

# Review of the National Disability Advocacy Program

VCOSS and DAV submission

June 2016



This submission was prepared by VCOSS Policy Advisor Carly Nowell with input from VCOSS and DAV members and disability advocacy organisations.

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VCOSS and DAV acknowledge the traditional owners of country and pays its respects to Elders past and present.

## About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

## About DAV

Disability Advocacy Victoria (DAV) - formerly known as Victorian Disability Advocacy Network (VDAN) - was established in 2003. DAV is the peak body for independent disability advocates in Victoria. We strive to break down the walls for people with disability by working with key stakeholders to achieve positive, systemic change in the disability sector. With one united voice, we have a much greater influence on policy makers about issues that affect people with disability.

DAV aims to strengthen the disability advocacy movement in Victoria, promote rights-based advocacy, and raise awareness about the needs and rights of people with disability.

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# Executive summary

The Victorian Council of Social Service (VCOSS) and Disability Advocacy Victoria (DAV) welcome the opportunity to comment on the National Disability Advocacy Program (NDAP) review. Independent disability advocacy protects and advances the rights and interests of people with disability, and promotes these rights to the wider community. It empowers people with disability, their families and carers, to understand their human and legal rights, communicate their needs, and have their needs met. It is an important safeguard to help prevent and report abuse.<sup>1</sup> Disability advocacy services also identify and address systemic issues limiting people's access to disability and mainstream services, the built environment, public transport, housing, education, employment, justice and information and communication systems. Strong, independent advocacy will be necessary during the roll-out and full operation of the National Disability Insurance Scheme (NDIS).

NDAP funds around 12,000 people to access disability advocacy nationally each year,<sup>2</sup> while there are 4.3 million people with disability.<sup>3</sup> In other words, the NDAP currently funds less than 1 in every 350 people with disability to access disability advocacy annually, or less than 0.3 per cent. Even that low figure excludes family members and carers. In this light, funding levels for disability advocacy are woefully inadequate.

Wholesale re-tendering processes have been shown to have adverse outcomes as noted in the senate inquiries for the Department of Social Services and the Indigenous Advancement Strategy re-tendering processes. Spreading existing resources ever more thinly may achieve a more equal distribution, but would likely lead to increasing barriers to access and put further pressure on an under-resourced disability advocacy sector. VCOSS and DAV believe wholesale re-tendering of the NDAP would lead to very poor outcomes, destroying much of the existing value and expertise of the sector.

Advocacy services are funded through both Commonwealth and state government programs. The Australian Government funds disability advocacy through the Department of Social Services' (DSS) National Disability Advocacy Program. The Victorian government funds disability advocacy services through the Office for Disability's Disability Advocacy Program. Some organisations receive funding from one source, while others are jointly funded.

VCOSS believe that disability advocacy should remain the joint responsibility of State and Commonwealth Governments. Both levels of Government have responsibilities that affect the lives

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<sup>1</sup> VCOSS, *Inquiry into Abuse in Disability Services: Stage 2*, VCOSS, November 2015.

<sup>2</sup> Department of Social Services, *Review of the National Disability Advocacy Program: Discussion Paper*, April 2016, p. 2.

<sup>3</sup> Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: First Results*, Cat. No. 4430.0.10.001, ABS, 2015.

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of people with disability and combined, can provide more stable and complete coverage of services. Funding from both levels of Government provides advocacy organisations with a greater level of independence, which means people with disability can trust their advocacy service to speak out without fear of de-funding. For this reason, advocacy services must also have no contractual constraints on speaking freely and publicly in the course of their advocacy.

The Disability Advocacy Resource Unit (DARU), in collaboration with VCOSS and DAV, consulted with VCOSS and DAV members and funded disability advocacy organisations to help inform this submission.

This submission outlines VCOSS and DAV recommendations to help maintain a strong, diverse and well-resourced disability advocacy sector to meet the needs of all people with disability, their families and carers. It builds on the recent VCOSS and DAV [response to the National Disability Advocacy Framework discussion paper](#).

