



Australian Government

**Department of Families, Community Services
and Indigenous Affairs**

**ENHANCING THE
NATIONAL DISABILITY
ADVOCACY PROGRAM**

CONSULTATION PAPER
September 2006

Background

In 2005-06, FaCSIA provided funding of \$12 million under the National Disability Advocacy Programme (NDAP) to 71 advocacy organisations across Australia, which enabled 17,000 people with disability or their families to seek assistance or information.

A review of the programme was recently undertaken, involving public consultations and analysis of data from the annual Disability Services Census and reports from funded advocacy services. Independent consultants interviewed 66 provider organisations, 54 people with disabilities, 14 carers, and 23 other stakeholders including representatives from state government agencies. Written submissions were received from 70 organisations or individuals.

The review found that advocacy remains a valuable and much needed programme but improvements in the following areas would enhance its efficiency and effectiveness:

- The **objectives** of the programme need to be measurable and realistic. The performance data currently collected does not allow a good assessment to be made about whether services are effective or meeting the needs of people with disabilities and their families.
- **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. While we know that some people seeking advocacy assistance are turned away from services, it is not possible to quantify the level of unmet demand.

Here's how the current NDAP funding is shared across states and territories:

State	% of people aged 65 or less with profound or severe core activity limitation	% of NDAP advocacy funds directed to state
New South Wales	33.3%	28%
Victoria	24.5%	27%
Queensland	19.6%	15%
South Australia	7.6%	14%
Western Australia	10.0%	9%
Tasmania	2.4%	4%
Australian Capital Territory	1.6%	2%
Northern Territory	1.0%	3%

- 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. Important factors to address include: compliance with legislation; good governance; performance indicators including client access, satisfaction and outcomes and other measurements addressing service quality; staff training and professional development.

- Currently there is not a standard system for **recording and reporting** client data - a sound management system, which encompasses reporting, client records and includes data to identify trends, systemic failures and inform policy is required.
- **Scope, Priority and Specialisation** – 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. People with psychiatric disability and Indigenous people with disability are not well catered for - to address the specific needs of these groups, advocates need a thorough grasp of the issues facing people with different types of disability and should be able to call on expertise if necessary. Advocacy is largely crisis driven, but the people with disability in greatest need may not always be given priority of access.

Currently, NDAP funding is distributed to different types of advocacy as follows:

Type of advocacy	% of NDAP funding
Individual	58%
Self	6%
Citizen	15%
Systemic	20%
Parent	2%
Family	2%

- **Geographic coverage-** Advocacy services are not available in many regional areas. Even if funding were equalised across states to match population, existing services are concentrated in the capital cities. One way to improve coverage would be to introduce a new model for service procurement based on a number of service regions across Australia. A ‘Hub and Spokes’ model of delivery could also improve efficiency and effectiveness – with this model, administrative functions would be centralised in a region and advocates would be able to get on with their jobs. Some advocates could be located with other service providers but report to the ‘hub’ office for their region.
- **Coordination** between NDAP advocacy services and other bodies providing advocacy needs to be improved. It appears that absence of effective planning at state and national level and between voluntary, statutory and other bodies results in confusion about who does what, duplication and overlap of work. Better connections between services would lead to more effective use of services. A key issue is whether the person with disability can advocate for themselves, access mainstream services such as community legal services, or needs specialist disability advocacy services.
- **Awareness of services** – 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 and responsibilities. All services have unique names and some do not mention disability or advocacy in their title. At present, service providers must undertake their own promotion.

You can find the consultant’s report on the FaCSIA website at: www.facsia.gov.au

What would a better advocacy programme look like?

What is needed is an advocacy programme that:

- Helps safeguard the human and legal rights of people with disability
- Can be accessed easily by people with disability right across Australia
- Consistently provides a good quality service that people with disability and their families can have confidence in
- Directs funding to the types of advocacy that people with disability and their families most need
- Is clear about how advocates prioritise their work so they can be most effective
- Focuses on helping people with disability who are not able to advocate for themselves
- Delivers good services to all people with disability, and the families and carers of people with disability, no matter their disability type, language or cultural background.
- Has consistent recording and reporting of advocacy activity so that service users and the taxpayer can know that the funding for advocacy is being well spent
- Can effectively feed back information from individual advocacy services to government, or disability peak bodies concerned about issues affecting people with disability or their families, so that systemic issues can be addressed.

