People With Disabilities (WA) Inc.

individual & systemic advocacy

**Submission**

**Review of the National Disability Advocacy Program.**

People with Disabilities (WA) Inc. (PWdWA) would like to thank the

Australian Government Department of Social Services for the opportunity to provide comment on review of the National Advocacy Programme.

**People With Disabilities WA (PWdWA)**

Since 1981 PWdWA has been the peak disability consumer organisation representing the rights, needs, and equity of all Western Australians with a physical, intellectual, neurological, psychosocial, or sensory disability via individual and systemic advocacy. We provide access to information, and independent individual and systemic advocacy with a focus on those who are most vulnerable.

PWdWA is run by and for people with disabilities and aims to empower the voices of all people with disabilities in Western Australia.

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**National Disability Advocacy Program Review**

As part of the consultation for this submission from PWdWA we circulated a short survey based on the questions posed in the discussion paper about advocacy services.

Predominately, the survey was completed by people who have used advocacy services. The majority of respondents cited individual advocacy as the main model they have used. There was also a recognition that there is a link between the different models of advocacy. ‘*There is a need for all types of advocacy due to the diversity of individuals and families with disabilities as well as the reasons for needing advocacy. Advocacy is not a ‘One Size Fits All’ thing.*

When asked about other types of support advocacy organisations could provide many respondents cited self-advocacy training as essential. Other types of support included:

* Holding focus groups on systemic issues
* Attending meetings with decision/policymakers
* Assistance with research into what is available
* Providing information
* Legal advocacy
* Consultation /community engagement

Respondents were asked to consider what advocacy organisations should not provide, the overwhelming majority indicated direct service delivery should be separate and advocacy should be an independent entity.

Respondents were asked how to improve access to advocacy for different groups. Generally, respondents indicated it was important to work within their particular communities, recruiting and training people from the community. Other examples included:

* Community engagement officers
* Partnership with local organisations
* Advocacy liaison officers
* Community visitor scheme similar to that in Mental Health.

In considering what forms of legal review and representation do people with disability need most, it was again indicated that ‘we are not one size fits all’, it depends on the individual’s need and it depends on the issue.

Our survey also suggests that the barriers to accessing justice is significant ranging from physical access, lack of or inaccessible information, poorly trained practitioners and a general lack of understanding about the diversity of disability.

***1.How do people with disability, their families and carers benefit when agencies are funded to provide only one or two models of support?***

PWdWA are contracted to deliver two models of advocacy, individual and systemic.

With a focus on individual advocacy, over many years of experience, PWdWA has divided this type of advocacy into four components:

* Information
* Standard
* Complex
* Rural and remote

An example of standard advocacy is:

*Jenny had a job she enjoyed but there were problems with how she was being treated by her employer. Jenny has an intellectual disability and did have some support from an employment service. She was sacked from her job after the employer had a number of confrontations with her and her employment service about training and wage subsidies. Jenny called the PWdWA office looking for services to help with the legal support to make an unfair dismissal claim. An action plan was developed with Jenny to detail her issue and the actions needed. It was decided that the advocate would research possible agencies that could assist and Jenny would contact the agencies provided with support from her employment service if needed. The advocate completed research into the specific legal service to assist. The advocate contacted the legal service to ensure that they had the capacity to take on Jenny’s specific issue. The advocate called several legal services before she could find one with the right expertise and capacity. Jenny contacted the legal service who also let the advocate know that contact had been made and they were working on the case. The result was that Jenny was able to make decisions and exercise control over which services could assist with her legal matter and was supported to connect with that service*

An example of complex advocacy includes:

*Jane is a vulnerable woman with no family or friends support. She has a high level physical disability and is non-verbal with limited literacy skills. She has been living in a group home since her mother died. The situation with the service provider was at crisis point due to communication breakdown between Jane and the service provider. Jane was at risk of ending up in a nursing home at a young age. She wanted to move out of the group home, where she felt she had no choice and control and was very unhappy. Her goal was to live independently in the community and be able to choose support workers and a service provider that will encourage her to achieve her goals and aspirations. Over a number of meetings, an action plan was developed to reflect this goal. PWdWA Individual Advocate supported Jane to get in contact with service providers that support people living in the community to find out which one could assist her to live the life the she aspired. The Advocate set up meetings, found information and supported Jane with working out the questions she wanted to ask and identifying the issues she would need to work through to achieve her goal. PWdWA advocated alongside Jane through the transition process from the group home into the community, worked in collaboration with her and her new service provider to apply for additional combined application process funding (CAP), and to develop person centred plans. The result was that by working with the advocate, Jane was able to reach her goal of living and participating in her community. Jane was able to decide how this happened and was the one making decisions. Her goals and choices were validated.*

The benefits when there is a focus on individual advocacy ensure it is undertaken to achieve the desired outcomes for people with disability. Namely that people with disability

* are included, can participate in and are accepted in all aspects of community life
* have access to services/supports that meet their needs and choices
* are supported to participate in decision-making processes that affect their lives
* are not treated in a manner that is harmful, discriminatory or negligent
* are treated justly and fairly.

Benefits can also be seen in the calibre of staff that work as individual advocates at PWdWA, a highly trained workforce, many of whom have a disability or are a family member or carer of a person with disability. Our services are designed to ensure that each client is supported to be heard. Learning about rights and the development of self-advocacy skills is promoted by the individual advocates. The advocate empowers the client with strategies for taking effective action to address their own issues, and provides mentoring and coaching as the client goes through the process. Each person’s right to dignity, privacy and confidentiality is recognised. Individual advocates will meet with people where they are most comfortable and where privacy considerations are met.

An advocate can also take action on behalf of the client to ensure their rights are protected and their voice is heard by other decision makers. Consent forms are signed to authorise an Individual Advocate to get information and when required, speak on the person’s behalf.

PWdWA is not directly funded to provide family advocacy, however individual advocates who provide advocacy for a child are also, often providing advocacy for families and carers. The following example demonstrates family advocacy by PWdWA.

*The family of James, a young man with a severe intellectual disability and legally blind approached PWdWA for advocacy because they were concerned about the safety and vulnerability of their family member with a disability. To ensure that both James and the family were on the same page in terms of goals and aspirations PWdWA decided that two advocates would provide support. One advocate would work directly with the young man and the other advocate would work with the family. The Advocate working with the young man was visiting him once a week for 20 minutes to develop a trusting relationship and clear understanding of his situation. In the mean- time the other advocate was providing information and exploring options with the family. There were several meetings with relevant stakeholders and the two advocates from PWdWA to identify strategies and options to ensure that James would get the support he needed. From these meetings an action plan was developed. During the process the rights of James to participate in the decision making process, have access to appropriate services and have individual outcomes met were upheld. The result was that James and his family were able to review and develop the services requirements in a fair and equitable way which met his specific needs*

PWdWA is an issues based advocacy service and as such cannot provide ongoing advocacy for a person. However, for some people, those with a severe intellectual disability for example, the citizen advocacy model is ideal. PWdWA have referred people to this type of advocacy, for example Brad, a man with an intellectual disability contacted PWdWA for ongoing support with reading mail and attending regular meetings with other agencies who provided his support. Brad had no friends and no contact with his family. By referring him to citizen advocacy, Brad was able to receive ongoing mentoring to assist with daily living skills.

We believe that individual and systemic advocacy complement each other and there are definite links between the two. We also find that our advocates who are also peers with disability provide a level of understanding, passion and commitment that comes from lived experience of dealing with barriers and oppression. The same occurs when the family and carers of people with disability are advocating with families. We believe there needs to be a greater emphasis, recognition and funding of peer advocacy whether it is done as individual, systemic or other types of advocacy.