# Recommendations

## Retain the strengths of existing disability advocacy organisations

- Do not undertake a program-wide re-tendering of the National Disability Advocacy Program
- Retain specialisation of disability advocacy services so that people with disability can access tailored and appropriate support that meets their unique needs
- Ensure people with disability, their families and carers can access an advocacy organisation that is independent of their other service providers
- Ensure disability advocacy organisations do not face contractual constraints on undertaking advocacy, including making public comment on systemic issues

## Increase funding to meet demand and improve access and coverage

- Extensively expand funding to meet unmet demand for advocacy, as well as future demand growth resulting from the NDIS
- Engage disability advocacy services on long-term service agreements with certain funding levels
- Improve coverage and access to disability advocacy services by expanding services, including providing rural and regional loadings to meet the additional costs of providing services in these locations, and fund proactive outreach to engage marginalised people with disability
- Fund a specialised Aboriginal<sup>4</sup> disability advocacy service to provide culturally appropriate services to Aboriginal people and support culturally appropriate practice in other advocacy organisations
- Increase funding for specialist disability legal advocacy services

## Improve reporting and quality assurance processes

- Reduce the administrative burden on disability advocacy organisations by streamlining reporting and quality assurance processes
- Enhance NDAP reporting to capture more meaningful outcomes, including identifying the prevalence and types of barriers people with disability face in realising their human rights
- Ensure advocacy organisations are funded for and can undertake systemic advocacy as they are well-placed to identify systemic issues and solutions
- The Department of Social Services (DSS) should collate, analyse and share the information received from disability advocacy organisations to better inform policy responses

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<sup>4</sup> The term “Aboriginal” is used in this report to refer to both Aboriginal and Torres Strait Islander peoples.

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- Consider resourcing an independent body to coordinate, analyse and report on the full range of systemic issues identified by advocacy organisations and through state and federal reviews and inquiries



# Retain the strengths of existing disability advocacy organisations

## Do not re-tender the National Disability Advocacy Program

### Recommendation

- Do not undertake a program-wide re-tendering of the National Disability Advocacy Program

There is a lack of evidence that shows that across the board commissioning positively impacts on efficiency, quality or outcomes of services<sup>5</sup>. Recent commissioning processes via re-tendering at both the state and federal level have shown the adverse impacts for organisations providing services, the staff delivering services, and the people receiving services.

VCOSS and DAV are concerned the implication of the discussion paper is that NDAP will be re-tendered, likely with no additional funding, and re-structured to only fund regionally-based generic disability advocacy services, possibly with only a single provider in a region. With no additional funding, these services would remain small, but would be somehow expected to deliver a full suite of individual, group, systemic, citizen, legal, family, carer and self-advocacy, as well as reach a multiplicity of diverse population groups.

VCOSS and DAV believe this would be a grave error, destroying much of the existing value and expertise of the sector. Spreading resources ever more thinly may achieve a more equal distribution, but giving people equally poor access to an under-resourced and de-skilled service system is not an improvement.

Disability advocacy relies on a close and trusting relationship between an organisation, the staff members providing advocacy assistance, and the person using the service. People using services are often vulnerable, and may only approach a trusted and established organisation for assistance. Often these trusting relationships may be built up over many years, through long-standing relationships built by organisations embedded and inter-connected within their communities, and by the expertise and long-standing experience of staff members. Disability advocacy organisations have spent years, often decades, establishing themselves in communities, building relationships

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<sup>5</sup> Dickenson, H. Commissioning public services evidence review: Lessons for Australian public services, Melbourne School of Government, University of Melbourne, March 2015

and trust with people with disabilities, their families and carers, developing the expertise of their advocates, designing links and referral pathways with other organisations, and creating an established record of achievement to provide confidence for people who approach them with an advocacy issue.

