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MHCC Submission in Response to Department of Social Services National Disability Advocacy Framework: Discussion Paper

The Mental Health Coordinating Council (MHCC) is the peak body representing community managed organisations supporting people affected by mental health conditions in NSW. Since 2011, we have undertaken work in relation to the inclusion of people with mental health conditions within the NDIS, and established a partnership arrangement with the Mental Health Commission of NSW to further our work in this context.

MHCC thank the Commonwealth Department of Social Services (DSS) for the opportunity to provide this submission.

The National Disability Advocacy Framework (the Framework) is in our view a good mechanism that broadly reflects the principles, and outlines objectives, outcomes and outputs that should necessarily guide reform and policy directions. That being said, MHCC express a number of concerns that relate to the ability of current mechanisms for both systemic and individual advocacy to meet those stated objectives, outcomes and outputs.

Point 1 – The mechanism for systemic advocacy as it currently exists, may be unable to continue to function effectively and demonstrate the breadth of advocacy necessary concerning the diversity of people with disability. A number of national peaks particularly in the ‘condition specific’ areas of disability, have either been defunded or experienced significant defunding. The national peak body for Aboriginal and Torres Strait Islander Legal Aid Services (NATSILS), Disability Advocacy Network Australia and Brain Injury Australia all had their funding revoked; Blind Citizens Australia, lost \$190,000; the Community Housing Federation Australia, National Shelter and Homelessness Australia also lost funding as part of a \$21 million cut to the sector.

Likewise, according to Australian Federation of Disability Organisations (AFDO), the consumer organisations that have been defunded or not funded to represent the specialist voice of people with disability under Department of Social Services contracts include: Australian Federation of Disability Organisations; Autism Aspergers Advocacy Australia; Blind Citizens Australia; Brain Injury Australia; Deaf Australia; Deafness Forum of Australia; Down Syndrome; Australia National Council on Intellectual Disability and Physical Disability Australia.

The Framework refers very broadly to systemic advocacy and is silent on how for example state-based peaks can appropriately represent specific groups and state-based interests. Whilst People with Disability Australia, First Peoples Disability Network, Children with Disability Australia and some other “cross-disability” organisations won funding, without the specialist knowledge and expertise stemming from the state-based peaks, they will be unable to truly represent other systemic interests such as those affecting people with mental illness who may also experience complex psychosocial difficulties. MHCC emphasise the importance of state peaks in this context.

Point 2 – From a NSW perspective, over the past few years, there has been a widespread erosion of funding directed towards advocacy services. The quantum of dollars allocated to disability advocacy has left many peaks in NSW under-resourced whilst they experience growing demand to engage in reform processes at a systemic (and individual) level. MHCC are led to believe that disability peaks and some other services with a systemic advocacy focus, will see their funding diverted to the Commonwealth. Without a disability branch of the government in NSW, MHCC advocate that the Commonwealth continue to fund specialist interest disability peaks at a state level. Our concern is that unless these funds are protected they will be lost in the rationalisation towards NDIS front-line services. This will likely leave the Framework incapable of meeting its obligation to support the National Disability Advocacy Program (NDAP), which aims to provide people with disability access to effective disability advocacy that “promotes, protects and ensures their full and equal enjoyment of all human rights enabling community participation”. It is vital that the Framework underpin the work of NDAP and not merely support or part support the advocacy needs of individuals accessing NDIS packages.

The National Disability Agreement states that “Governments agreed to consider improvements in administration of advocacy services, with a focus on improving service delivery and access to advocacy services for people with disability. Responsibility for funding advocacy services will be reviewed in this process.”

With that in mind, we draw attention to the ongoing systemic advocacy requirements of people with mental health conditions under the Information, Linkages and Capacity (ILC) Building Policy Framework (previously known as Tier 2). Within this framework, the ILC has five streams of service delivery. These are: information, linkages and referrals; capacity building for mainstream services; community awareness and capacity building; individual capacity building; and local area co-ordination (LAC). Both within and outside of the NDIS the state peaks play a vital role not only in advocating for their stakeholders in the context of the specific services that relate to their particular disability, but across a raft of inter-related matters affecting them, such as: employment, housing, education and access to justice. MHCC emphasise the importance of sustainable state peaks to ensure that representation of particular groups is not lost in an over-rationalisation of the system in the wake of the NDIS.

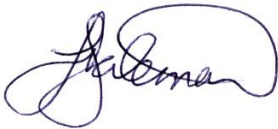
From an individual consumer perspective, effective advocacy represents a complex layering of both individual and systemic roles that involve a multitude of social and personal aspects. MHCC particularly highlight its own constituents, people with mental health conditions who experience a high degree of complex need and whose interests require that we work across service sectors in order to represent their medical and psychosocial advocacy needs appropriately.

Point 3 - MHCC draw DSS's attention to the issue of diversity as identified in both the Introduction (item 8) and in the Principles (item 10.g). The term is used very broadly and is understood to refer to social, cultural or other factors such as disadvantage on account of gender, age, sexuality etc. However, the Outcomes and Outputs described do not reflect diversity as an aspect that needs to be delivered against. We therefore suggest that the use of the terminology ends up as a somewhat woolly 'motherhood' intention.

In the aftermath of brutal cuts to national peak bodies, MHCC strongly advocate on behalf of the NSW mental health community managed sector, that the National Disability Advocacy Framework more strongly support the role of state peaks as arbiters of independent systemic advocacy; highlighting their necessity as central to meeting the guiding principles for the provision of advocacy for people with disability across Australia.

MHCC are happy to provide further information on any matter concerning this submission. For that purpose please contact Corinne Henderson, corinne@mhcc.org.au or call 02 9555 ext 101.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jenna Bateman', with a large, stylized flourish at the end.

Jenna Bateman
Chief Executive Officer