To achieve this, the following changes are being proposed to improve the National Disability Advocacy Programme:

1. Introduce measurable programme goals and objectives.
2. Introduce standard operating policies and procedures across all funded services as a condition of funding. These policies and procedures will focus on achieving consistent, good quality advocacy services.
3. Introduce 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.
4. Ask all services to meet benchmarks for service to people with particular types of disability, indigenous people with disability and those from culturally diverse backgrounds.
5. Focus disability advocacy services on individual and family/parent advocacy, with smaller effort directed to systemic and citizen advocacy.
6. Re-balance funding across States and territories to better reflect the distribution of the disability population.
7. Make sure 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.

8. Improve 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.

When would changes be made?

Some things can be improved straight away, but other changes will take a bit longer, and some might need extra funding to be found.

From January 2007, current service providers could be offered 18-month funding agreements to cover services until June 2008. The new agreements will include some extra conditions about service quality, how advocacy services will be prioritised to those in most need, and better recording and reporting of advocacy activity. The new agreements will also require all advocacy services to examine how they can improve access for people with disability from culturally diverse backgrounds, Indigenous people and those with particular types of disability.

Larger advocacy organisations that have state-wide coverage will be asked to increase their services to people with disabilities in regional Australia. We also want to increase the amount of individual advocacy available and will work with systemic and citizen advocacy organisations on this.

Clearer Disability Service Standards with a smaller number of Key Performance Indicators will also apply from January 2007 but to begin with, performance of advocacy services will continue to be assessed using the existing departmentally operated quality assurance system (that is, annual self-assessment and five-yearly departmental audits).

Services funded under the National Disability Advocacy Programme will be promoted under a single name, for example, 'Disability Advocacy Australia'.

In July 2007, a national freecall telephone advocacy and referral service could be established. Standardised operating policies and procedures would be introduced as a condition of funding. An exposure draft for a competitive funding round to provide advocacy services from July 2008 would be released for information and comment.

A performance review will be undertaken of all organisations funded under the National Disability Advocacy Programme against their first six months of operation under the new agreements. This review will ensure that services are meeting the extra conditions in their 18 month funding agreement about improved quality, providing priority to those in most need, and better recording and reporting of advocacy activity. These reviews will also check that advocacy services have improved their access to people with disability from culturally diverse backgrounds, Indigenous people and those with particular types of disability. For services that had previously been providing systemic and citizen advocacy a check will be undertaken to make sure they are delivering the amount of individual advocacy they agreed to.

In September 2007, a competitive funding round could be scheduled to ensure that the \$12 million invested in the National Disability Advocacy Programme is directed more fairly across different regions in Australia. This funding round would be open

to organisations that are not currently providing services under the National Disability Advocacy Programme, as well as organisations that are currently funded.

Legislation for a new quality system could also be introduced late in 2007.

In February 2008, the results of the competitive funding round could be announced and transitional arrangements put in place to make sure existing clients of unsuccessful services were not disadvantaged.

From July 2008, new services could be rolled out to provide better coverage across Australia. A new on-line client management system could be introduced to help advocacy services manage their caseloads and improve reporting on outcomes. Independent, accredited auditors would begin assessing whether advocacy services are complying with the legislated Quality Standards.

From July 2009, all advocacy services would need to be independently certified as Quality Services if they wished to continue to receive funding under the National Disability Advocacy Programme. All paid advocates would be required to have minimum qualifications.

Feedback

We would appreciate your feedback on the reform plan and proposed refinement of the Disability Services Standards and new Key Performance Indicators, as set out at the end of the paper.

- Will the reform plan help to improve the effectiveness and efficiency of the program?
- What other things can be done?
- Are the refinements to the Disability Services Standards and new Key Performance Indicators right?

PLEASE SEND YOUR COMMENTS TO:

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BY 27 OCTOBER 2006

PROPOSED NEW DISABILITY SERVICE STANDARDS FOR ADVOCACY AND KEY PERFORMANCE INDICATORS

It is proposed to refine the current Disability Services Standards and replace the existing 101 supporting standards with a smaller number of Key Performance Indicators. The Standards and Key Performance Indicators would be further defined through a series of signposts and evidence guidelines. This approach will make it easier for advocacy services to identify what they need to do to make their service the best it can be. At first, these new Key Performance Indicators and evidence guidelines would be used by services to conduct self-assessments each year and by departmental officers doing formal audits of advocacy services. Consideration is also being given to requiring advocacy services to be certified against the legislated Quality Standards by independent, accredited auditors.

