

***QUEENSLAND PARENTS FOR
PEOPLE WITH A DISABILITY INC.
(QPPD)***

Response to

Enhancing the National Disability Advocacy Program

October 2006

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FOREWORD

I wish to submit, on behalf of all our members, QPPD's response to the Consultation paper, *Enhancing the National Disability Advocacy Program*.

It is regrettable that FASCIA went against all well established principles of consultation, giving advocacy agencies an incredibly short time-frame to respond. However, it is to the credit of our membership and a significant indicator of the value and importance members place upon this organisation, that there was a strong rally from families and allies all over Queensland to provide their feedback for input into this response. The opinions in this document are representative of that feedback.

For 25 years QPPD has been an organisation that is extremely well regarded throughout the general community. During this time QPPD has become known as a collective systemic advocacy organisation doing strong, relevant advocacy on behalf of people with disabilities. It is an organisation that has been loved and nurtured since inception by parents who found it to be a place where they are heard and understood and their concerns addressed through a united voice. While QPPD welcomes change and improvement, we have expressed our deep concern throughout this document that the integrity and potency of QPPD as a systems advocacy organisation should be diminished.

I would like to take this opportunity to thank all those who have contributed their time and energy to the development of this document. In particular, I would like to thank those members who put significant effort into formulating the response who, along with the QPPD administration staff, rose to the occasion and did what needed to be done.

Phil Tomkinson
President
QPPD Inc

27 October 2006

BACKGROUND

Queensland Parents for People with a Disability (QPPD) is a parent based, state-wide, systems advocacy organisation advocating for people with disabilities, by parents, against abuse and exclusion, for justice and rights. Its Mission is:

QPPD vigorously defends justice and rights for people with disabilities by exposing exclusionary practices, speaking out against injustices and promoting people with disabilities as respected, valued and participating members of society.

History

QPPD has always been focused on systems advocacy from its inception in 1980 when the National Women's Advisory Council held a national conference in Brisbane for Mothers of the Disabled. There was a report on this conference called "*My Child was Born Disabled*".

In Brisbane in The International Year for the Disabled, 1981, a group of women, some of whom had been at the previous conference, applied for money to run a conference in Queensland. They were successful and in 1981 Queensland Parents of the Disabled (QPD) held a conference in Brisbane for parents in Queensland called "Access 81". The report from this conference was called "*The Future Should be Theirs*". These were the founding documents and set the organisation on a clear track of systems advocacy. The mission written in the QPD Report/85 was:

QPD exists to identify gaps in existing services, legislation and facilities for disabled Queenslanders and their families, and acts as a catalyst to rectify those gaps".

In 1988 QPD gained Commonwealth funding as a Demonstration Project for Systems Advocacy. In 1991 QPPD secured recurrent funding to continue in this role.

At no time in QPPD's history was there any commitment to individual advocacy. The organisation was clear about the need for systems advocacy and that QPPD should not be an advisory mechanism nor should it provide individual services.

Influence on Advocacy in Queensland

QPPD is not only known as the parent advocacy organisation in Queensland but also as *the* parent of advocacy in Queensland. Over its 25 year history the organisation has had a key role in developing advocacy including the auspice of new advocacy organisations such as Queensland Advocacy Incorporated and Gold Coast Advocacy and providing skills development for parents to strengthen their individual advocacy efforts.

What type of Advocacy does QPPD do?

QPPD parent members do collective systems advocacy on behalf of people with disabilities by:

- Collecting information about what is happening in the lives of people with disabilities and their families from around the State
- Promoting the vision of quality lives for people with disabilities and their families
- Monitoring legislation, policies and practices regarding people with disabilities and their families
- Speaking out about systems that oppress, segregate and reject people with disabilities
- Lobbying people in positions of power to make positive changes to legislation and services
- Promoting disability as a human rights issue

Who does the Advocacy?

QPPD's advocacy is conducted by the voluntary efforts of its members who generously give their time and expertise in a number of roles and capacities. This means that the organisation remains close to the community and is in continual conversation with people at the grass roots. QPPD recognises that the most common form of advocacy is unpaid, parent advocacy and therefore provides a vital link between the efforts of parent advocates and the systems for whom they come in contact.

The organisation is governed by a committee made up of parents from across Queensland. QPPD's staff support the advocacy efforts through their administration and coordination roles.