Whole-scale re-tendering puts these achievements and relationships at risk. Attempts to re-tender services, such as by commissioning regionally-based generic disability advocacy services, creates enormous risks to the delivery of quality, effective services for people with disability, their families and carers. Specialist skills will likely be lost, including in existing services who have developed specialised advocacy models or specialist expertise at working with specific vulnerable population groups. These groups are most likely to miss out as a result of a genericised service system. The recent Victorian reforms to the alcohol and drug treatment system demonstrate the risks of moving to a catchment-based centralised model. A recent evaluation found the reforms increased difficulties in accessing services for some groups, particularly for Aboriginal and Torres Strait Islander People<sup>6</sup>, CALD and LGBTI people.<sup>7</sup>

VCOSS recommends learning from the 2014 DSS competitive tendering process, including where disability peaks and advocacy organisations had to compete for a smaller pool of funding and only a defined number of tenderers were successful.<sup>8</sup> In its final report on the service quality, efficiency and sustainability of the 2014 Commonwealth community service tendering processes by DSS, the Senate Community Affairs References Committee identified a number of issues including: a lack of planning and analysis and insufficient timeframes; emergence of service gaps; lack of sector diversity, including the loss of smaller organisations; lack of transparency and equity in the decision making process; and negative impact on service users and providers.<sup>9</sup>

More generally, organisations commonly report the outcome of recent large-scale program re-tendering processes include:

- People disengaging from existing providers, and not re-engaging with new providers
- Significant loss of experienced staff from the affected sector
- Loss of diversity and choice in the affected sector, including loss of specialist capabilities to deliver to hard-to-reach population groups
- Loss of referral pathways and establishment of new providers with little local knowledge or established connections to other organisations
- Significant diversion of organisational resources from frontline service delivery to focus on lengthy and unwieldy tendering processes

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<sup>6</sup> The term "Aboriginal" is used in this report to refer to both Aboriginal and Torres Strait Islander peoples.

<sup>7</sup> Victorian Alcohol and Drug Association, *Challenges and opportunities: Key findings from VAADA's Alcohol and other drug sector recommissioning survey*, August 2015.

<sup>8</sup> The Senate, Community Affairs References Committee, *Impact on service quality, efficiency and sustainability of recent Commonwealth community service tendering processes by the Department of Social Services Final report*, September 2015, p.48-49.

<sup>9</sup> The Senate, Community Affairs References Committee, *Impact on service quality, efficiency and sustainability of recent Commonwealth community service tendering processes by the Department of Social Services Final report*, September 2015, p.48-49.

- Reduced collaboration and knowledge-sharing between organisations pitted against each other in competitive tendering processes
- Lack of evidence that unsuccessful existing providers were under-performing, or any evidence that new providers were superior
- Lack of transparency from funding bodies on what criteria were assessed and how that process determined successful applications
- No observable improvement in service outcomes, efficiency or effectiveness of the programs after re-tendering.

It is recommended DSS should discard the failed re-tendering model of commissioning, and instead work collaboratively with existing disability advocacy organisations to build on their strengths, and use additional funding to commission more services to meet current gaps.

## Retain specialist advocacy organisations

### Recommendation

- Retain specialisation of disability advocacy services so that people with disability can access tailored and appropriate support that meets their unique needs

Victoria has a strong and diverse advocacy system and this expertise and diversity should be retained and strengthened in any NDAP reforms. This includes preserving specialisation of diagnostic specific groups such as people with an acquired brain injury, intellectual disability, autism or complex communication needs. It also means recognising the different advocacy needs of specific population groups, including women, children and young people, Aboriginal people and people from culturally and linguistically diverse communities.

Specialist advocacy organisations have not arisen in a vacuum. They have been developed and funded in response to identified community need, and by the countless efforts of people with disability and their supporters. De-funding these specialist advocacy organisations in favour of a generic system risks the re-emergence of the very gaps they were initially designed to fill.

Providing access to disability advocacy means providing a service that is trusted by people seeking assistance. In the Victorian experience, people will frequently prefer to use a service specifically designed for a group within which people feel a sense of belonging, as they have greater confidence that the service will be suited towards their particular needs. Specialist services also have a role in being 'expert advisors', and can share their knowledge of inclusive practice with other services.

VCOSS and DAV believe that all models of disability advocacy identified in the National Disability Framework (self-advocacy, individual advocacy, family advocacy, citizen advocacy, systemic advocacy and legal advocacy) should be valued and funded, and note that the Framework has not identified group advocacy or carer advocacy separately, although these may overlap with individual, systemic or family advocacy to a degree. Different advocacy types complement one

another. Each has a different purpose and is suitable under different circumstances. People with disability, and their families and carers, may require access to a particular type of advocacy, may access multiple types over their lifetime or may access multiple types of advocacy to help address a particular issue they face.