The links between individual and systemic advocacy are integral. Individual advocates provide strong timely advice on issues. Collating this information enables PWdWA to assess what systemic issues people with disabilities are encountering and act accordingly. A number of factors are considered when deciding whether an issue needs to be taken up at a systemic level. This includes if there has been a number of individual advocacy cases on an issue, however individual advocacy is often very diverse with issues being contextual for the person as well as potentially systemic. There are also gaps in services or in complaints which may show a systemic response or at least further exploration is required because people may be locked out of a service and therefore there is no data. There are also systemic issues which are able to be identified because a policy or program is not meeting the requirements of the United Nations Convention on the Rights of People with Disability or the Disability Discrimination Act Standards. PWdWA is leading the issue of abuse and neglect for people with disability in WA. Bringing together a number of organisations a taskforce has been created to look at ways to build capacity of individuals, families and carers through awareness, education and campaigning.

An example of where individual advocacy has influenced PWdWA’s systemic work includes the recent rental increases in public housing in WA. A number of clients contacted PWdWA for advocacy because the changes in rent policy mean a wide range of Centrelink allowances and supplements previously not counted as assessable income being added to the total income used to set rent charges.

PWdWA alongside a number of peak organisations lobbied the Minister for Housing and the Premier to cease the proposed changes to public housing rent arrangements that would see its most disadvantaged tenants facing higher weekly rent.

PWdWA is uniquely positioned within the sector as an organisation which is run by people with disability for people with disability. Our committee of management and staff have a diverse range of disabilities and this is also reflected in our individual advocacy client base. As such we are well placed to raise issues and comment on systemic issues that affect the wide range of people with disability. Often this means we may raise issues of people who are not represented by individuals such as people with autism, intellectual disability, physical and neurological disabilities.

We recognise that some of the identified activities may be funded through the ILC framework. However, the timing of its introduction is unclear and indications show it may be beyond June 2017. PWdWA is concerned about interim arrangements and the general representative work that we provide. As NDIS gains momentum across the country there is a stronger and better understanding about people’s rights and choice and it is vital that the funding is available to help people fulfil this choice.

The number and breadth of requests PWdWA is now receiving to participate in activities by providing technical and expert knowledge is growing and it is important that we can provide this credible and important resource. However, without appropriate funding we cannot provide this service.

Examples of these activities include:

* Providing Independent advice – to Tenancy WA on people with disabilities who may be in boarding and lodging situations; meeting with the Perth International Arts Festival regarding access issues; advising a government consultant regarding Electronic voting trial for people with disabilities as potential for larger rollout; advising a consultant regarding the Department of Planning Social Analysis of Perth and Peel; meeting with the Office of Road Safety regarding Cycling on Footpaths
* Attendance at forums/ consultation events - National Employment Framework Consultation Melbourne, ILC framework consultation
* Representation on Committees and working groups - NDIS Hills Advisory Group, WA NDIS My Way reference group, Enhanced Spinal Cord Injury Services Steering Committee, NDIS Planning Alliance Steering Group, NDS Safer Services Steering Committee, Disability Health Network, etc
* Input into reports, research and submissions - submission to the Parliamentary Joint Standing committee on the NDIS that is focused on housing and the need for support to be separate from tenancy support and housing. Information, linkages, capacity building framework. a submission on that focuses on the difference between advocacy and capacity building and decision-making supports that may be funded under the ILC, Curtin University Critical Disability Studies Launch
* Attendance and/or presenting at conferences - NDS Conference, panel and workshop presentations on Abuse and Neglect issues. National Disability Advocacy Summit Melbourne, Perth forum presentation Learnings from Vancouver Conference

***What are the drawbacks?***

One of the most important aspects of PWdWA’s advocacy work is the promotion of and encouragement of self- advocacy. Our survey suggests that individuals are empowered and feel valued when they are able to self-advocate. PWdWA’s individual advocacy model is designed to foster self-advocacy however there is currently little funding to advance this.