Why the Parent Voice is important in Advocacy

Parents have a recognised natural authority in the lives of their sons and daughters. They are the legal guardians when their sons and daughters are children. In adulthood their natural authority continues, especially when something goes amiss or when their son or daughter has ongoing support needs as a result of having a disability.

It is typical that parents:

- Have commitment and take responsibility for the well being of their son or daughter
- Know their son or daughter the most from long term observation and insight
- Are attributed decision makers especially when the person has difficulty doing so
- Have a stake in the outcomes and live with the consequences
- Bear witness to the performance of services
- Are there for the long haul and relatively free of vested interest
- Bring talents, knowledge and experience

- Know the real life stories and are well positioned to see how life adds up

What does QPPD advocate around?

Over its 25 year history QPPD has advocated around many issues concerning the lives of people with disabilities. Each year the membership recommends priorities for system advocacy efforts so that the organisation can remain focused on the fundamental issues needing advocacy. During 2005-6 the priorities for QPPD's advocacy work were:

1. Politics and person centred responses:

- *Community Investigation* – to pursue the development of legislation and policies that ensures the safety of people with a disability
- *Safeguards Coalition* – safeguarding visions and achievements for people with a disability to have an enhanced quality of life
- *Younger People in Aged Care* – helping young people out of aged care facilities

2. Placement policy and practice:

- *Education Queensland Placement Policy* – removal of Placement Policy – replacing it with a Common Enrolment Policy
- *Transitions* – a project to explore the issues around students with disability having the same opportunities to move into productive roles in the community post high school.

3. Regional Advocacy Development:

supporting the development of advocacy in regions across Queensland.

The National Disability Advocacy Program (NDAP)

This response document would like to address the findings of the NDAP Review and the subsequent proposed changes to the NDAP.

QPPD is part of the Combined Advocacy Groups of Queensland (CAGQ) and has collaborated with them to raise issues which are of concern to all advocacy agencies. QPPD shares the view of CAGQ that in the first instance the NDAP Review is fundamentally flawed and would question the authority of FACSIA to make proposals based on such flawed evidence. Prior to any introduction of ‘reforms’ more work needs to be done to develop a detailed program framework for the NDAP. To quote from the CAGQ Report –

This Program framework would include an appropriate legislative base for the NDAP, clearly articulate NDAP’s strategic and operational policy objectives, establish a clear definition for social advocacy, define advocacy service types, their mix and programmatic relationships, estimate new service development requirements, and outline other structural elements, such as the complaint mechanism, performance criteria and measures, quality assurance process and the program’s independence from direct service provision.

Recommendation: That FACSIA withdraw the Evaluation of the NDAP Final Report, acknowledging that it is unsatisfactory and does not provide an appropriate base for the significant changes that are being proposed.

Response to the NDAP Findings and Proposed Changes

1. Objectives

While it was heartening to read in the Consultation paper that “the review found that advocacy remains a valuable and much needed program”, the issue of improving “efficiency and effectiveness” is dependent on a clear program framework (as above) on which to be able to measure goals and objectives as suggested in the proposed changes. Advocacy organisations **inform** decision makers but are **not** the decision maker. Advocacy efforts **influence** decision makers but advocacy organisations are **not** the decision makers. Government has known for at least 10 years the difficulties in measuring and defining outcomes for advocacy. The following extracts are taken from *The Report of the Disability Advocacy Effectiveness Project pp72-73*, September 1995 (MGM Consultants in Human Services):

- *...advocacy organisations work almost solely in an influence role, and generally have no direct control over outcomes. Direct power in relation to issues picked up by advocacy organisation lies in the hands of others, such as government or service providers. Thus it is not reasonable to expect advocacy organisations to take total responsibility for producing outcomes over which they have no direct control.*
- *Change will usually be the product of a number of factors, one of which might be the direct actions of an advocacy organisation. Change may also have been*

*influenced by the existence of the advocacy organisation and the consciousness-raising it has carried out **over many years**.*

- *Proponents of a social justice and rights framework placed strong emphasis on the importance of advocacy influencing, and being seen to influence, positive outcomes for people with disabilities.*
- *There tended to be little support for the use of organisational performance indicators, like numerical targets to be achieved, as these were seen to be setting expectations that advocacy organisations should be accountable for things over which they had no control.*
- ***It is essential that the outcomes that matter most to people with a disability are at the forefront of what is valued and sought for in advocacy.***

An example of long term systemic advocacy that QPPD has undertaken in the last decade is to lobby for the abolition of the placement policy in Education Qld and have it replaced with a common enrolment policy. A common enrolment policy will mean that all children, including children with a disability, can enrol and participate in the education program at their local state school. Education Qld's new enrolment policy is due to be ratified on 30 October 2006. This has taken 10 years of systemic advocacy to achieve a basic human right for children with disability in Queensland – the right to an education at your local state school. It took a long time and still QPPD's work in this area hasn't finished we need to ensure that practice will match policy.