While some models of advocacy can be delivered by the same organisation, it is not always appropriate for all models to be delivered together. Each type of advocacy requires different expertise and processes to operate effectively. For example, citizen advocacy works with volunteers in the community and requires a particular skill set in managing and supporting volunteers. Legal advocacy at its most intensive is delivered by qualified legal practitioners. Both of these require different skills to organisations supporting people with individual advocacy, or the skills required when working with multiple family members in providing family advocacy.

## Ensure people can access independent advocacy

### Recommendation:

- Ensure people with disability, their families and carers can access an advocacy organisation that is independent of their other service providers
- Ensure disability advocacy organisations do not face contractual constraints on undertaking advocacy, including making public comment on systemic issues

While disability advocacy assists people with disability, their families and carers in meeting their needs in all domains of living, advocacy about the quality and nature of disability services is a common occurrence. For this reason, people need access to advocacy organisations who are both independent and perceived to be independent of the provision of other services. The core issue is that people with a disability, their families and carers trust an advocate to act for them, and is not influenced by other parties in their role. The NDIS will not fund systemic advocacy, and it is therefore essential to fund a thriving advocacy sector to ensure the goals and aspirations of the NDIS for people to lead a good life are met.

Advocacy services should be funded separately from organisations that are delivering direct personal disability care services, to maintain independence and provide stronger safeguards to people with disability. This was a key finding in the recent Victorian Inquiry into abuse in disability services.<sup>10</sup>

Clearly, it is essential that organisations whose main role is direct personal care service delivery should be prevented from receiving disability advocacy funding because of the inherent conflict of interest. Even with mechanisms in place to limit any conflict of interest, joint delivery by the same organisation limits the ability to provide impartial advocacy, and risks the perception by users that the advocacy will be influenced by the direct care provision role. This is particularly problematic in

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<sup>10</sup> Parliament of Victoria, Family and Community Development Committee, [Inquiry into abuse in disability services: Final Report](#), Melbourne, May 2016.

rural and regional areas where they may only be one provider, resulting in people living in that area having no access to independent advocacy.

There are some circumstances where co-location or joint delivery of programs is beneficial. For example, co-locating disability advocacy services with broader services such as women's health services, migrant and refugee services or Aboriginal communality controlled health organisations, may have some benefits to improving access for vulnerable groups.

Advocacy organisations may sometimes be well-placed to deliver certain NDIS Information, Linkages and Capacity Building (ILC) activities, such as those relating to raising community awareness, and capacity building of individuals, families members and mainstream services, such as self-advocacy and peer support programs. Advocacy organisations already undertake ILC type activities which complements the range of advocacy services they provide.

Advocacy organisations may also be better placed than direct care service provides to deliver support purchased through NDIS funding related to improving people's choice and decision making. For example, NDIS items such as those under 'improved life choice', and assistance with decision making under 'improved daily living skills'.<sup>11</sup> When advocacy organisations deliver these types of supports, separation is maintained between decision-making support and direct service delivery, such as those relating to personal care.

While advocacy is often organised into categories for administrative and descriptive convenience, the reality is that advocacy exists on a continuum, and there is considerable overlap between different types of advocacy. In particular, all types of advocacy often identify systemic barriers which require the ability to undertake or otherwise inform systemic advocacy, including by making public comment. In some cases, and with appropriate support, making public comment, including through the media, can be an effective mechanism to draw public attention to a problem and expedite a solution.

Any contractual impediments or constraints on making public comment undermine the independence and public confidence in disability advocacy organisations, and thereby undermine their effectiveness. Therefore advocacy organisations must have the capability to freely make public comment, including on individual and systemic issues, in order to maintain trust with their clients and fulfil their obligations to the communities they serve. DSS can ensure this fundamental requirement of disability organisations to be able to advocate freely by guaranteeing advocacy organisations will not have any contractual limitations on public advocacy, including on systemic issues, and will not face adverse consequences, including risking funding, as a result of public advocacy.

