

Submission by the Queensland Independent Disability Advocacy Network (QIDAN)

Queensland Treasury

November 2023



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About the Queensland Independent Disability Advocacy Network

The Queensland Independent Disability Advocacy Network (QIDAN) is comprised of core members which are organisations delivering individual advocacy services to Queenslanders living with disability. These organisations are the Aboriginal and Torres Strait Islander Disability Network Queensland; Aged and Disability Advocacy; Amparo Advocacy Inc; Capricorn Citizen Advocacy; Independent Advocacy in the Tropics; Mackay Advocacy Inc; People with Disability Australia; Queensland Advocacy for Inclusion; Rights in Action; Speaking Up For You; and TASC National.

QIDAN has three aims:

- Systemic advocacy: to take coordinated action to address systemic issues experienced by people with disability,
- Member support: to provide a collaborative space for the exchange of information, resources and issues affecting disability advocacy organisations, and
- Sector advocacy: to promote the importance and value of independent disability advocacy on a local, state and national basis.

QIDAN's core members provide an array of independent disability advocacy services across Queensland, including general disability advocacy, specialized individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. These experiences inform QIDAN's understanding and recommendations.

Executive Summary

QIDAN is grateful for the opportunity to provide this submission, aiming to highlight the need of securing increased State funding for the disability advocacy sector in the upcoming Queensland budget. Currently, the State funding allocated to QIDAN is only enough to provide advocacy services to 0.25% of the population of people with disability in Queensland. Consequently, the disability advocacy sector is unable to effectively support our community, sustain our organisations, or adequately address the growing demand for disability advocacy – a service deemed by the Disability Royal Commission as being essential for people with disability to achieve autonomy and prevent violence, neglect, and exploitation¹.

Our submission outlines the current issues faced by the sector and demonstrates the impact this has on people with disability. We present an analysis of the data collected by the Queensland Disability Advocacy Program and Pathways during the 2022 to 2023 financial year. We will examine the extent of unmet demand and need of disability advocacy services and provides estimates of the costs required to meet demand and need. Our submission also looks at the impact that inadequate funding has on the sustainability of our organisations. We hope that Queensland Treasury will appreciate the value of individual disability advocacy and will agree that our sector requires State funding to be increased to a minimum of **\$20,198,842** annually to enable us to service at least 1.5% of Queenslanders with disability.

¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Enabling Autonomy and Access*. [online]. P.10. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf>

Introduction

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability consistently acknowledges the benefits of independent disability advocacy throughout its final report. In the Commission's report on increasing advocacy funding, it is determined that the benefit cost ratio of advocacy services is, at a minimum, \$2.21 of benefit for each \$1 spent. When including National Disability Insurance Scheme (NDIS) related advocacy, the benefit cost ratio rises to \$3.86 of benefit for each \$1 spent². Looking beyond the monetary benefits, independent disability advocacy has long been recognised for its essential role in upholding and defending the human rights of people with disability, promoting greater access to the community, supporting decision-making, addressing mistreatment, and participating in systemic work which contributes to positive social change.

Despite the demonstrated value of disability advocacy, QIDAN faces ongoing barriers to our service delivery and the sustainability of our organisations. The main challenge that the sector continues to encounter is the inadequate funding allocated by the State³. The Disability Royal Commission Final Report recognised that disability advocacy across the Nation is experiencing significant issues meeting demand, recommending "immediate action... to address the shortfall in funding."⁴ Insufficient funding limits our services' ability to meet the demand and need for advocacy, participate in outreach in communities with limited access to support services, and contribute to community engagement and education. The sector is also impacted by broader societal issues affecting Queenslanders, such as the housing crisis, the cost-of-living crisis, and the COVID-19 pandemic. Needless to say, these social and health issues affect people with disability at disproportionately high rates⁵. Additionally, the advocacy sector has been strained by the NDIS, particularly by the need for advocacy for access into the scheme. In fact, 38% of services provided by QIDAN during the 2022 to 2023 financial year involved NDIS related issues. In our experience, the current funding model does not adequately cover the increasing demand triggered by the shift toward NDIS related advocacy. With that said, access to independent advocacy remains vitally important for NDIS participants, and the Disability Royal Commission comments that NDIS participants need "increased access to independent advocates" as advocates can provide support with decision-making and can ensure that people do not fall between the gaps⁶.

