**9 June 2016**

**Vision Australia Submission**

**to the Department of Social Services**

**Review of the National Disability Advocacy Program**

**Submission to: Department of Social Services**

 **Engage consultation**

 **National Disability Advocacy Program**

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## Executive Summary

Vision Australia believes that the best outcomes in advocacy can be achieved by providing a continuum of suitable and relevant advocacy services. Vision Australia’s experience suggests that it is necessary to fund a range of advocacy providers. This should include specific disability types (at the national level) who can support and backstop generalised and local advocacy providers. Improving access must include multiple disadvantage, geographical considerations, and older people with disability.

It is crucial that mechanisms for information sharing among organisations and government departments have concrete, evidence based targets. To reduce conflict of interests, robust processes should be a requirement for any recipient of NDAP funding, coupled with a strong independent complaints mechanism. As long as adequate supports are provided under the NDIS, and the NDAP is funded to provide suitable advocacy (including systemic advocacy), this should offer a safety net to address and avoid gaps as they arise.

## Introduction

Vision Australia has provided advocacy support to the blindness and low vision community over many years. We have:

* A history of experience in providing effective and diverse models of advocacy
* An advocacy department with separate governance and reporting, independent of service delivery functions and structures
* A widely recognised and respected organisational identity
* A leadership sufficiently autonomous to be responsive to people’s needs and emerging advocacy issues

New and entrenched barriers exist that prevent people who are blind or have low vision from living the life they choose.  Vision Australia has taken significant steps to breaking down these barriers through:

* Provision of individual advocacy support throughout Australia
* Development of self-advocacy resources and training workshops to a wide range of people with blindness or low vision
* Direct employment of people with disability – 14.5% of our workforce has a vision impairment, and these staff work at all levels of our organisation: from the Board, at senior executive level, management and the front line
* Co-investment with the Australian Government on the development of the Marrakesh Treaty
* Systemic advocacy to improve access to financial services and banking technologies and standards by agreement from the Australian Bankers Association to review and update the Standards for Accessible Banking
* Systemic advocacy for accessible transport and access to the built environment – from crossing the road, to accessing public transport infrastructure, to increasing the amount payable to individuals through the Taxi Transport Subsidy Scheme
* Successfully lobbied for the introduction of tactile bank notes, beginning with the new five dollar note announced this year
* Maintaining pressure on the Commonwealth Government and free-to-air broadcasters to deliver audio description services on Australian television
* Advocating for the national uptake of the NSW iVote system in all Federal and State/Territory elections for a genuinely independent and secret means of voting
* Development of accessible websites and communications by government and other major private sector service providers
* Ensuring people who have low vision are considered for eligibility to the NDIS, on the basis of functional capacity as opposed to a purely medical threshold
* Breaking down public access barriers for handlers in the company of their Seeing Eye Dogs
* Creating connections between our clients and stakeholders to input to decision making on issues important to them

The review of the National Disability Advocacy Framework (NDAF) is still awaiting release. Vision Australia firmly believes that any changes to the NDAP should reflect updated outcomes and outputs in the NDAF and these should be clearly linked to the NDAP. This is particularly important with respect to data collection, collating according to disability type, and measurements of successful advocacy. This will be further discussed below.

## Models of Advocacy

### Vision Australia’s model of advocacy

Vision Australia is a service provider who has invested in advocacy supports for the blindness and low vision community, a community of people who have specific needs and who often access advocacy support in particular ways. In the provision of advocacy services, Vision Australia avoids a prescriptive demarcation between advocacy types. Nevertheless, they can be loosely grouped under standard advocacy categories of Self-Advocacy, Individual, and Systemic.

The majority of our community has a greater potential to engage in self-advocacy, relative to some other disability types. For example, our experience is that people with blindness or low vision access individual advocacy supports only in particularly complex cases, or where they have not attempted to advocate before. In most cases we are able to encourage and build their ability to self-advocate, through advice and resources, or being a point of contact for them to identify strategies that they can then pursue on their own.

As a result, our advocacy provision operates on a responsive continuum: we can support people based on their specific needs and capabilities, and empower them to make choices on the type of advocacy they feel is suitable. This is distinct to other disability cohorts who may rely more heavily on individual advocacy (for example, people with an Acquired Brain Injury), and highlights the need for specialised advocacy provision, with a diversified model.