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<sup>11</sup> NDIS, VIC NSW TAS QLD price guide: Support categories, <http://www.ndis.gov.au/2015-price-guide-vic-nsw-tas#14>, accessed 04 June 2016.

# Increase funding to meet demand and improve access and coverage

## Provide large funding increases to meet advocacy needs

### Recommendation:

- Extensively expand funding to meet unmet demand for advocacy, as well as future demand growth resulting from the NDIS.

NDAP funds around 12,000 people to access disability advocacy nationally each year,<sup>12</sup> while there are 4.3 million people with disability.<sup>13</sup> In other words, the NDAP currently funds less than 1 in every 350 people with disability to access disability advocacy annually, or less than 0.3 per cent. Even that low figure excludes family members and carers. Given this, funding levels for disability advocacy are woefully inadequate.

It is no great surprise with such inadequate funding levels that there are 'some large gaps in geographic coverage and some types of advocacy are not available to a large number of people with disability'.<sup>14</sup> No amount of program restructuring will reduce service gaps resulting from low funding levels.

Large increases in NDAP funding are required to meet growing demand for disability advocacy services, both inside and outside the NDIS. Disability advocacy services identified substantial gaps in the ability for disability advocacy services to meet demand. Disability advocacy organisations report they have to refer large numbers of people with disability elsewhere or have lengthy waiting lists, as they do not have capacity to assist everyone who seeks support, let alone the many who are unaware of the option. The recent Victorian Inquiry into Abuse in Disability Services found organisations are unable to meet demand for advocacy services, despite Victoria being well resourced compared with other jurisdictions.<sup>15</sup> Current funding is not indexed to population growth, or matched with any meaningful measure of demand.

The introduction of the NDIS will further increase demand for disability advocacy services. VCOSS and DAV members report that disability advocacy services at the Barwon launch site have

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<sup>12</sup> Department of Social Services, *Review of the National Disability Advocacy Program: Discussion Paper*, April 2016, p. 2.

<sup>13</sup> Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: First Results*, Cat. No. 4430.0.10.001, ABS, 2015.

<sup>14</sup> Department of Social Services, *Review of the National Disability Advocacy Program: Discussion Paper*, April 2016, p. 2.

<sup>15</sup> Parliament of Victoria, Family and Community Development Committee, *Inquiry into abuse in disability services: Final Report*, Melbourne, May 2016.

experienced substantial increases in demand. People with disability, and their families and carers, require access to independent advocacy to help navigate the new system, understand their rights and entitlements under the NDIS, assist in preparing for the NDIS planning process, and to access the internal and external review processes. VCOSS and DAV members report that people who have engaged disability advocacy services in the NDIS planning process are more likely to have their needs met, highlighting the benefits of independent advocacy alongside the introduction of the NDIS.

There will be many people who will not be eligible for individual funding packages through the NDIS. They also require disability advocacy to achieve their access and support needs from other systems. Disability advocacy addresses broader inclusion issues not addressed by the NDIS such as access to mainstream services, the built environment, public transport, housing, education, employment, justice and information and communication systems.

## Provide funding certainty

### Recommendation

- Engage disability advocacy services on long-term service agreements with certain funding levels

DSS should provide greater funding certainty to disability advocacy services to provide stability to the community and the sector. Over the last two financial years, advocacy services have been provided with 12 month extensions to funding agreements only a few months from the end of the contracts.<sup>16,17</sup> Without continuity and certainty in funding, it is difficult for organisations to plan and deliver sustainable services, and organisations risk losing qualified and experienced workers due to job insecurity.

The funding model for advocacy services should provide a solid and certain funding base, potentially with additional funding or loadings for organisations that provide services to hard-to-reach population groups, rather than moving to a fee-for-service model or marketisation of services. Long-term certainty and stability in funding levels means organisations can concentrate on improving their service provision, and allows long-term planning and investment in staff and organisational capacity. The nature of disability advocacy, based on building long term trust and relationships with people with disability and collaboration and partnership with community organisations, it does not lend itself to a market driven model and would negatively impact on collaboration and service delivery.

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<sup>16</sup> Department of Social Services, *Media Release: [Funding extensions for disability and carer programmes](#)*, 13 March 2015.

