



Council of Social Service of New South Wales

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Dear Vanessa

RE: NSW Disability Advocacy & Information consultation papers

Thank you for the opportunity to provide feedback to the consultation papers for the NSW Disability Advocacy & information Program.

The Submission has been organised in response to the layout of the 2 documents:

1. NSW Disability Advocacy and Information Services Program Service Specification
2. NSW Disability Information Program Performance Plan Guidelines

As requested at the NDAN meeting on Friday 4 December at PWD, NCOSS has developed three case studies, to illustrate the differences between the role of peak organisations and the different types of advocacy delivered at the regional and local levels. NCOSS strongly recommends that a new definition of advocacy is added to the service specification and glossary entitled **local systemic advocacy**. Please see the case studies following the feedback on the Service Specification and before the Information Guidelines.

NCOSS is concerned at the use of the term **Referral** contained within both documents. In many programs and areas of ADHC operations, this term has a very technical and specific meaning, involving some form of eligibility criteria and assessment of need usually by trained and professional assessors. The type of linkages created by both disability advocacy and information providers involves no formal processes but does gather enough information to direct the person to the most appropriate possibilities for support. Neither does it guarantee that either the person will use the linkage to apply for support or that the service will provide

it. NCOSS recommends that ADHC does not use the term *referral* in this program to have a different meaning than the same term in other programs.

There is confusion surrounding the status of organisations such as Intellectual Disability Rights Service (IDRS) and Multicultural Disability Advocacy Service (MDAA) as well as other organisations that have operations in more than one ADHC region. NCOSS strongly recommends that a ADHC officer in Central Office deals with these organisations, rather than leaving it to one region. Frequently, queries, decisions, tenders etc are too involved or complex to be handled at the regional level and must be passed on to Central Office. NCOSS believes that a designated ADHC Officer in Central Office, who can become familiar with statewide or multiregional organisations, will have a better understanding of the activities and tasks of these organisations and will therefore be more effective at engaging with them.

Due to the very short consultation timeframe at a difficult time of year for many organisations, NCOSS believes that NDAN has not had sufficient time to consider the contents and implications of the service specifications and performance plan guidelines. However, we are pleased to provide ADHC with this feedback. Should you require further information or clarification, please contact Christine Regan, ph 9211 2599 ext 117 or chris@ncoss.org.au. Thank you for your consideration and NCOSS looks forward to your responses on the issues raised herein.

Yours faithfully



Alison Peters
Director NCOSS
14 December 2009

NSW Disability Advocacy and Information Services Program

Service Specification

1.1 NSW Disability Advocacy & Information Services Reform Program

This program of reforms began in 2001.

1.2 Benefits of the Reforms

Benefits of the Reform Program:

Dot point 1:

The Reforms may be able to improve the efficiency of service coverage but cannot “significantly increase” it without a new investment of funding.

Dot point 2:

NCOSS agrees in improving the outcomes for people, but not by counting outputs.

Dot point 3:

This framework should be integrated and coordinated as well as flexible and responsive. This involves coordinating with related information providers such as ADHC’s Intake & Referral system, Carelink etc.

Dot point 4:

The service mapping exercise has been previously completed in or around 2005. Should a new process be completed, this should be made public so that the advocacy and information sector can also be involved in addressing service coverage.

Dot point 5:

NCOSS agrees and this is a good case for a new investment.

Dot point 6:

The development of the long term vision for disability information services must include full consultation with funded and related disability information NGOs and include a clear timetable and a commitment to make relevant material and information publicly available.

Dot point 7:

NCOSS agrees

Dot point 8:

NCOSS agrees, but reporting should be six-monthly rather than quarterly – see comments under Appendix 1 Standard Extra Conditions on page 5 of this submission

2.2 Aims

Do not use the acronym CALD. Insert complete words instead.

2.3 Who can access

As discussed at the NDAN meeting this section should be amended to anyone concerned with disability issues pertaining to NSW. The Disability Advocacy & Information Program is a wonderful opportunity for ADHC to provide leadership on disability issues in NSW by not restricting access to advocacy and information. This then aligns with the service description

schedule that requires advocacy and information services to provide information and education to the wider community.

Dot points 1 & 2:

NCOSS recommends these entire points be deleted.

2.5 Principles of Service Delivery

Both Advocacy and Information sections

NCOSS recommends that the points referring to Aboriginal and culturally diverse people do not appear last in this list. This could avoid the criticism that these are just an add-on.