As a specialist service provider we are able to offer a realistic and evidence driven advocacy service. For instance, many advocacy matters involving discrimination and the Disability Discrimination Act (DDA) rely on assessing ‘*reasonable adjustments*’, a difficult to define and at times nebulous concept. While maintaining the confidentiality of a person seeking advocacy support, Vision Australia’s Advocacy team are able to engage the expertise of client services (Orientation & Mobility, Occupational Therapy, Adaptive Technology, etc.) to understand what adjustments would commonly be available, and which ones could be considered ‘*reasonable*’. Importantly, we do not require a person to be a client of our services to provide them advocacy support.

From time to time, we provide specialist advice and expertise to legal advocacy providers who do not have an understanding of the specific needs of the blindness and low vision community. This highlights the need to fund specialist advocacy provision, in addition to generalist disability advocacy services.

All the above informs Vision Australia’s systemic advocacy – our ability to provide systemic advocacy is strengthened by the knowledge we gain through individual and self-advocacy contacts and requests, and through the service provision arm, which can feed ideas and information about barriers back to the advocacy team.

### Q. 1.1

Vision Australia believes that the best outcomes in advocacy can be achieved by providing a continuum of suitable and relevant advocacy services. As outlined above, it is rare in our experience for blindness or low vision advocacy to be siloed within one type of advocacy. While there is a benefit to independent legal advocacy providers, for our community it is important that a range of advocacy options are available. This is crucial as it enables greater autonomy, and the person is able to choose an approach suitable to them and their situation.

Advocacy needs to be freely accessible, and should not become a ‘*user-pays system*’. While this approach can be beneficial in a service provision environment, advocacy must be independent and available for all, not when it can be afforded. This is both in line with the principle of ensuring the most vulnerable can access advocacy support when needed, and in recognition that much advocacy is collective or systemic. As a ‘*user-pays*’ system cannot cover all forms of advocacy, the diversity of funding models needed to support such an approach would be cumbersome and lack certainty.

The Government should not place a reliance on philanthropic funding available to some organisations involved in advocacy as a means of reducing the funding for advocacy services as a whole. This should be seen as an additional benefit to the system, not as part of the baseline of advocacy service provision.

### Q. 1.2

In the blindness and low vision community, funding only one or two models of support reduces their choice and autonomy. This is exacerbated if they do not have access to alternative advocacy providers.

For instance, if a provider is only funded for individual advocacy, it reduces the ability for a person with blindness or low vision to develop their self-advocacy skills, which might have built confidence and independence and reduced their reliance on an advocacy provider in the future. Equally, if their issue is below the threshold for legal action yet they only have access to a funded legal advocacy provider, their ability to negotiate for a better outcome through individual or self-advocacy is reduced.

As noted in the introduction, organisations that conduct individual and self-advocacy are well placed to undertake systemic advocacy – the knowledge of barriers gained in this way can help to build a strong evidence base and position for systemic change. Equally, there are many barriers that go unreported, yet may be detected by advocacy organisations that engage with service provision due to their exposure to everyday issues that may not be raised in an advocacy context. If providers are only funded for one model of advocacy, there is a risk that some systemic issues will be underreported, and left unaddressed. This will be discussed in section three.

### Q. 1.3

Vision Australia’s experience suggests that it is necessary to fund a range of advocacy providers. This should include specific disability types (at the national level) who can support and backstop generalised and local advocacy providers. The removal of funding from disability specific peak bodies, and the reallocation of these funds to a smaller number of generalist disability organisations, was a mistake that should not be repeated.

We would suggest that advocacy providers be able to deliver multiple advocacy types. As noted above, this enables the choice and autonomy of people with disability in accessing advocacy that is suitable for them. This should exclude legal advocacy services, as there is a strong need for their independence.

In addition to providing better advocacy for people with disability, this approach has the potential to be more cost-efficient than funding a larger range of providers offering only a single advocacy type. It enables more targeted advocacy from specialist services, which can lead to more efficient and less resource intensive forms of support, and better outcomes for people with disability.

## Improving access to advocacy supports

### Q. 2.1, 2.2

#### Multiple disadvantage

As acknowledged in the NDAF, people with disability can experience additional disadvantage including, but not limited to, gender or gender-identity, age, education, or sexuality. Advocacy providers need to be aware of and sensitive to these potential barriers, in addition to those listed in the discussion paper. It is unrealistic to expect all advocacy providers to respond to all aspects of multiple disadvantage in this manner, however, protocols should be established to enable referrals and linkages between other support services to ensure there are no gaps in the advocacy supports people need.