2. Funding

An appropriate funding formula needs to be developed to address the chronic under-funding of all advocacy services across Australia. As reported by FASCIA, advocacy needs are not being met currently. However, despite this admission, it appears unlikely that funding would be increased. This funding formula should be based on the conceptual framework of **need**, rather than statistical data which is often extremely limited and non-representative of need. The viability of each service outlet needs to be resourced according to its particular needs, for example, geographic spread which could include the costs of travel, petrol and vehicle maintenance, the needs of its constituents (e.g. sign language, information provided in plain English, Braille production).

As a systemic advocacy organisation, QPPD would welcome a funding formula which would adequately resource its service delivery to its broad geographic and demographic spread and hence address the differing needs in each area.

3. Quality Assurance

QPPD is already required to provide evidence that it complies with relevant legislation, standards of good governance and so on. QPPD is also required by Government to seek feedback around satisfaction and has consistently undertaken evaluations of its practice and has used comprehensive and sophisticated tools. As well, evaluations are part of the CAGQ charter and organisations are asked to make a commitment to holding an external advocacy evaluation every 5 years.

However, streamlining or reducing the number of supporting standards from 101 to a smaller number of relevant Key Performance Indicators (KPI) would be welcomed.

QPPD's argument is that when there is no shared understanding of what advocacy is by definition, values base, principles, key elements, or by practice, then it becomes increasingly difficult to have a common understanding of how advocacy works effectively and can remain accountable. The conflicting interests of advocacy groups, funding bodies, governments, services and the wider community also add to the dilemma of how each wants advocacy to operate to fulfill their own agendas. Systems advocacy organisations often carry a long history. Any positive social change takes a period of time, and, often it is the group who work on it for a long time who carry the history. FACSIA's role in advocacy is to provide the funding not to do the systemic advocacy - this requires different skills and people in an organisation who can carry the history forward and continue the important work toward achieving better lives for people with a disability.

As with any funded program the need for accountability is essential. However the question remains as to how this can be done effectively. With the Commonwealth Government's current emphasis on outputs and outcomes the analysis is difficult, particularly for any systems advocacy group. Outputs are not an issue as these can be verified; however outcomes, in their traditional sense, are highly problematic. Although individual advocates and advocacy groups would love to be able to take the credit for some of the major changes which affect the lives of people with disabilities, at best they may only be an important source of influence, at worst they may get no result at all.

It would seem that much of the difficulty in evaluation and accountability stems from the current attempts by government to superimpose case based service management outcomes and unit based costing structures on advocacy practices that operate in a very different paradigm to service provision. Of greater importance to the accountability of advocacy are the processes, which are used by either the advocate or the advocacy group. These processes can be based on the principles of advocacy and other mechanisms, which evaluate the key functions. Such processes could be globally defined for all advocacies. Specific tools for evaluation for individual and systems advocacy organisations would need to be developed as the nature of the work is different for each group.

Any further development of standards and accountability strategies for advocacy programs needs to be done in consultation with people directly involved in advocacy and not be superimposed by government in a conflicting paradigm which will continue to weaken advocacy efforts by being outcome focused. The worst case scenario would be that some advocacy organisations, in order to get funding, could be seduced into working only with people with superficial issues which can be easily resolved. The result would be that people with high support needs and others leading abusive, isolated or segregated lives, who remain extremely vulnerable, would never have any paid advocacy done on their behalf.

The proposed changes suggest that a 'priority table' be introduced as a condition of funding to ensure advocacy services are directed at those most in need of assistance. It would appear this change is based on the Disability Standard which addresses

Individual Need. It is relevant and appropriate for those advocacy agencies who provide individual, self or citizen advocacy to prioritise the needs of individual applicants in order to ensure its efforts are directed to those most in need. It would be desirable that funding was increased so that all those who needed an advocate would have access to one.