By focusing on one or two models of advocacy, many organisations struggle to finance activities that fall outside the remit of direct service delivery, but may not be considered pure advocacy such as representation and advice to government and other bodies. Increasing administrative and reporting requirements are also affecting an organisations operating costs and the important aspect of funding for training and development is being eroded. Training and forums for self-advocacy and peer support groups is diminishing despite the evidence to suggest that by developing this type of advocacy through network assistance, guidance and support is hugely beneficial to people with disability, their families and carers.

*How do we value and support the various models of advocacy while ensuring equitable access to individualised, fit-for-purpose advocacy, regardless of location?*

In Western Australia there are a handful of organisations contracted to deliver advocacy. It is important that these organisations are following a consistent approach adopting models that focus on the rights of people with disabilities as identified in the UN convention on the Rights of Persons with Disabilities.

As part of a state wide reach, PWdWA has collaborated with other advocacy organisations to enable the delivery of advocacy in rural and remote communities. Developing consortium arrangements between organisations enables the administrative and reporting requirements to be collected from one main point which also ensures consistency in approach and delivery. It also allows greater support for individual advocates regardless of location in terms of networking and ensures effective and consistent training and professional development. The benefit of a consortium approach over mergers or large organisations is that there is also the ability to keep local identity and focus.

**2. *Improving access to advocacy:***

Improving access to advocacy services for hard to reach groups is critical, research suggests that it is these people who are often in need of advocacy services the most. It is important to recognise the individual cultures of the different groups as this will help in gaining a rapport and building trust in these communities. For example, to improve access to advocacy for people with disability from Aboriginal and Torres Strait Islander communities and their families it is important that the service is promoted to the respected elders to encourage a flow of information throughout the community. It is important to recognise that people from Aboriginal and Torres Strait Islanders are not a homogenous group and that this type of diversity needs to be considered in any recruitment exercises. Trust can be built by recruiting advocates from particular communities to ensure that the skills, knowledge and interaction with such groups is understood and relevant. Communication is vital to understand peoples’ cultural backgrounds, establish what people want from an advocacy service and continue those conversations. Linking up with other advocacy organisations, promotion through local governments and community organisations were also suggested.

When considering specific groups respondents from the survey offered the following

***people with disability from Aboriginal and Torres Strait Islander communities and their families?***

* Outreach
* Recruit from within particular communities
* Links to community engagement officers in Councils

***people with disability from culturally and linguistically diverse communities and their families?***

* Outreach
* Recruit from within particular communities
* Links to community engagement officers in Councils
* ensure interpreters are available
* information in a person’s preferred language

***people with disability in rural, regional and remote locations?***

* Alternative ways to engage for example, video conferencing, skype, facetime, teleconference, social media.
* More advertising and marketing to ensure promotion of service.

***people who are very socially isolated including those with communication difficulties and those in institutional care?***

* Community visitor schemes as similar in mental health in WA and disability in Victoria.

***What are the strategies or models that have worked? What are the strategies that do not work?***

A one-size-fits-all approach to advocacy will not ensure that all people with disability have their rights upheld and protected. Specialist knowledge, resources and skills are required to engage these groups of people and inform them about the advocacy supports that are available, and to provide these advocacy supports. PWdWA has successfully referred a number of people onto organisations who provide specialist advocacy services such as EDAC, who provide advocacy from CaLD backgrounds and Advocacy South West and Individual Disability Advocacy Services who provide advocacy to Aboriginal Communities.