Partnerships and cross-sector linkages should be encouraged with specialist services outside the disability sector (Culturally and Linguistically Diverse groups, Aboriginal and Torres Strait Islander peak bodies, etc.) to reduce the burden on advocacy providers responding to multiple disadvantage. This is useful for advocacy providers who may be unable to recruit and maintain staff with expertise in all areas, and it avoids potential duplication of expertise and services.

#### Geographical barriers and communication difficulties

Geographical barriers should consider not just physical remoteness from the location where services are offered, but the barriers facing people who do wish to travel there. Frequently people with blindness or low vision will find it much more time consuming or difficult to travel to access services, particularly if it is an unfamiliar location. This is exacerbated in areas where there is a lack of public transport, or where families are unavailable to assist with travel.

Vision Australia’s model of advocacy discussed in the introduction has evolved to address and overcome the barriers faced by people with blindness or low vision who live in regional, rural, or remote locations. Due to our national presence, we are able to link clients and others in non-urban areas to the advocacy services that are based in metropolitan cities. This is aided by our distinct and recognisable identity which assists people who develop vision loss to access advocacy services specific to their needs.

Practical solutions provided by Vision Australia which have helped to overcome geographical barriers include:

* the uptake of technology, including video conferencing
* alternative format information, including Vision Australia’s website and radio as channels of communication about advocacy supports
* a National Call Centre which can direct people to the suitable advocacy representative within Vision Australia
* Memorandums of understanding and other links with diverse blindness and low vision services to support people’s rights more effectively, particularly around systemic advocacy activities

For example, in April 2016, Vision Australia launched a self-advocacy toolkit “*Your Rights in Pre-School, Primary and Secondary Education*”. This is a practical resource helping people advocate for their children or themselves who are blind or have low vision. In addition to a physical launch with attendees, it was run as a webinar: allowing people to attend and benefit who were unable to travel or easily access public transport. The resource is offered to anyone upon request, and additional advice can be offered on the phone or via email to people who are seeking support to build their advocacy skills.

#### Older people with disability

The prevalence of blindness or low vision increases with age, and becomes a particular concern as they enter into assisted living or residential aged care, where they can withdraw from the world. As people with disability get older, access to services and advocacy becomes a greater issue. It can be difficult for them to access advocacy services through normal channels, which can be exacerbated if their physical or mental condition is affected, and if they do not have adequate supports from their aged care provider. Clear strategies should be implemented to ensure that people with disability are still able to access advocacy services as they age – this includes provision of information in simplified alternative formats (i.e. plain language). There should be strong links between specialised disability advocacy providers, and state-based aged care advocacy services, so that disability-specific advice and advocacy can support people in an aged care setting.

The low uptake levels of technology in the older community, and remaining updated on its perpetual evolution, presents as an additional barrier and limits their capacity to access some of the more innovative solutions outlined above. We anticipate this will remain a pertinent issue for several decades. Careful thought should be given to providing a suitable alternative when developing new models of advocacy provision, especially in geographically remote regions.

## Improving the advocacy evidence base and coordination on systemic issues

The NDAF states that ‘*all governments agreed to improve the administration of advocacy support, with a focus on improving service delivery and access to advocacy for people with disability*.’ Within the agreement there is a focus on improving the standard of disability services. Now is the time to look beyond funded providers and bring the entire community into the debate so that longstanding barriers can be identified and eliminated.

The Council of Australian Governments identified eleven (11) areas to guide the operation of the NDIS through its ‘*Principles to determine the responsibilities of the NDIS and other service systems*.’

The eleven areas identified include

* Health
* Mental health
* Early childhood development
* Child protection and family support
* School education
* Higher education and Vocational Education and Training (VET)
* Employment
* Housing and community infrastructure
* Transport
* Justice
* Aged care

Vision Australia believes these eleven areas may provide a useful description of major areas of life where systemic barriers remain, with the potential to add additional areas as they may arise.

Systemic advocacy can sometimes run counter to government policy or legislation. In recognition of this, and to safeguard the voice provided by systemic advocacy, there should be clear protections around the provision of funding to systemic advocacy services, and longer contract cycles for funding to avoid uncertainty in the sector. The re-appointment of a Disability Discrimination Commissioner is a positive step in giving voice to these systemic barriers, and they could play a role in the coordination of outcomes from the NDAP.