The very nature of a systemic advocacy agency would suggest that it is inappropriate to prioritise in this manner. Rather, it is appropriate to ensure that the issues that QPPD takes up as priorities are aimed at changing social practices that are structural or widespread and have been clearly identified by its constituents as being of concern to them.

4. Recording and reporting – Benchmarking

The proposed changes suggest that advocacy services meet benchmarks for service delivery to specific population groups, including identified impairment groups, Aboriginal and Torres Strait Islanders and persons from non-English speaking backgrounds. QPPD is not opposed to this change per se, but because QPPD is a Queensland-wide organisation, it would want to ensure that the benchmarking was consistent with the geographic and demographic profiles throughout Queensland. In this way, the benchmark would require QPPD to reflect the local profile. To engage in this kind of advocacy would, of course, require adequate resourcing.

Systems advocacy goes beyond specific disability groupings. All people with disability should be able to have their needs met regardless of disability type – mild to moderate disability ranging to people with high, complex support needs. Furthermore, does this proposed change consider the impact of dual diagnosis, e.g. those people with intellectual and psychiatric impairment? *“Multiple benchmarks based on diagnostic category and population group have the potential to become very complicated and onerous systems to administer”* (CAGQ submission p. 30).

5. Scope, Priority and Specialisation

The proposed changes suggest that the main focus for disability advocacy services should be on individual and family/parent advocacy, with smaller effort directed to systemic and citizen advocacy. This seems to imply that funding is skewed towards systemic advocacy and needs to be adjusted. It is difficult to see the reasoning behind this given the evidence of the table of statistics provided in the consultation paper. It shows that allocations to Individual and Self advocacy amount to 64% of the total. Citizen advocacy which is also a form of individual advocacy, amounts to 15% which could be added to make 79%. Parent and Family advocacy can be either Individual or Systems advocacy which potentially could add more thus bringing the total to approximately 80%. This compares to Systemic Advocacy which is put at a low 20% on the table.

QPPD questions the use of this statistical information as a basis for developing policy as FASCIA has admitted that their statistics are flawed.

The proposal that FASCIA should scale down systems advocacy services (apparently based on flawed statistical information) is of profound concern to QPPD. “Violations of the human rights of persons with disability are often structural in nature and

therefore require a structural response. While individual advocacy to address specific human rights violations against particular persons is of undisputed importance, it is a less efficient and effective means of changing social practices that are structural or widespread in nature. It is inefficient to address widespread problems on a case-by-case basis...” (From CAGQ submission, p.18).

QPPD believes that the support of diversity is a safeguard for our communities. Just as it is important to embrace the acceptance and inclusion of the variety of people who live in communities across the State, it is important to acknowledge the need for the variety of the forms of social advocacy that are required to uphold the rights, justice and quality of life for all.

QPPD believes that in order to keep people with a disability safe and for them to have a decent life comparable with other citizens there needs to be strong support of advocacy for individuals, done by family and loved ones, by paid advocates and by citizen advocates.

Yet individual advocacy is not enough. Many issues faced by people with disabilities and their families are common and inherent in the wider beliefs and structures of our society and in the actions of our governments. If ten people with a disability living in different parts of a State experience the same individual issue, this indicates that the problem is systemic. With the actions of systemic advocacy the issues for the ten people will be resolved and undoubtedly for many others who were unable to communicate their concerns. Many others may have experienced the same problem in the future if the systemic advocacy action had not been undertaken to bring changes to the system.

Systems advocacy addresses these concerns in two ways: by supporting people to come together to advocate on issues of commonality, as well as by having paid advocates who continue to address the injustice and complacency of broader societal systems, so the needs of people with disabilities are met.

As well, QPPD perceives systems advocacy as facilitating the democratic right of persons with a disability to participate in public policy and planning and decision making around areas which affect their lives. The upcoming United Nations Convention on the Rights of Persons with disability and their organisations places great emphasis on the right to participate. Without this systemic advocacy assistance many marginalised voices would not be heard and participation in civic life to lobby for a fair distribution of resources and equal opportunity would be diminished.

6. Geographic Coverage

QPPD is supportive of the NDAP intentions, i.e. to ensure that people with a disability and their families have equitable access to advocacy assistance regardless of where they live. Traditionally, QPPD families have always been the advocates for sons and daughters and this is something that will never change. Support for this role is always welcome.

