

## CHAPTER 7

### SHARED AREAS OF RESPONSIBILITY

7.1 This chapter will cover shared areas of responsibility under the CSTDA and other issues which were raised by submissions and during hearings including consultation with the disability community and occupational health and safety issues.

#### **Information services**

7.2 The complexity of the set of programs and services provided under the current CSTDA arrangements has been noted in Chapter 3. In such an arrangement information services become a crucial guide for people with disabilities and their carers on how to access appropriate disability services. A number of submissions and witnesses to the inquiry commented on the difficulties in obtaining information about which disability services were available. For example Brightwater Care Group commented:

Families are often challenged by the responsiveness of the Disability system, not so much because of what might be available, but more because of their inability to understand the system and the easiest way to manoeuvre through it. While options for accommodation support may be available for people with disabilities, their carers lack clear and consistent information on how to access such support. This often leads to people giving up, or not applying for support they may be entitled to. This issue is often stronger for people with acquired disability who have not had natural entry into the system in childhood.<sup>1</sup>

7.3 The difficulties with navigating the current system raised the issue of the need for a single point of information - a 'one stop shop' for people with disability and their carers to obtain information regarding available services.<sup>2</sup> Ms Teresa Hinton of Anglicare Tasmania commented:

There is no one point of information for people to go to. They may go to one agency and get a bit of the picture, and they go to another agency and get another bit of the picture. But there is no one point of information that can give them a picture of all the services they might be entitled to. A very common experience in the research was for people to tell us, "Well, it took us 14 years to find out that we could get assistance with shoes", for instance.<sup>3</sup>

7.4 The Committee also found there was a reliance on print and internet based solutions for disability information services that would be inappropriate for many

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1 *Submission 22*, p.7 (Brightwater Care Group).

2 *Committee Hansard* 5.10.06, p.26 (Mr P Smale).

3 *Committee Hansard*, 22.11.05, p.25 (Anglicare Tasmania).

people with disabilities such as the vision impaired and people without internet access.<sup>4</sup> The Committee was also concerned at the low proportion of people from non-English speaking backgrounds who access CSTDA services as well as have access to interpreters. Ms Diana Qian of the National Ethnic Disability Alliance commented:

One of the causes of the inequity, we believe to be a lack of information that is accessible in community languages. Information is the first step one can take to making informed choices, and if you cannot get accessible information about essential services—about what is available so you know where to go—you are basically stuck.<sup>5</sup>

## **Research and development**

7.5 Under the current CSTDA the States and Territory governments jointly contribute, on a pro-rata basis in proportion to their respective populations at the time of contribution, \$200,000 per annum to the national research and development fund which the Commonwealth matches.

7.6 A work plan linked to the CSTDA implementation plan is developed by the National Disability Administrators (NDA) and endorsed by Ministers to address key national and strategic research, development and innovation priorities. The CSTDA provides:

10 (5) The work plan will include the investigation of the need for new services, or enhancement of existing services, as well as innovations in planning and service delivery and the measurement of outcomes for people with disabilities using these services.<sup>6</sup>

7.7 The amount of CSTDA funding devoted to research and development was criticised as not sufficient to reflect the importance of the subject matters. Dr Ken Baker commented:

It is really symptomatic of the weakness of the CSTDA that it allocates only about—on my calculation—0.012 per cent of total expenditure toward research. There is just no emphasis at all put on research which could help inform budgetary planning and which could drive innovation and continuous improvement.<sup>7</sup>

7.8 The ANAO audit of the administration of the CSTDA also dealt with research and development:

The ANAO encourages FaCS to advise the NDA to have a greater level of consultation with relevant non-government stakeholders when developing

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4 *Committee Hansard*, 13.10.06, p.28 (Women with Disability Australia).

5 *Committee Hansard* 3.10.06, p.8 (NEDA).

6 *Commonwealth State Territory Disability Agreement 2002-2007*

7 *Committee Hansard* 13.10.06, p.40 (ACROD).

