



AASW

Australian Association
of Social Workers

*Submission on the National
Disability Advocacy Framework*

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National Office – Canberra
28-34 Thynne Street, BRUCE ACT 2617
PO Box 4956, KINGSTON ACT 2604

Enquiries regarding this submission can be directed to:

Senior Manager, Policy & Advocacy: Stephen Brand

Email: stephen.brand@asw.asn.au

Phone: 02 6199 5000

AASW Chief Executive Officer:

Glenys Wilkinson

Email: ceo@asw.asn.au

Introduction

The Australian Association of Social Workers is pleased to lodge a submission on the National Disability Advocacy Framework. The submission below takes the form of responding to the questions as presented.

The Australian Association of Social Workers (AASW) is the professional body representing more than 9,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work and have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians. The social work profession is committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society. Social workers have worked extensively in the disability field for many decades.

1. Do you believe the current Framework encompasses your vision of advocacy in the NDIS environment? If not, what changes are required?

The AASW considers that the current National Disability Advocacy Framework is commendable for its aspirational and human rights commitment to promote and protect access to advocacy for people with disability. Individual and systemic advocacy are core functions of social work and the Framework aligns well with the Association's values and vision. Several key additions are required, however, to appropriately address the National Disability Insurance Scheme (NDIS) context. Advocacy needs to be seen as a crucial element in Tier 3 provisions of the Scheme, as well as through the provisions of the Information, Linkages and Capacity Building Framework (ILC).

In its current form, the Framework is an aspirational document and does not give guidance on how it is to be implemented. The new environment needs an implementation model and system that includes, for instance, training requirements; roles and responsibilities for staff of the NDIA; and the interface with the ILC Framework. In the latter instance, this is particularly important for those people who require assertive outreach due to multiple and complex social and economic disadvantage.

The structure of the current Framework is generally sound, but in addition to the section 'Reform and Policy Directions' a section on evaluation is needed. There should be an evaluation framework including external monitoring, which measures not only the performance of the funded advocacy sector but also performance and effectiveness in relation to participant experience of all relevant advocacy interfaces; government, non-government and voluntary.

Administratively, Point 4 of the Introduction needs to include the NDIS Legislation and Rules and the NDIS Quality and Safeguarding Framework.

The Framework Objective also needs some revision to reflect the NDIS environment. We suggest that the current Objective should be further developed to add: 'Effective disability advocacy is an intrinsic feature of the NDIS that is visible, accessible and free from conflict of interest at all stages of the participant's engagement with the Scheme, including pre-engagement.'

2. Are the principles of the Framework appropriate for guiding the delivery of advocacy for people with disability in a changing disability environment, including in the context of the NDIS? If not, what changes are required?

We support the current Principles, however they need to be strengthened to explicitly commit NDIA staff and funded organisations (Planners, Local Area Coordinators) implementing the Scheme to proactively identify circumstances in which participants or their families are unable to represent their needs well, including those with intellectual disability, mental illness or cognitive impairment. In our experience, people who are the most vulnerable and socially disadvantaged may not know that advocacy is available to them. It is important to name multiple and complex social and economic disadvantage such as homelessness, family violence, family breakdown, drug and alcohol addictions and/or mental illness in the Principles, to inform the implementation system and evaluation framework.

The requirement for specialist training and skill to provide advocacy support in these circumstances also should be explicitly acknowledged in the Principles. For instance, an additional Principle could read: 'disability advocacy will be provided at the level of skill and training commensurate with the complexity of the circumstances and capacity of the person with disability and their family.' Social workers have historically played a key advocacy role in disability services that will no longer be available. A case study document is attached to provide insight into this level of skilled advocacy in practice.

A further Principle is required that acknowledges that an holistic approach is necessary, and that in many circumstances best outcomes for the person with disability will be achieved by providing advocacy support to carers. This is notably the case where children are concerned.

3. Are the outcomes of the Framework still relevant or should different ones be included? If so, what should be included?

The AASW supports the current Outcomes but notes that they are aspirational statements that will not be achieved without the mechanisms to ensure an appropriate level of skilled and funded support, as described above. An additional outcome statement is also required in this section, which identifies strengthening the capacity of carers to support the person with disability to achieve life goals.

4. Are the outputs of the Framework still relevant or should different outputs be included?

The AASW endorses the current statement of Outputs, and suggests that section (a) should be extended to read: 'Individual advocacy that is tailored to meet the individual needs of people with disability including a focus on the needs of people with disability experiencing multiple disadvantage; and those with intellectual disability, mental illness, or cognitive impairment.'

5. Does the Framework identify what is needed in the current and future disability environment? If not, what changes are required?

As described above, skilled advocacy and funding to engage address with complexity are crucial, both in Tier 3 provisions and the community engagement provisions in the ILC Framework.

Submitted for and on behalf of the Australian Association of Social Workers Ltd



Glenys Wilkinson
Chief Executive Officer



AASW
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**Australian Association
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T 02 6199 5000
F 02 6199 5099
E ceo@asw.asn.au

National Office
28-34 Thynne Street, Bruce ACT 2617

Postal Address
PO Box 4956, Kingston ACT 2604

Incorporated in the ACT
ACN 008 576 010 / ABN 93 008 576 010