The history of systems advocacy in Queensland shows how it developed in response to individual issues of families in the community. Systems advocacy often goes against current trends and thinking; it is costly and in for the long haul. How can this

be a function of government or peak bodies? These bodies may have a lobbying function at a policy level but they are not independent nor could they speak to state issues. They are not rooted in local, community issues. Systems advocacy organisations need to stand alone. Any case management or individual advocacy system designed to capture issues for systemic advocacy cannot work because it will not necessarily locate the source of the problem – at what level of the service system is it and therefore what strategies will be needed to remedy the situation.

If systems advocacy can solve a problem at a systems level then the benefits go far beyond any one individual's need no matter how urgent or serious.

QPPD feels that instead of one model for delivering advocacy – the Hub and Spoke – consideration needs to be given to a range of options in order to meet individual and collective need. A model of 'one size fits all' is what both the government and non-government sector has been opposing for a long time. As well, this model could be fraught with conflicts of interest and cause great difficulty in maintaining an advocacy focus for the work and priorities of any organisation. In organisations where a mixture of advocacy happens there are constant tensions between individual and systems advocacy, paid and unpaid voluntary advocacy and personal and collective needs. In an attempt to be all things to all people the coherency of a particular type of advocacy is easily lost.

Some of the negative impacts of the Hub and Spoke model that QPPD has identified are:

- Advocates becoming case managers, with their case load determined by a centralised regional referral office
- Under-usage by those who may perceive the staff at the centralised regional referral agency as 'strangers' therefore creating a situation where those who need advocacy most will not come forward
- Serious implications for those who can't use or get to a phone
- The co-location of 'spokes' with direct service delivery organisations would create a huge dilemma for advocates as they would be put in a position where they may not be perceived - or may not actually be – independent and separate from the service from which they are operating
- People with disability or families may be reluctant to visit the 'spokes'/advocates office for fear of recognition by the staff of the direct service organisation, which, at worst, may create a sense of fear of retribution and, at best, is an invasion of privacy and confidentiality
- Lack of professional supervision for 'spokes' who may be isolated in a direct service organisation and unable to de-brief with those staff or for 'spokes' who are working alone or travelling long distances. A build up of stress and anxiety in these scenarios could lead to high turnover
- Families in rural and remote locations have expressed concerns that advocates may have attitudes around disability which could be outdated from current practice and what families want – even though they may have advocacy skills

It is crucial to QPPD that its advocacy at a systemic level for people with a disability, by parents, throughout Queensland is preserved and not fragmented by a hub and spoke model.

QPPD knows that systems advocacy coupled with advocacy development enables people with disabilities and families to become aware of their rights and be able to understand law and policy. QPPD knows the important role of systems advocacy plays in building community capacity.

QPPD would like to see a range of options available to suit individual as well as collective need.

7. Coordination

Overview

This issue was raised at the last review in 1997 and the following was QPPD's response:

Assumptions have been made about the lack of coordination between advocacy programs at the funding level and that this has led to duplication and inadequate coverage. Collaboration has occurred in developing a Strategic Framework for Advocacy between FACSIA State office, Disability Services Queensland (DSQ) and Queensland Advocacy Groups. DSQ now funds and part funds a number of advocacy services in the State but in spite of the new shared arrangement, the expectations of the two funders are different with little shared understanding of joint responsibility and clarity of purpose.

The question needs to be raised as to whether or not there is duplication of advocacy programs in Queensland. There are only nine funded advocacy organisations, four of which are very new. All have different areas of coverage and/or different modus operandi. The seven individual advocacy organisations are located in different communities around the state. The two systems advocacy organisations are quite different in their focus and the way they operate. Queensland Advocacy Inc (QAI) operates with a number of paid advocates and employs some legal expertise, while QPPD is a voluntary collective and has a family focus operating via parent networks throughout the state. There is some collaboration but no duplication.

A general consensus in the advocacy movement appears to be around the need for a wide range of different advocacy types in each state. Certainly the beginnings of this are now becoming evident in Queensland following a strong advocacy development focus over a number of years. We now have the beginnings of citizen advocacy, as well as the paid individual and systems advocacy, including statewide parent advocacy, now firmly established in this state. **This diversity of advocacy is a safeguard in itself.**

The above overview of the current advocacy situation in Queensland challenges the NDAP findings that there appears to be an "absence of effective planning at the state and national level...resulting in confusion about who does what, duplication and overlap of work". The proposed changes in FASCIA Consultation Paper point to a fairly narrow response/solution to this perceived problem – establishing a "centralized referral service with a single free-call telephone number".