For rural and remote communities, providing alternative ways to engage is important, however it is also important to recognise the value of face to face contact when the issue is more complex. An example of this is illustrated:

*There were a number of families and individuals in Broome, who were experiencing a number of issues with a particular disability service provider. In order to facilitate better understanding of these issues, as well as engage with the individuals and families directly, it was decided that an advocate would travel to Broome. This allowed the advocate to meet with them face-to-face and hear firsthand the breadth of issues the individuals and families were experiencing. The advocate also had the opportunity to support an individual at a State Administrative Tribunal hearing, as well as meet with other government and non-government agencies while there. When the advocate came back to Perth they organised teleconferences with relevant stakeholders to discuss issues identified and develop actions which included goals of the people with disability as well as the roles and responsibilities of those involved. The individuals and families in Broome were referred to appropriate services, they were supported to explore their options and have their concerns raised with appropriate agencies.*

***3. What mechanisms could be used to ensure information on systemic issues gets to the right people and organisations?***

By working in collaboration with a number of agencies, PWdWA has progressed a number of systemic issues that have been successful is raising the profile and providing recommendations for change at a national level.

PWdWA is also working with the WA Disability Coalition to identify and develop systemic issues at a more strategic level. This pooling of resources, information and knowledge sharing is an important element to ensure systemic issues are raised and addressed. Building relationships, networks and collaborations are effective mechanisms for systemic advocacy issues to be addressed. Systemic advocacy needs to be viewed and supported by other agencies and departments as a way of continuous improvement

Many of these activities such as networking and forging collaborations to tackle systemic issues are peak body activities. PWdWA considers itself, and is considered by others to be, the peak body for advocacy and people with disability in WA without receiving funding to fulfil this role. PWdWA encourages and maintains strong relationships with contemporaries in Eastern States, however it is important to recognise that due to its geographical location, overall size of the state, and yet to be determined NDIS model WA needs to have its own peak advocacy agency which can link into and work with a national peak body.

PWDWA believes a peak systemic advocacy agency in each State/Territory would provide the connections of issues arising directly from individual advocacy agencies. The State/Territory based systemic peak bodies combined would provide an overview of the systemic issues at both a state and national level,

***How can we help disability advocacy organisations work with a wide range of other organisations with similar aims, such as:***

** *disabled people’s organisations (DPOs)***

*** the Australian Human Rights Commission***

*** Ombudsman organisations***

*** aged care advocacy organisations***

*** state disability advocacy organisations***

*** peak bodies?***

Engagement with service providers and the wider community is enhanced through direct one to one advocacy, attending events, attending expos such as disability services expo, working with the Health and Disability Services Complaints Office (HaDSCO), and giving talks to community groups. Individual advocates work across sectors depending on the nature of the issue. Advocates always work in a way which is partial to the person with a disability. This means that the approaches used with service providers and other organisations is dependent on the individual’s goals. There may be times when partnerships with other advocacy services such as the Health Consumers Council, provide expertise and a concerted approach to a large agency for a client. At other times an advocate may be working collaboratively with a service provider manager to change a policy or practice.

Building these types of networks and referral mechanisms requires both human and financial resources. It is important that the NDAP program allocates funding to include networking opportunities, information sharing and knowledge expertise which is not direct service delivery but is integral to improving access to advocacy services.

It is also important to recognise that many Government or Government agencies do have independent processes but the process begins with mediation and not representing the rights of a person with disability. Advocacy organisations represent the individual from the start of the process ensuring their rights are upheld.

Again, we would emphasise the point made above that Western Australia does not easily connect with Eastern States based peak bodies although we have tried.

**4*. What steps or organisational structures should be put in place to ensure conflicts of interest do not arise, or are minimised*?**

Respondents to the survey conducted by PWdWA strongly indicate that advocacy should be an independent service and not part of an organisation that delivers direct support services. ‘*some of the larger disability service providers think they can provide both services as well as advocacy, but when they do this, they tend to use the ‘We are the professionals, so we know best’ approach rather than an inclusive consultation with people with disabilities so it ends up being ‘done’ to people rather than ‘with’ people.* It is important therefore that service provision and advocacy provision are kept separated.

Organisations that provide advocacy services should have a conflict of Interest policy. It is also important for a conflict of interest register is maintained.