NCOSS fully supports that Advocacy and Information providers must not be involved in direct service provision – point 12 under Advocacy. ADHC had previously assured NCOSS and the Disability Advocacy & Information Network – now NDAN – that existing direct disability service providers who also received funding under this program would be transitioned over time away from advocacy and information, without loss of funding to either the provider or the provision of individual advocacy. New funding would be allocated to ensure continuing individual advocacy in the localities of those transitioning providers. It appears that the new money to individual advocacy provided in recent years has overlooked this firm and critical Departmental commitment. NCOSS is eager to understand how this double message can be resolved.

4. Accountability & Performance Reporting

ADHC should be required to provide the requisite material in suitable electronic formats. As this is an expectation by ADHC of funded organisations, so should it be the practice of the funding organisation ADHC. NCOSS recommends deleting the words ~~will endeavour to~~.

NCOSS strongly recommends that the frequency of performance reporting is not more often than 6 months. This aligns with peaks reporting systems, as well as those in the Community Participation and Transition to Work Programs and is still more frequent than other service types such as the annual reporting of respite. NCOSS believes that quarterly reporting is an unnecessary bureaucratic and red tape impost on funded services.

5. Program Development

NCOSS totally agrees that “It is important that program development is informed by evidence and that both ADHC and service providers are working collaboratively to improve service outcomes”. NCOSS therefore strongly supports that this evidence and aforementioned analysis should be made publicly available in a timely manner to ensure that providers can also carry out internal and sectoral program development and improvements.

6. 1 NDAP

NCOSS recommends that all reforms are deliberately aligned with other relevant Commonwealth and state initiatives in order to reduce the duplicative red tape burdens on providers. This would involve reporting contents, formats and timeframes.

Glossary

Needs a definition for individual advocacy

Also needs a definition for local systemic advocacy because peak organisations do not have the resources to undertake systemic advocacy and information at the local or regional levels. Please refer to the Case Studies at end of this submission.

APPENDIX 1 SERVICE TYPE DESCRIPTION – NSW ADVOCACY SERVICES

Service Activities:

Dot point 1:

While the establishment and ongoing support of a network of self-advocacy / self-help groups may be desirable in some areas, surely their establishment by advocacy providers depends on the amount of funding resources and the previously stated ADHC contracts. NCOSS considers this to be a resource intensive activity that requires significant definition on who, how, where, why and objectives for each network. NCOSS strongly recommends this as an optional activity at best. However, where advocacy providers already undertake this function, it should be continued as part of their specific agreement. Where such self-help groups naturally occur, advocacy organisations should be encouraged to provide support where possible.

Dot point 7:

NCOSS recommends that the acronym CALD is replaced by whole words

Outcomes

Dot point 6:

NCOSS recommends that the acronym CALD is replaced by whole words, and that the point on improved access does not appear last on the list.

Measures

NCOSS observes that the measures identified in this service type description are largely inputs and outputs and do not greatly contribute to demonstrating the achievement of, or progress towards, outcomes as described in the above section.

Standard Extra Conditions

Is there a reason that no Triennial Performance Plan is required of Advocacy Services, as is expected of Information Services?

NCOSS strongly recommends that the required data and performance report is submitted not more often than six-monthly in line with other relevant programs such as peaks performance reporting, Community Participation, Transition to Work and Respite.

APPENDIX 2 SERVICE TYPE DESCRIPTION – NSW INFORMATION SERVICES

Description

It is critically important to recognise that the provision of information is not just about referral. The provision of information should assist in informing decisions faced by people with disability and carers and families and must not be limited to that which results in referral to another service provider. NCOSS recommends that the last sentence of the description is amended accordingly.

Outcomes

Dot point 1:

Again, a disability information service is NOT a referral agency. NCOSS strongly recommends that the words ~~referred to~~ be replaced with *informed about*.

Dot point 4:

Disability information providers cannot guarantee that health care workers and associated professionals will provide improved access and service provision. This is an unreasonable ADHC expectation for information providers, one which sits outside their realm of influence.

NCOSS recommends deleting this entire point and replacing it with something like:

Health care workers and associated professionals have improved access to information on people with disability and carers, as well as the services and supports appropriate to them.

Measures

NCOSS observes that the measures identified in this service type description are largely inputs and outputs and do not greatly contribute to demonstrating the achievement of, or progress towards, outcomes as described in the above section.

Dot point 4:

Disability information services do not make referrals. Information services provide information to the inquirer about services and supports which might be appropriate and they can play an intermediary role but they do not make formal referrals. No eligibility tool is used, no service filter is employed and no form of assessment is made that enables the inquirer to access, eligibility or use of a service. Only enough information is taken to indicate the correct possibilities. This is a critical distinction.