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and implementing the R&D Programme. The ANAO also considers that it is important that stakeholders have access to the results of the research.<sup>8</sup>

7.9 At the request of the Committee the AIHW also suggested a number of priority areas of research and analysis that could inform the CSTDA and related policies. The AIHW noted that its role as the CSTDA Data Agency is funded from the research and development budget (at approximately \$150,000 per annum) and that during 2002-2007 no funds have been directed to data quality improvement. The AIHW recommended that the policy relevance of the CSTDA NMDS could be improved by adding new data items (on funding, outputs and outcomes) and improving the quality of data already available. The AIHW identified a number of priority areas for research and analysis including:

- improving the availability of information about met and unmet demand for disability services;
- ensuring that future work on met and unmet demand for disability services extends to analysis of community support services;
- conducting analysis of multiple data sources, both administrative data and population survey data, to research the interfaces between disability, aged care, mental health and other health and community services programs;
- increasing research efforts into the health of people with disabilities; and
- a systematic review of national equipment services, focusing on the improvement of nationally comparable information available on these services.<sup>9</sup>

## **Recommendation 26**

**7.10 That additional funding for research and development should be committed under the next CSTDA within agreed policy priorities.**

### **Advocacy**

7.11 Advocacy services are designed to enable people with a disability to increase the control they have over their lives through the representation of their interests and views in the community. Advocacy services can include individual advocacy, citizen advocacy, group advocacy and systemic advocacy. Under the CSTDA, advocacy is an area of joint responsibility for the Commonwealth, State and Territory governments.

7.12 As in several other areas of the CSTDA, the coordination of services between the jurisdictions also seems to be problematic. The NSW Government indicated advocacy was an area where there could be better clarity of roles and responsibilities and considered that having two quite separate streams of funding and directions for

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8 ANAO, *Administration of the Commonwealth State Territory Disability Agreement*, Audit Report No. 14 2005-06, p.106.

9 *Submission 65a*, p.8 (AIHW).

advocacy was probably not the most appropriate way to support the sector.<sup>10</sup> The Victorian Disability Advocacy Network also noted that there was no framework for shared planning or development for advocacy services between the jurisdictions.

7.13 A number of submissions and witnesses raised proposed changes to the National Disability Advocacy Program (NDAP) with the Committee. The NDAP funds 71 advocacy organisations to provide advocacy services on issues affecting the daily lives of people with disability. The Commonwealth invested \$12 million in 2005-2006 into the program, which assisted over 17,000 people.

7.14 In 2006 FaCSIA initiated a review of the NDAP which involved analysis of data and other information held on the program by the department as well as engaging consultant Social Options Australia to assess how the program was operating against its stated goals and objectives. The final report *Evaluation of the National Disability Advocacy Program* found:

- The objectives of the program need to be measurable and realistic. The performance data currently collected does not allow a good assessment to be made.
- Funding of advocacy agencies is variable, and funding for many smaller agencies is not enough to meet the full costs of running the service, which compromises their ability to provide effective services. It is apparent that funding from the Australian government and state and territory governments does not match the population distribution of people with disabilities.
- The current quality assurance system of annual self-assessment by services and 5-yearly audits by FaCSIA does not guarantee that advocacy services are providing an appropriate level of service. The current Disability Services Standards could be improved by replacing the 101 supporting standards with a smaller number of Key Performance Indicators.
- Six types of advocacy are now funded – individual, self, citizen, systemic, parent and family - but the different types are not available everywhere and it is hard to compare outcomes.
- Geographic coverage is uneven and advocacy services are not available in many regional areas.
- Coordination between NDAP advocacy services and other bodies providing advocacy needs to be improved.
- Many people with disability are unaware of the disability advocacy programme or other available advocacy support, such as the Human Rights and Equal Opportunity Commission. They also lack knowledge about rights

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10 *Committee Hansard* 3.10.06, p.48 (NSW Government).