<sup>17</sup> Department of Social Services, *Media Release: [\\$16m Funding Extension for Disability Advocates](#)*, 6 March 2016.

## Improve access and coverage

### Recommendations

- Improve coverage and access to disability advocacy services by expanding services, including providing rural and regional loadings to meet the additional costs of providing services in these locations, and fund proactive outreach to engage marginalised people with disability
- Fund specialised Aboriginal disability advocacy services to provide culturally appropriate services to Aboriginal people and support culturally appropriate practice in other advocacy organisations

Increasing the coverage of disability advocacy services across Australia, particularly in rural and remote areas, and improving access for people who are likely to be underserved should be a central goal in expanding the NDAP. This includes increasing access for Aboriginal people, people from culturally and linguistically diverse (CALD) backgrounds, people who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI), people with complex communication needs, an intellectual disability or mental health issue. People facing multiple disadvantage or who experience barriers accessing services, stand to benefit the most from disability advocacy services.

Rural and regional loadings could be provided to advocacy organisations to help meet the additional costs of providing services in these locations. Delivering advocacy services to these areas involves increased costs associated with staff time and resources, on top of the direct costs of travel.

Providing additional funding to undertake proactive outreach would help to engage marginalised and isolated people with disability. For example, people facing multiple disadvantage may have limited or no access to the internet or telecommunications. Others may have complex communication needs or severe intellectual disability, making it more difficult to gain information about their rights and entitlements or to contact advocacy services. They may require direct contact and engagement in order to receive assistance.

Working more closely with Aboriginal community controlled organisations and migrant and refugee health and disability services would help to reach people within these communities. This would be complemented by funding specialised Aboriginal disability advocacy services in each state and territory to provide culturally competent services to Aboriginal people and provide support to other advocacy organisations. Assisting all advocacy services to be culturally safe would improve access to these population groups.

Creating stronger referral mechanisms between disability advocacy and other service sectors, such as health services, legal services and the broader disability sector may assist in supporting people to access advocacy services. VCOSS and DAV members warned against DSS spending money on promotion of advocacy services without increasing the capacity of organisations.



## Improve access to justice

### Recommendation

- Increase funding for specialist disability legal advocacy services

People with disability and people with mental illness have high levels of unmet legal need.<sup>18</sup> People with disability are twice as likely as other people to experience legal problems, and significantly more likely to experience multiple legal problems.<sup>19</sup> They may face difficulties in accessing mainstream legal assistance.<sup>20</sup>

The NDAP discussion paper incorrectly identifies that there are five legal advocacy services in Victoria for people with disability.<sup>21</sup> According to VCOSS and DAV members, there are only two organisations that provide this service based on the formal definition of legal advocacy<sup>22</sup> and who employ a lawyer. There are two other disability advocacy organisations which receive a small percentage of funding for 'legal advocacy' services under the broader definition used by DSS.<sup>23</sup> These organisations do not employ a lawyer but support people in accessing legal representation from private law firms and acting in other supportive roles. Continued funding is required for specialist legal advocacy services that have expertise in working with people with disability.

People with disability may not seek legal help when they need it. There are a range of reasons they may not access assistance, including not recognising the legal nature of problems, having other immediate priorities, believing they have insufficient power or the law will be of no help to them. They may face complex issues, of which the legal component is only part of the issue. People with disability may therefore require support from both specialist legal advocacy and other types of disability advocacy, such as individual or family advocacy. Neither is a replacement for the other and disability advocacy and legal advocacy both have a crucial and complementary role to play in supporting people with disability.

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<sup>18</sup> VCOSS, *Narrowing the justice gap: VCOSS submission to the Access to Justice Review*, VCOSS, February 2016.

<sup>19</sup> C Coumarelos, D Macourt, J People, H M McDonald, Z Wei, R Iriana and S Ramsey 'Legal Australia-Wide Survey: Legal Need in Victoria', *Access to Justice and Legal Needs*, Volume 14, Law and Justice Foundation of New South Wales, 2012.

