurisdictions."

PDA **also supports the following points** made in the Report: '*Research of the Models of advocacy Funded under the National Disability Advocacy Program 2009*:'

Stakeholders' suggestions for improving the utilisation of advocacy resources include:

- **collaboration** and sharing and pooling resources;
- **reviewing administration arrangements**, such as office location, group
- **purchasing for insurance, etc...**;
- **a three-year funding cycle** to assist with issues such as forward planning staff retention and leasing of premises;
- **increased use of technology**;
- **simplifying data collection and reporting arrangements**;
- **use of pro bono supports.**