### Q. 3.1

It is crucial that mechanisms for information sharing among organisations and government departments have concrete, evidence based targets. There should be a requirement for public reporting, and mechanisms need to be developed that mean these systemic issues are not simply noted and reported on, but that there is a commitment to take action to overcome these barriers. Vision Australia recommends that an NDAP Consultative Working Group be established which brings together government and key advocacy providers in the disability sector to address systemic issues facing people with disability in Australia.

A strengthening of the NDAP should be predicated on making local/state jurisdictions more accountable to their commitments and targets, more responsive to the issues that are raised, and provide guidance and support to the myriad of consultations, working groups and specialised roles that exist within government, non-government and for profit sectors. It would also assist in enabling those departments and organisations that remain outside NDAP to develop and demonstrate their contribution to addressing and overcoming systemic barriers.

This must extend to the disaggregating of data, in the same way that the NDIA is currently undertaking. In order to know how effective advocacy is, especially in overcoming systemic barriers, there must be clear data on the impact of an issue across each disability type. This can be reinforced by public reporting of data and issue trends, and regular reviews to ensure transparency, and that data and issues are captured accurately. Crucially, it also provides the opportunity to monitor and track changes according to disability type, and to identify where progress is stalling or deteriorating for a particular cohort.

However, there is a risk that relying on reported barriers and advocacy assistance fails to account for blind spots. Areas such as civic participation (for example the right to a secret and independent vote, access to currency, and audio description on television) are systemic barriers for the blindness and low vision community that have become so entrenched that people rarely raise them as an advocacy issue. Any mechanism to capture systemic issues must allow for these difficult to measure barriers, and not rely solely on reported cases of advocacy.

An additional mechanism that should be incorporated into this process is the reporting on the UN Convention on the Rights of Persons with Disabilities (UNCRPD), occurring every four years. As a range of civil society organisations make a submission on issues in addition to the State party report, this should be considered a valuable resource for identifying and responding to systemic issues facing people with disability.

These mechanisms should enable input from organisations and individuals about the key barriers they face (in addition to barriers they face in accessing disability services). This would provide focus and meaning to data on advocacy matters that is collected (or should be responded to) by a range of funded and non-funded organisations, government departments and activities, and private sector organisations to make them accountable for meaningful and lasting change that can be reported against evidence based targets.

### Q. 3.2

The National Disability Insurance Agency is charged to work with the community to promote community awareness of the principle that people with disability have the same fundamental rights as all members of the community, and ensure, as far as practical, that people with disability have the same rights to equality as other people in the community. The operation of the NDIS, particularly the creation of Local Area Coordination under the Information, Linkages and Capacity Building stream of the NDIS, provides new impetus and need for the framework to include a range of mainstream sectors where significant ongoing systemic barriers to people with disability exercising their human rights remain.

A similar approach should be considered for the sharing of systemic issues beyond the immediate funding recipients of NDAP, particularly aspects of the Information, Linkages and Capacity Building process from NDIS. This mechanism could also be used to improve supports for instances of multiple disadvantage outlined above, by helping disability advocacy organisations to work with other service providers.

## The interface with the NDIS and addressing conflicts of interest

Historically, the main thrust of argument from consumer based advocacy bodies is that there should be a clear separation between disability service providers and disability advocacy organisations.  This is because much of the advocacy carried out by the past group of funded disability advocacy organisations has been on behalf of people with a disability wanting to address issues around poor service or refusal of service by disability service providers. Complaints about Vision Australia services are generally low level and have been resolved through consultation or internal complaints mechanisms. It’s also rare that other bodies advocate to Vision Australia on behalf of someone who wants to address an issue around service delivery.

The reality in the blindness sector is that almost all of the advocacy effort goes into addressing issues about mainstream services. For example, educational institutions that do not meet the access needs of people who are blind or to local government and transport providers around building a more accommodating and accessible community and a better service offering. There is a strong need to implement structures and processes to minimise any potential conflict of interest, detailed below, however, the need for specialist disability advocacy is crucial for overcoming barriers and discrimination throughout society.

### Q. 4.1

The benefits to being both a service provider and an advocacy provider were outlined in section one of this submission. Service provision organisations that are funded to provide advocacy supports should be required to meet agreed benchmarks and implement mechanisms to avoid conflicts of interest from arising. This should also provide for external hand-offs: where people seeking advocacy services feel uncomfortable or perceive a conflict of interest, there should be a mechanism to link them with an alternative advocacy provider.