NCOSS suggests that on an annual basis other measures could provide useful descriptions of the outcomes and activities of information providers, including:

- Breadth and type of information requested
- Number and types of formats requested
- Number and types of promotion strategies commenced and/or completed
- NCOSS agrees with the other additional measures proposed by IDEAS

Standard Extra Conditions

NCOSS strongly recommends that the required data and performance report is submitted not more often than six-monthly in line with other relevant programs such as peaks performance reporting, Community Participation, Transition to Work and Respite.

APPENDIX 3 SERVICE TYPE DESCRIPTION – NSW DISABILITY ADVOCACY SERVICES PROGRAM

Performance and Data Report

NCOSS is concerned at the proliferation of red tape in this Program. At present, Disability Advocacy & Information Services will be required to complete

1. The performance and data report (P&D report).
2. Triennial or Annual Performance Plan
3. Quarterly Minimum Data Set (MDS) (NCOSS understands that this information is not comprehensive)
4. Quarterly MDS for any other funding sources
5. Annual acquittals
6. Annual Reports as per their incorporation
7. ADHC annual report as per funding agreement – or does this P&D report replace the annual report?
8. IMF or QMF

Effectively, the P&D report increases the red tape now expected of advocacy services, compared to some other services. NCOSS is concerned that every dollar spent on unnecessary duplicative reporting is a dollar not spent on advocacy services.

Section A – Performance Profile:

Question 1: Staffing

“What % of funding is spent on administration & direct advocacy support?”

NCOSS believes that this information is available in the annual acquittals and so should not be required again, especially as many services use the common chart of accounts. Further, experience in developing the unit costing process shows that different people interpret the elements of administration differently and so comparison of these line items will be not useful without clear definitions. Again, this information is readily available in the mandatory annual acquittals.

Question 2: Service Activities

Third box asks for number of referrals. Refer earlier comments on referrals.

Question 3: Client Numbers and Disability Type

What types of disability are covered under “neurological”, “learning” etc? In order that the results of these questions can be collated and analysed, there needs to be clear definitions of what is covered by each disability category. Further, only the primary disability should be identified, rather than ticking several boxes for each client.

If this information is in the MDS, why is it being captured again?

Question 4: Accommodation

Again, each accommodation type is probably available in the MDS data collection. It should not be collected again.

Further, Supported accommodation is too broad a term and should be defined: eg does it cover the eleven accommodation types under the ADHC Innovative Disability Accommodation Models? Does it refer only to funded supported accommodation?

Licensed Residential Centres and Boarding Houses are the same form of accommodation. Does ADHC want to know whether the boarding house is licensed or not?

Caravan Parks where people reside are also referred to as residential parks, or does ADHC want to know if the accommodation is temporary?

All categories must be properly defined in order to be able to collate and compare this information.

Question 6: Key Issues

In order for any collected information to be collated, compared and analysed, data should be consistently understood by organisations. Consequently, definitions of what is meant by each of the categories should be included here.

Further, what is meant by an issue being “addressed”?

What is meant by an issue being “resolved”?

NCOSS understands that, while advocacy can certainly work towards resolution, many instances of advocacy can take the client only so far and some issues may in fact have no resolution. This question must be sensitively and reasonably handled and defined.

SECTION C: ADVOCACY PROFILE

Question 8: New projects

Does this refer to projects not already scheduled in the project plan?

Question 9: Barriers

All advocacy is about overcoming real or perceived barriers. Does this question refer to specific types of barriers? ADHC should not expect that organisations report on each and every advocacy activity. If this refers to barriers in carrying out the advocacy work, rather than the person's actual barriers, then the question should be clarified. Some examples would serve to reduce confusion here.

CASE STUDY EXAMPLES

At the NDAN meeting, participants were asked to provide case studies of the differences between the various types of advocacy. The following three case studies contain issues needing to be resolved, but with different outcomes depending on the level of advocacy implemented.

EXAMPLE 1:	The local swimming pool is not accessible
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Individual Advocacy:

A person with mobility disability complains that she cannot access the local swimming pool. She cannot approach the pool management directly so she calls the local disability advocacy service. This advocacy service approaches the pool management on her behalf who then arranges for special assisted admission to the pool at pre-arranged times.

Group Advocacy:

The local Community Participation program cannot access the local swimming pool so they ask the local advocacy service to help. The advocacy service approaches the pool management who subsequently arranges specialised assisted access to the pool at pre-arranged times.

Local Systemic Advocacy:

Instead of resolving the problem for specific instances, the local advocacy service approaches the pool management to ask how people with disability might use the pool as desired without specific pre-scheduled arrangements in place, eg because it is hot on Saturday. Pool management will only offer pre-arranged access for people with disability so the local advocacy service approaches local council and the Mayor. Pool modifications are scheduled and subsequently completed.