QPPD takes issue with this solution for the following reasons:

- There appears to be absolutely no knowledge or understanding by those making this proposed change of the challenge this might present to people (those with disabilities and their families) who are among the most vulnerable groups in society
- The arrogant assumption that people with disabilities and their families can easily and confidently - or even want to – access a remote, unknown call centre is quite breathtaking
- Many people with disability are at risk of abuse, neglect and discrimination and would not have the capacity to initiate contact with such a call centre
- A call centre immediately excludes people who have sensory impairment or have limited intellectual capacity
- The inherent problem of staff at a call centre who have no local knowledge and refer people inappropriately or refer people to services which do not have the resources (under-funded) to assist a new client thus leading to further frustration of the person with a disability or their family in their search for advocacy.
- A call centre takes precious resources away from the sector where the ‘human touch’ of a more caring organisation is what is so valued by people with disabilities and their families.

8. Awareness of services

The Consultation Paper posits that many people with disabilities “are unaware of the disability advocacy program or other available advocacy support” and lack “knowledge about rights and responsibilities”. The solution to this, according to the Paper, is to “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”.

As stated earlier in the document QPPD would welcome a smaller number of KPI replacing the 101 supporting standards. QPPD is always looking at ways in which its advocacy efforts can be improved and would have no opposition to undertaking an external audit.

QPPD also agrees that advocacy staff should be skilled in their roles but is opposed to any prescriptive set of minimum qualifications. Rather, it would be desirable if this was a collaborative, sector-wide negotiated process which agreed to define what competencies are needed.

Requiring minimum qualifications may lead to exclusion of people with disabilities and others, such as family members, who would, with the appropriate mentoring and skill development, be enabled to undertake these roles. Additionally, engaging people who have life experience gives a sense of authority and legitimacy to the role as well as the all-important ‘content’ knowledge. Engaging people with these backgrounds has been something that QPPD has always nurtured and promoted. FASCIA also need to value this culture and make every effort to maintain it.

9. Uniform Name

QPPD believes that it would not be desirable to ask every organisation to adopt the same name, thus losing their particular identity within the community which for organisations such as QPPD has become well known over the last 25 years. It is also noted that other services, such as employment services, have not been asked to adopt a uniform name. As well, some advocacy organisations have been deliberate in choosing names which are easy to recognize (e.g. Speaking Up for You and Queensland Parents for People with a Disability) by the people they wish to support.

As one parent has said to QPPD “I wouldn’t like to be known as ‘daa’ (DAA)”. This acronym leaves the door open for ridicule or further stigmatisation of people with disabilities.

10. Competitive Tendering

QPPD, like CAGQ, is very strongly opposed to this process. The proposal is based on developing an equitable geographic and demographic spread of existing funding and that this will be achieved through competitive tendering which will be open to existing and ‘new’ organisations. With the whole overall thrust of the Consultation Paper being to ‘dis-invest’ or ‘downsize’ systems advocacy in favour of individual advocacy, QPPD would be in a particularly vulnerable and sensitive position if competitive tendering were to be put in place.

There are many reasons why competitive tendering is a wrong, destabilising and demoralising process (see CAGQ submission for further information). As stated in Section 49 of the CAGQ Report:

Competitive tendering will have a pacifying effect on the program, which may be in the narrow political interests of the government of the day, but will be to the profound long-term detriment of persons with disability and their families.

QPPD strongly supports CAGQ recommendation *that FASCIA abandons its proposal to conduct a competitive tender for the existing NDAP funding. Reconfiguration of the program ought to be achieved through new service development and collaborative service development between FASCIA and existing agencies.*

Conclusion

QPPD has serious reservations about the Review Findings and about the Proposed Changes to address those Findings. The reservations about the Review Findings are based on the significant deficiencies in the consultation process, the unreliable data used in making recommendations and the complete disregard of what aspects of NDAP that are currently working well.

It is also of great concern to QPPD that some of the decisions which may be made around these far-reaching changes may be made by people who have a personal bias against people with disabilities (as expressed by Minister Cobb publicly) and who would like to change the system based on these prejudices.