Disability Services Standards	Key Performance Indicators (KPIs)
<p>Standard 1: Service access Each person with a disability who is seeking a service has access to a service on the basis of relative need and available resources.</p>	<p>KPI 1.1 The service provider adopts and applies non-discriminatory entry rules in respect of age, gender, race, culture, religion or disability, consistent with the contractual obligations and purpose of the service.</p> <p>KPI 1.2 The service provider's entry and exit procedures are fair and equitable and consistently applied.</p>
<p>Standard 2: Individual needs Each person with a disability receives a service that is designed to meet, in the least restrictive way, his or her individual needs and personal goals.</p>	<p>KPI 2.1 Each individual's advocacy goals are established objectively to reflect his or her needs and personal goals.</p> <p>KPI 2.2 Each individual's advocacy goals are used as a basis for service provision, with the service provider undertaking a process of planning, implementation, review and adjustment to facilitate the achievement of these goals.</p> <p>KPI 2.3 Services are delivered to meet each individual's advocacy goals through pathways and plans that do not have any unnecessary restrictions or constraints.</p>

Disability Services Standards	Key Performance Indicators (KPIs)
<p>Standard 3: Decision making and choice Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the service he or she receives.</p>	<p>KPI 3.1 The service provider provides appropriate and flexible opportunities for each individual to participate in decision-making at all levels.</p> <p>KPI 3.2 The service provider acts upon the outcomes of service recipient input into decision-making.</p>
<p>Standard 4: Privacy, dignity and confidentiality Each service recipient's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.</p>	<p>KPI 4.1 The service provider complies with the Information Privacy Principles of the Privacy Act 1988 in order to protect and respect the rights of individual service recipients. The service provider does not disclose personal information about service recipients without their informed consent.</p> <p>KPI 4.2 The service provider promotes tolerance and respect for each service recipient's personal needs and circumstances.</p>
<p>Standard 5: Participation and integration Each person with a disability is supported and encouraged to participate and be involved in the community.</p>	<p>KPI 5.1 The service contributes to individual outcomes for service recipients that provides opportunities for their participation and involvement in the community.</p>
<p>Standard 6: Valued status Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or</p>	<p>KPI 6.1 The service promotes the belief and ability of service recipients to fulfill valued roles in the community.</p>

Disability Services Standards	Key Performance Indicators (KPIs)
her to achieve valued roles in the community.	
<p>Standard 7: Complaints and disputes</p> <p>Each service recipient is encouraged to raise, and have resolved without fear of retribution, any complaints or disputes he or she may have regarding the service provider or the service.</p>	<p>KPI 7.1 The service provider encourages the raising of complaints by service recipients regarding any areas of dissatisfaction with the service provider and the service.</p> <p>KPI 7.2 Service recipients have no fear of retribution in raising complaints.</p> <p>KPI 7.3 The service provider facilitates the resolution of complaints or disputes by service recipients regarding the service provider and the service</p>
<p>Standard 8: Service management</p> <p>Each service provider adopts quality management systems and practices that optimise outcomes for service recipients.</p>	<p>KPI 8.1 The service provider has management systems in place that facilitate quality management practices and continuous improvement.</p>
<p>Standard 9 (wages) does not apply</p>	
<p>Standard 10: Service recipient training and support</p> <p>The ability to self-represent and self-advocate for each person with a disability is optimised by effective and relevant training and support.</p>	<p>KPI 10.1 The service provider provides or facilitates access to relevant training and support programs that encourage skills for self advocacy. .</p>

Disability Services Standards	Key Performance Indicators (KPIs)
<p>Standard 11: Staff, recruitment, employment and training</p> <p>Each person employed to deliver services to a person with a disability has relevant skills and competencies.</p>	<p>KPI 11.1 The service provider identifies the skills and competencies of each staff member.</p> <p>KPI 11.2 The service provider ensures that its staff have relevant skills and competencies.</p> <p>KPI 11.3 The service provider ensures the provision of appropriate and relevant training and skills development for each staff member.</p>
<p>Standard 12: Protection of human rights and freedom from abuse</p> <p>The service provider acts to prevent abuse and neglect and to uphold the legal and human rights of service recipients.</p>	<p>KPI 12.1 The service provider takes all practical and appropriate steps to prevent abuse and neglect of its service recipients.</p> <p>KPI 12.2 The service provider upholds the legal and human rights of its service recipients.</p>