***How do we avoid gaps between supports provided by the NDIS and advocacy funded by the NDAP?***

The availability of independent individual advocacy for people with disability is essential with the many changes currently occurring in the disability sector. Those most vulnerable and new to having choices need to have support and someone on their side to ensure the choices they make are heard so there is a shift in real terms to people with disability having greater choice and control. PWdWA advocates have attended and been involved in sector forums, training and discussions on self-directed services, person centred services and inclusion practices.

The survey PWdWA connected clearly illustrates the important of self- advocacy and peer support for people with disability. Whilst there is a movement towards funding this type of advocacy from the information, linkages and capacity building framework, PWdWA strongly believes that self-advocacy should be funded as a discreet model through advocacy agencies who are already have the infrastructure, expertise and knowledge to grow this type of advocacy. We are also concerned that systemic representation is not adequately covered anywhere under funding yet we are expected to provide that role.

***What policies and strategies do we need to protect the rights of people with disability?***

PWdWA delivers its advocacy services under the articles prescribed in the UN Convention on the Rights for Persons with Disabilities. The Disability Discrimination Act (DDA) is the main legislation used to uphold rights yet with both the DDA and consumer protection laws the services most used by people with disabilities (non-profits and government services) are not covered.

We work to a comprehensive set of policies and procedures which are fully aligned to the National Standards for Disability Services. Our individual advocacy crosses all areas of life as does our systemic advocacy. This aligns with the National Disability Strategy yet there is little emphasis on that strategy by government publicly and greater links to rights and the protection of rights should be outlined in the strategy.

Any broader safeguarding strategy must recognise the role of independent advocacy.

**5. *What forms of legal review and representation do people with disability need most?***

PWdWA strongly supports the recommendations of the Australian Human Rights Commission report - Equal Before the Law: Towards Disability Justice Strategies – February 2014 which states that:

‘*Access to justice in the criminal justice system for people with disabilities who need communication supports or who have complex and multiple support needs (people with disabilities) is a****significant problem in every jurisdiction in Australia****. Whether a person with disability is the victim of a crime, accused of a crime or a witness, they are at increased risk of being disrespected and disbelieved and of not enjoying equality before the law*."

Legal representation covers a range of services provided by legal professionals that go beyond the initial negotiation or advice. The range and nature of support required by people with disability will vary depending on the issue. Representation could include the following:

* drafting formal documents (wills, contracts,)
* representing people in commercial dealings (purchase/sale of properties or businesses, deceased estates),
* preparation and lodgement of legal documents,
* court applications,
* preparation for, and representation in, court and tribunal hearings.

The main areas identified as needing representation from our survey responses were:

* Housing
* Debt management
* Workplace discrimination

***What barriers prevent people with disability from accessing justice?***

It is important to recognise that people with disability are not a homogenous group. Different things will act as a barrier depending on the nature of disability. Some examples include but are not exhaustive:

People with disability:

* fear of retribution
* communication difficulties with legal practitioners
* poorly resourced specialist services
* lack of knowledge of available options for legal assistance
* lack of autonomy to make decisions to seek legal assistance
* lack of awareness that action may have been taken against them
* reliance on others to access legal assistance.

For people with an intellectual disability:

* lack of financial resources
* lack of awareness that legal advice or representation may be necessary
* difficulties in communicating with legal practitioners
* lack of understanding by legal service providers as to the nature of intellectual disability
* negative stereotypes of people with an intellectual disability
* practitioner’s failure to acknowledge the capacity of their intellectually disabled client to give instructions
* fear of retribution.

For people with a physical disability, physical access to legal advisers

For people with sensory disabilities:

* lack of access to AUSLAN interpreters
* inaccessibility of many legal information websites.