Systemic Advocacy by a Peak Organisation:

A peak organisation might approach the NSW Department of Planning and negotiate that all new local swimming pools have planning approval regulations that make disability access mandatory. Then, another regulation is negotiated that requires that all local Councils upgrade disability access standards to minimum levels at the next pool maintenance renovation.

EXAMPLE 2: People with intellectual/cognitive disability have extremely poor access to the local Mental Health Team and Psychiatric Unit.

Individual Advocacy:

A person with intellectual disability is desperate for a psych admission and is referred to a local advocacy service. The advocacy service approaches the local Mental Health Team Leader and the Psych Unit's Nursing Unit Manager who remain reluctant to accept the person with disability, saying they are not able to cope with that person. The person and their family are increasingly agitated and desperate. The Nursing Unit Manager makes special arrangements for the person to be treated out-of-area.

Group Advocacy:

The local licensed Boarding House requires mental health support and expertise for its residents regularly and at critical times. The local advocacy service finds the mental health team still reluctant to accept a person with disability. After further discussions, the mental health team leader organises a Memorandum of Understanding with a neighbouring Mental Health Team to cater to that local Boarding House.

Local Systemic Advocacy:

The local advocacy service approaches the Team leader about general mental health supports to anyone with disability. With little outcome, the advocacy service then approaches the Area Health Service CEO and Board. The CEO and Board assist the local Mental Health Team to undertake disability competence training and additionally, they employ a psychiatric professional specialising in treating people with intellectual and cognitive disability and brain injury.

Systemic Advocacy by a Peak Organisation:

A peak organisation will approach the NSW Department of Health to negotiate that all Area Health Services implement appropriate disability access strategies including:

1. Mandatory disability competence training for all Mental Health Team members and Psych. Unit nurses.
2. Access to specialist mental health professionals for expert advice regarding people with disability
3. In high concentration areas, some Team members and Unit nurses will have higher qualifications and experience in supporting people with intellectual and cognitive disability and brain injury.

EXAMPLE 3:**Local taxis are not serving people with disability****The issue:**

Local taxis seem to be collectively de-prioritising people with disability, sometimes accepting the booking and never turning up or simply always being too busy for Taxi Transport Subsidy Scheme (TTSS) customers.

Individual Advocacy:

Fearful of being identified in case of retribution, a person with mobility disability complains to the local advocacy service that taxis consistently do not turn up. The advocacy service talks to the taxi company which then organises a specific driver for pre-arranged trips.

Group Advocacy:

The local Centre Based Respite Cottage contacts the local the disability advocacy service. The Advocacy service approaches the local taxi company which organises scheduled trips with three sympathetic drivers at pre-arranged times.

Local Systemic Advocacy:

The local advocacy service talks to the taxi company about the general needs of people with disability and the impact of the lack of transport on their health and well-being. The advocacy service offers to arrange disability awareness training for the management and drivers. The company agrees to monitor the number of TTSS and others with disability. Later the company even changes their driver recruitment strategies to include disability awareness and creates a written company policy of disability access.

Systemic Advocacy by Peak Organisation:

A peak organisation approaches the NSW Taxi Council to create industry standards for disability awareness and service responses. The Taxi Council then advocates preferential approvals of transport contracts to local taxi companies with good records of disability access.

NSW Information Services

Performance Plan Guidelines

1. Introduction

Please note that the NSW Disability Advocacy and Information Program was created in 2001 and the current reform process began in that year.

3. Key Deliverables

NCOSS recommends that the word ~~business~~ is replaced with *Performance* for consistency of language throughout this and the Service Specifications document.

The Service Specification document indicates that information services will be required to develop Triennial Performance Plans yet the Performance Guidelines indicate that the plans will be only annual. NCOSS recommends that these become triennial plans with annual updates for major changes only.

4. Milestones

Milestones are very important in the NSW Disability Information industry, especially in light of such a long period of reform. Accordingly, NCOSS recommends that the word ~~merely~~ is deleted from this section.

5. Performance Measures

NCOSS supports a results-based accountability framework, as explained in the document.

It is unclear however, how ADHC requires this framework to be applied to the measurement of either the Activity Areas or the Key deliverables.

NCOSS recommends the following:

1. A three year Performance Plan is developed by the information service, using a template provided by ADHC which includes the Activity Areas as headings.
2. The Triennial Performance Plan is then provided for approval to ADHC, who reviews it within a specified timeframe
3. There is negotiation and agreement on any required changes within a designated timeframe
4. Annual reports and updates are provided by the information service at agreed deadlines to ADHC but the overall Triennial Plan is not developed again until the conclusion of the three year period.

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