<sup>20</sup> Jenny Pearson & Associates Pty Ltd, *Research of the Models of Advocacy Funded under the National Disability Advocacy Program Final Report*, Submitted to Department of Families, Housing, Community Services and Indigenous Affairs, 2009.

<sup>21</sup> Department of Social Services, *Review of the National Disability Advocacy Program: Discussion Paper*, April 2016, p. 2.

<sup>22</sup> The Law Dictionary, What is an advocate?, <http://thelawdictionary.org/advocate/>, accessed 30 May 2016,

<sup>23</sup> DSS, Operational Guidelines for the National Disability Advocacy Program, p. 12,

[https://www.dss.gov.au/sites/default/files/documents/11\\_2014/ndap\\_operational\\_guidelines\\_2014.pdf](https://www.dss.gov.au/sites/default/files/documents/11_2014/ndap_operational_guidelines_2014.pdf)

# Improve reporting and quality assurance processes

## Streamline reporting and quality assurance processes

### Recommendation:

- Reduce the administrative burden on disability advocacy organisations by streamlining reporting and quality assurance processes

Disability advocacy organisations endorse the value of reporting and quality assurance processes to account for government funding and ensure high quality services are delivered. However, current NDAP reporting requirements (to meet funding agreements obligations) and auditing processes (to meet accreditation and quality assurance requirements) were considered too resource-intensive and onerous, particular for small not-for-profit organisations. Advocacy organisations report there is some overlap in the information sought across annual reports and the audit process, particularly in relation to records of people assisted.

Organisations funded through the NDAP are required to submit an annual report to the Department of Social Services.<sup>24</sup> They must be independently audited and certified as complying with the National Standards for Disability Services.<sup>25</sup> Following certification organisations begin a three year audit cycle, with surveillance audits in years one and two and a recertification audit in year three.<sup>26</sup> Recertification audits review performance over the entire three year period and are as resource-intensive as the initial certification audit.<sup>27</sup> Some organisations are subject to additional audits through other contracts or arrangements, such as undergoing an annual financial audit and being audited as part of the Community Legal Centre (CLC) audit process. Organisations jointly funded through NDAP and the Victoria Office for Disability are subject to additional state-based reporting and may be subject to additional audit requirements.

VCOSS and DAV believe that oversight and accountability process should follow the principle of proportionality. That is, they should be proportionate to the size of the funding amount, and the level of risk inherent in the funded services. Funding amounts received by disability advocacy

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<sup>24</sup> DSS, Operational Guidelines for the National Disability Advocacy Program, p.6

<sup>25</sup> DSS, Quality Assurance for the National Disability Advocacy Program, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-service-providers/quality-assurance-for-the-national-disability-advocacy-program>, accessed 15 June 2016.

<sup>26</sup> DSS, Quality Toolkit for the Disability Advocacy Program, pp. 28-29, [https://www.dss.gov.au/sites/default/files/documents/03\\_2014/quality\\_toolkit\\_for\\_the\\_national\\_disability\\_advocacy\\_program.pdf](https://www.dss.gov.au/sites/default/files/documents/03_2014/quality_toolkit_for_the_national_disability_advocacy_program.pdf)

<sup>27</sup> DSS, Quality Toolkit for the Disability Advocacy Program, pp. 28-29, [https://www.dss.gov.au/sites/default/files/documents/03\\_2014/quality\\_toolkit\\_for\\_the\\_national\\_disability\\_advocacy\\_program.pdf](https://www.dss.gov.au/sites/default/files/documents/03_2014/quality_toolkit_for_the_national_disability_advocacy_program.pdf)

organisations are generally small, and the nature of disability advocacy services are generally low-risk, compared with some disability services such as personal care. However, we are concerned that DSS employs a 'one-size-fits-all' approach to accountability and reporting, which places a disproportionate 'red tape' burden for small funding amounts and low-risk activities.

We also recommend a 'report one, use often' approach to reporting. This means identifying duplication in reporting, including to other oversight bodies such as the ACNC, and ensuring DSS uses the information already provided and does not duplicate reporting requirements.