Some examples of safeguards that Vision Australia has or could implement to minimise conflicts of interest arising are:

* A separate management structure: the advocacy department does not report to anyone in client services, or have any allied health links. It has an independent, direct report to the CEO.
* The advocacy team is differently located to client services.
* Advocacy records for clients are kept secure and are not accessible by client services.
* There is a different code of conduct for the advocacy team to client facing departments.
* We have a policy statement backed by management and organisational structures that prioritises independence and reduces potential conflict of interest between commercial revenues and advocacy activities.

Similarly robust processes should be a requirement for any recipient of NDAP funding, coupled with a strong independent complaints mechanism (see our response to question 4.3).

### Q. 4.2

As long as adequate supports are provided under the NDIS, and the NDAP is funded to provide suitable advocacy (including systemic advocacy), this should offer a safety net to address and avoid gaps as they arise.

Some aspects of this question were also considered at question 2.1, around potential gaps for people who experience multiple disadvantage.

The NDIS is still being developed through the bilateral agreements between the Commonwealth and State and Territory Governments. The Productivity Commission recommendation 10.4 states, “*The Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs should continue to provide funding for general advocacy by non-government organisations, with no involvement by the National Disability Insurance Agency in this funding role. State and territory funding of disability advocacy groups should continue*”. Vision Australia notes that the recently announced Local Area Coordination services provided under the Information, Linkages and Capacity Building stream of the NDIA has the potential to provide some support that will make positive individual and systemic change.

Vision Australia believes that there is a strong need for careful monitoring, robust and coordinated feedback, transparent measurement and reporting to be built into the way the NDIS and NDAP operate to address and improve significant ongoing issues encountered by individuals and communities of people with disability. There should be resources allocated to capture and address the inevitable gaps. Furthermore, to avoid any future gaps developing where potential overlaps exist, NDAP funding must not be withdrawn for the provision of a particular advocacy service until the NDIA ILC initiative provides evidence that they are delivering the same or higher levels of service for the exact same function, and that their service is sustainable over the longer-term.

Vision Australia believes it is important for third parties and the community generally to understand the advocacy needs and achievements of the disability sector in partnership with the mainstream.

### Q. 4.3

The results of the review of the NDAF are pending. Dependent on the outcome of that process, the NDAF should be placed at the heart of NDAP funded organisation’s responsibilities. Equally, the principles of the UNCRPD and related Sustainable Development Goals should be embedded in the practices of advocacy providers.

The clear targets discussed at question 3.1 should include benchmarks for advocacy provision. There should be a process for review and independent oversight of advocacy provision, where service users can register concerns or complaints about their support. This should mirror the complaints mechanism in the NDIS.

## Understanding and improving access to justice

### Q. 5.1

While Vision Australia does not provide legal advocacy services directly, we both refer people to them, and sometimes support their work with specialist advice. In our experience, people with blindness or low vision most frequently require representation in the employment space – either due to discrimination in the interview or hiring stages, or through unfair dismissal and exclusion from work practices.

### Q. 5.2

In the blindness and low vision community the greatest barriers to justice are access to information, and the cost of seeking legal redress. The difficulty of accessing information around legal matters can be high, with limited alternative formats available. Largely due to the far higher rates of employment and under-employment among people with blindness or low vision, the expense of accessing justice presents barriers that can be overwhelming. Affordable and accessible legal advocacy support should be a priority for the NDAP.

### Q. 5.3

Vision Australia defers to the expertise of legal advocacy providers on this matter.

## About Vision Australia

Vision Australia is the largest provider of services to people who are blind, deafblind, or have low vision in Australia.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families. The service delivery areas include:

* independent living
* early childhood
* orientation and mobility
* employment
* accessible information (including alternate formats and library services)
* recreation
* aids and equipment
* social support
* Seeing Eye Dogs
* advocacy, and working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with our 27,500 clients and their families, and also through the involvement of people who are blind or have low vision at all levels of the organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant client consultative framework, with people who are blind or have low vision representing the voice and needs of clients of the organisation to the Board and Management.

Vision Australia is a significant employer of people who are blind or have low vision, with 14.5% of total staff having a vision impairment.

Vision Australia also has a formal liaison arrangement with Blind Citizens Australia (BCA) through a Memorandum of Understanding for a number of purposes, including collaboration, so that Vision Australia’s systemic advocacy and public policy positions are, wherever practicable, consistent with the programs and policies of Australia's peak body representing people who are blind or have low vision.