***What models of legal advocacy are most effective?***

In WA non-legal advocates can assist people outside of court by

* Attending meetings with a lawyer.
* Asking for clarification if they don’t understand what the lawyer has said.
* Ensuring that their voice and point of view is heard and understood by a lawyer.
* Assisting with preparation of your paperwork prior to a meeting with a lawyer, and after a meeting with a lawyer.
* Reviewing letters written by them, and giving feedback.
* Assisting to find an alternative lawyer if they are not happy with their current representation.

In court a non-legal disability advocate (unrelated to tenancy matters) can ONLY act as what is called a Mackenzie friend. This means they can only

* Take notes
* Assist to arrange paperwork.
* Help the person attending court to write down/ think about a personal statement (prior), if that person has the option to talk in court.

Illustrated below is an example of where non-legal advocacy has been effective in a legal setting. The example shows the importance of paid advocacy provided in a support capacity enabling the person to access the justice system and exercise their rights as a citizen.

*Nick has an intellectual disability. He was referred for advocacy due to the complexity of his case and recognition of his disability support needs in the justice environment. The individual advocate refereed Nick onto a number of different agencies to meet his needs, which included a psychological assessment and report, and counselling. The Advocate also worked directly with Nick, as well as his family, to ensure he understood the legal process, including engagement with his lawyer and subsequent court proceedings. With Nick’s permission the Advocate worked directly with the Lawyer to provide him with insight into the nature of Nick’s disability and how it impacted his ability to make sound judgments. As a result of Nick working closely with the advocate and the lawyer, the Supreme Court Appeal turned Nick’s prison sentence into a twelve month Intense Supervision Order. The court commended the advocacy support which assisted in determining an appropriate rehabilitation programme for Nick.*

*An individual advocate is working with a person with PTSD that has been bounced from one legal service to the next. She was told by one legal service that her circumstances were too complex and that she needed to find a lawyer to represent her in court. The advocate connected her with a community legal service, however the lawyer working in the area of family law was only able to give her advice of what to say at the hearing, and wasn’t able to represent her in the hearing/ court. The lawyer at the Community Legal Service has since left that service a family lawyer is no longer working at that service. The person with a disability due to her mental health diagnoses, is not able to stand up in court and remain calm, and accurately describe the circumstances that have occurred without ‘falling apart’ in her words, therefore does require a lawyer to represent her in the court process. The advocate is trying to find a lawyer that works at a different community legal service that can take on the person with a disability and her ‘complex case’. That could mean trying to find a lawyer willing to work pro-bono on her case, through the Law Society W.A, or through Legal Aid.*

We have found that the most effective advocacy in legal situations is where an individual advocate can support the individual through the process and a lawyer can deal with the legal process and legal representation.

***Conclusion***

In conclusion we would emphasise the need for independent individual and systemic advocacy, recognition and funding of self-advocacy and peer workers, and recognition and funding of representation activities. Underlying the main issues are that there is not enough advocacy around all areas. We are funded one position to provide state-wide advocacy and always meet targets, with that one position always stretched. We are at the point where every Senate Inquiry into disability issues recognises the need for advocacy but if we actively market our service we would not have capacity.

In the new environment of NDIS our advocacy for people with disabilities has been at the beginning of the process through planning and getting funding rather than after the funding has been obtained. Remembering that our role is to ensure that the person's perspective is heard, that they have all of the information required to make a decision themselves, and that they understand the information that is being given to them. Most of the calls that we get where we are providing advocacy are not planned situations from the perspective of the person calling, although some may be the result of not having coordination of support to start with.

Another issue which is coming up in this area, is advocacy and information support for people with mental health issues, mild intellectual disabilities, and other disabilities which are not profound and severe enough to be considered eligible for the NDIS. Probably only about a third of our advocacy is directly related to disability services and funding. In particular, it is people with mental health issues or a psychosocial disability who may not be eligible for the NDIS and are not currently using the services that may be people that end the gaps with the changes to advocacy.

Advocacy agencies are often the agency of last resort for people. Yes it is important that reform improves our effectiveness, but more importantly there needs to be someone who is there for people with disability when no-one else is.