Several suggestions were made to improve the accountability and reporting process. This includes reducing the frequency of audits once certification was achieved, particularly in cases where minimal risks and issues were identified. DSS could review the current reporting and auditing processes to identify where similar information is being sought through both processes. This could occur with State and Federal reporting and auditing processes to identify areas of duplication. Amendments could then be made to streamline reporting and ensure information is only asked once.

Providing organisations with an annual reporting template well in advance, would reduce administrative burden on organisations funded under NDAP. Organisations report that DSS sometime request additional data on the people they have assisted after organisations have already recorded it, creating additional work. Another option is to provide additional funding to organisations to help them meet reporting and quality assurance standards. This would assist organisations manage the resource intensive nature of some aspects of the audit, such as arranging interviews with recipients of advocacy services.

## Capture meaningful information

### **Recommendation:**

- Enhance NDAP reporting to capture more meaningful outcomes, including identifying the prevalence and types of barriers people with disability face in realising their human rights

NDAP reporting processes could be enhanced by capturing more meaningful outcomes from the program, such as recording the prevalence and types of barriers people with disability face in realising their human rights. This could capture the effect advocacy has had on avoiding or overcoming these barriers. Current reporting and auditing processes largely determine whether organisations are meeting contractual obligations and complying with the Disability Advocacy Standards. These are important for quality assurance purposes but do not adequately assess the value and impact of advocacy for people with disability.

Engaging research bodies to evaluate the impact of advocacy services would complement this approach. This could include undertaking a randomised controlled trial to measure the short and long-term outcomes for people who have received independent advocacy compared with those who have not received services. Capturing data on people who are not accessing advocacy

services would help identify the levels of unmet demand, barriers and system improvements needed to increase service accessibility among vulnerable groups.

The discussion paper refers to the development of an improved data collection system. Any changes to data collection processes should be the subject of separate consultation with the sector, and incorporate sufficient flexibility so that the reporting can accurately reflect the context in which advocacy services are being delivered. For example, some people using advocacy services may require assistance with one issue, whereas others may face multiple and complex issues. Some outcomes may be achieved in a relatively short timeframe whereas some legal cases may take up to three years to resolve. Each model of disability advocacy operates quite differently and a standardised, inflexible approach is not appropriate.

## Effectively use information on systemic issues

### Recommendation:

- Advocacy organisations are well-placed to identify systemic issues and solutions and should continue to be funded to undertake systemic advocacy
- DSS should collate, analyse and share the information received from disability advocacy organisations to better inform policy responses
- Consider resourcing an independent body to coordinate, analyse and report on the full range of systemic issues identified by advocacy organisations and through state and federal reviews and inquiries

Disability advocacy organisations, peak bodies and advocacy networks effectively identify and report on systemic issues. Capturing more meaningful outcomes in the NDAP reporting would enhance the identification of systemic issues.

Advocacy organisations are well-placed to identify systemic issues and solutions and should continue to be funded to undertake systemic advocacy. Advocacy organisations have direct experience assisting people with disability to realise their human rights and to overcome access and inclusion issues across all aspects of society. They understand the unique issues faced by people with different types of disability and from different population groups.

To be effective, systemic advocacy needs to be adequately resourced. It is enhanced by having strong linkages with other types of advocacy such as individual, legal and family advocacy to support information sharing on the issues affecting people with disability.

DSS should use the information received by disability advocacy organisations more effectively to identify systemic issues and inform policy development. Advocacy organisations state that data on systemic issues is provided to DSS through reports and audits, but believe this is not analysed or acted on by DSS. These data are not collated and fed back down to advocacy organisations. To better identify and address systemic issues, DSS should take a coordinated approach to collating

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and analysing data from NDAP funded organisations. This information should then be shared with other relevant departments to inform policy development, and with NDAP funded organisations to assist in their work.

There are valuable data on systemic issues from state disability advocacy organisations and from a wide range of inquiries and reviews, such as the Inquiry into Abuse in Disability Services, the Royal Commission into Family Violence, and the Review of Disability Standards for Education. Many of these inquiries and reviews occur in isolation from each other and there is no single body or authority with the resources and responsibility of driving this work. Assigning responsibility and resourcing an independent body to coordinate, analyse and report on systemic issues would help to identify and address the barriers to access and inclusion for people with disability, and create more cohesive policy development.

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