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and responsibilities. All services have unique names and some do not mention disability or advocacy in their title.<sup>11</sup>

7.15 In September 2006 FaCSIA released a consultation paper *Enhancing the National Disability Advocacy Program*.<sup>12</sup> The paper proposed:

- introducing measurable programme goals and objectives;
- introducing standard operating policies and procedures across all funded services as a condition of funding;
- introducing a ‘priority table’ as a condition of funding setting out which cases advocates will give priority to, to make sure advocacy services are directed at those most in need of assistance;
- requesting services to meet benchmarks for service to people with particular types of disability, indigenous people with disability and those from culturally diverse backgrounds;
- focusing disability advocacy services on individual and family/parent advocacy, with smaller effort directed to systemic and citizen advocacy;
- re-balancing funding across States and Territories to better reflect the distribution of the disability population;
- ensuring people with disability know more about their rights and responsibilities by promoting services and introducing a centralised referral service with a single free-call telephone number; and
- improving the quality assurance system, including the introduction of Key Performance Indicators and external auditing that services meet the quality standards. Require minimum qualifications for paid advocates.

7.16 The consultation paper provided that organisations funded through the National Disability Advocacy Program (NDAP) would be offered new funding contracts extending for the period 1 January 2007 to 30 June 2008. The new contracts would require increased reporting of outcomes from advocacy services. Another key proposed change was that in September 2007, a competitive funding round would be scheduled and would also be open to organisations that are not currently providing services under the NDAP.

7.17 On 16 November 2006 the Minister for Community Services, John Cobb, announced an additional \$600,000 funding over the next 18 months to increase the availability of and increase access to advocacy to people with disability and their families.

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11 Social Options Australia, *Evaluation of the National Disability Advocacy Program*, Final Report, 2006. Available from [www.facsia.gov.au](http://www.facsia.gov.au).

12 FaCSIA, *Enhancing the National Disability Advocacy Program*, 2006. Available from [www.facsia.gov.au](http://www.facsia.gov.au).

7.18 Advocacy groups were critical of the processes involved in the review of the NDAP and the consultation paper as well as the reduction in emphasis on citizen and systemic advocacy. For example Ms Su-Hsien Lee from the Development Disability Council of WA commented:

In particular, there has been a push against systemic advocates. There are little bits of funding here and there for individual advocacy but nothing for systemic advocacy. You have to be cynical and ask why. Individual advocacy, as much as it is valued and it is necessary, only deals with one issue at a time. It does not focus on the system as a whole...<sup>13</sup>

Ms Barbara Page-Hanify commented:

The whole process has been incredibly flawed and rushed. There has been NO opportunity to discuss the planned service, no chance to discuss any short or long term benefits for those who need advocacy, but more importantly, no discussion at all on likely short and long term detrimental and potentially life-threatening outcomes from the planned service.<sup>14</sup>

7.19 Other advocacy groups had concerns regarding the timing of funding contracts following the review and the implications for their organisations. For example Ms Lyndell Grimshaw of Brain Injury Australia commented:

With the current review and the fact that all disability advocacy providers were in receipt of a letter saying their funding is ceasing at the end of December, you can imagine small organisations trying to run their businesses and support individuals with whom they may be midstream while also having responsibilities to employees...

There seems to be little understanding that organisations are run and operated by committees of management, or boards of management, who have responsibilities. They have responsibilities to staff; they have responsibilities to the people they meet with. They cannot wait until the eleventh hour to make decisions about their future.<sup>15</sup>

### ***Carers Advocacy***

7.20 Carers Australia noted that the current CSTDA definition of advocacy services excludes families and carers of people with disabilities. It also highlighted that in 2005 the ANAO audit of the administration of the CSTDA suggested that FaCSIA (then FaCS) in consultation with the National Disability Administrators consider extending access to advocacy services to the families and carers of people with disabilities in any future CSTDA. Carers Australia argued that carers also need advocacy services as they are service users in their own right, they access health, social and financial benefits, they as a population group with distinct needs and often

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13 *Committee Hansard* 5.10.06, p.98 (Development Disability Council of WA).

14 *Submission* 116, p.1 (Ms B Page-Hanify).

15 *Committee Hansard* 28.9.06, p.19-28 (Brain Injury Australia).

act on behalf of those for whom they provide care.<sup>16</sup> The National Carers Coalition highlighted the important contribution of unpaid family carers and also urged 'that any government reform of disability services under the CSTDA is inclusive of the urgent need for funding of disability family advocacy at the national, state and regional level'.<sup>17</sup>

## **Recommendation 27**

**7.21 That the Commonwealth defer the implementation of its restructure of the national disability advocacy program and incorporate planning for advocacy services, including carers advocacy, in the negotiation of the next CSTDA.**

### **Consultation with the disability community**

7.22 In the CSTDA the Commonwealth and the States/Territories acknowledge the role of the Disability Advisory Bodies to ensure that the government hears the views of people with disabilities and carers on disability-related issues. Under the CSTDA the Commonwealth makes up to \$314,000 available in funding contributions per annum to State and Territory Disability Advisory Bodies.

7.23 The Disability Advisory Bodies allow people with disabilities, carers, families and others to: provide advice regarding the planning, delivery and evaluation of services; advise their respective Ministers on progress against meeting the CSTDA objectives and priorities; provide advice on directions for research and development; and consult with the National Disability Advisory Council (NDAC) on matters of broader national significance that impact on people with disabilities, their families and carers.<sup>18</sup>

7.24 However, Committee About Securing Accommodation for People with Disabilities (CASA) raised concerns that the NDAC had been closed down in August 2005 and the new National Disability and Carers Council had not at that stage been announced:

The families once again feel that their voices have been silenced, or not deemed important. Family carers are often confused, exhausted, frustrated and disempowered. They feel that because of the demands of their caring role, and their low profile that their work has in the community, and at the government level, that they don't have a voice in the decision making.<sup>19</sup>

7.25 In October 2006 the Minister for Families, Community Services and Indigenous Affairs, the Hon Mal Brough, announced the appointment of the executive and members of the new National Disability and Carer Ministerial Advisory Council.

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16 *Submission 52*, p .10 (Carers Australia).

17 *Submission 28*, p.29 (National Carers Coalition).

18 *Commonwealth State Territory Disability Agreement 2002 - 2007* Part 6 (7).

19 *Submission 66*, p.3 (CASA).

This Council brings together the previously separate advisory councils for people with disabilities and carers.<sup>20</sup>

### **Recommendation 28**

**7.26 That the next CSTDA continue to incorporate a prominent role for disability and carer advisory bodies as well as the new National Disability and Carer Ministerial Advisory Council. These bodies should be able to provide advice to government on service delivery, progress made in meeting objectives and priorities and directions for research and development.**

### **Occupational health and safety and paid carers**

7.27 Carers' groups raised the problem of the home becoming a workplace as a consequence of an increased emphasis on home-based care for people with a disability.<sup>21</sup> Emerging issues included occupational health and safety requirements and the home owner's liability when care workers visit a person's home. The National Carers Coalition commented:

What is becoming more and more apparent is that this industry of 'paid help in the home' is not only an ever increasing encroachment upon the privacy of the family home, but it has now declared the family home to be a "workplace".

This declared workplace is now a place in which families are being sued as "third party liable" under workcover regulations in some if not all states. Laws which protect paid care workers but give "NO PROTECTION" to the caring family are an abomination that will see more and more families think twice before having any in-home help for which they can be potentially sued.<sup>22</sup>

7.28 This is a difficult area as the homes of service clients are workplaces for the paid carers and health professionals providing support. The Committee understands many service providers conduct off-site checks including assessments of health and safety issues before an initial home visit. People with a disability and the family also have a responsibility to cooperate to ensure the health and safety of paid carers is protected.

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20 *Committee Hansard* 13.10.06, p.99 (Australian Government).

21 *Submission 8*, p.4 (Gippsland Carers Association).

22 *Submission 28*, p.29 (National Carers Coalition).

**Recommendation 29**

**7.29 That Commonwealth, State and Territory governments ensure that people with disabilities and their families are not discouraged from accessing care services in their homes because of potential occupational health and safety liability.**

Senator Gary Humphries  
Chairman

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