² Taylor Fry and the Centre for International Economics (2023). *Increased funding to meet demand for disability advocacy services*. [online]. <https://disability.royalcommission.gov.au/system/files/2023-09/Increased%20funding%20to%20meet%20demand%20for%20disability%20advocacy.pdf>

³ Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (2021). *Queensland Disability Advocacy Program: Grant Program Guidelines*. [online]. <https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/about/funding/funding-available/qld-disability-advocacy-grant-guidelines.pdf>

⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Enabling autonomy and access*. [online] p.289. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf>

⁵ Australian Institute of Health and Welfare (2020). *People with disability in Australia, Income*. [online] <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/income-and-finance/income>

⁶ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Enabling autonomy and access*. [online]. p.271. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf>

Inadequate funding is not just inconvenient for service delivery – it has very serious consequences for people with disability. For instance, an essential function of disability advocacy is protecting and upholding the human rights of people with disability, particularly in situations of discrimination, exploitation, and abuse. The Disability Royal Commission acknowledges that independent advocacy services play a vital role in ensuring that people with disability can identify and report mistreatment⁷. Without access to advocacy services, the experience of mistreatment can be exacerbated. In another example, the 2019 New South Wales review into disability advocacy discovered that there was a trend toward guardianship applications being made on behalf of people who were engaged in NDIS processes that are deemed “too difficult to manage”, and who subsequently did not have access to independent advocacy services⁸. Similarly, the Disability Royal Commission identifies that independent advocacy can play an essential role in preventing people with disability from unnecessarily being placed on guardianship and administrative orders⁹.

As mentioned, there are several broader systemic issues currently impacting Queensland that we predict will influence a growth in the demand for individual disability advocacy. Furthermore, recent and upcoming National and State inquiries into these issues will likely result in increased media coverage, reports, policy reform and public discussions. As a result, we anticipate a rise in awareness of disability discrimination and human rights issues, as well as increased awareness of disability advocacy services. Some of these inquiries include:

- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Final Report and recommendations;
- The 2023 NDIS Review;
- The inquiry into the provision and regulation of supported accommodation in Queensland;
- The National Housing and Homelessness Plan;
- The Autism Strategy;
- The Inquiry into youth justice reform.

QIDAN is concerned that the need and demand for advocacy will become increasingly unmanageable. During the 2022 to 2023 financial year, we observed significant ongoing capacity issues and extensive waitlists. Our submission will later explore the extent of unmet demand facing Queensland in greater detail.

We present the following case study to demonstrate how disability advocates can uphold the rights of our clients and promote the interests of people with disability and their families.

⁷ Ibid, p.258.

⁸ NSW Ageing and Disability Commissioner (2019). *Review into Disability Advocacy in NSW*. [online]. <https://ageingdisabilitycommission.nsw.gov.au/documents/reports-and-submissions/Review-into-Disability-Advocacy-in-NSW.pdf>

⁹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Enabling autonomy and access*. [online]. p.203. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf>

Case study provided by Queensland Advocacy for Inclusion – Jay

Jay's* mother, Dianne*, contacted the Young Peoples Program (YPP) regarding Jay's inclusion at a special school he attends in Queensland. He was nine years old when he first engaged with YPP. Jay is a First Nations young person, and his single mother has been his unwavering advocate throughout his life. He lives with intellectual disability, autism spectrum disorder and attention-deficit/hyperactivity disorder and receives NDIS funding. Jay is mainly non-verbal and uses a talking device.

Jay was experiencing periods of significant distress when at school, and during transitions to and from school. He would sometimes lash out at others and property when upset and would hit his own head against a wall when in distress. The persistent behaviours caused a wound on his head that was given no opportunity to heal. At one time, this caused a fungal infection on Jay's head. He experienced extreme discomfort by the application of treatment cream, plasters or a helmet for head protection and treatment was very difficult. A paediatrician interpreted the non-healing wound as an example of neglect and reported the family to Child Safety.

Diane raised several concerns with the young person's advocate. She felt that she was not being consulted by the school around the behavioural supports for her son. She expressed that the incidents occurring at school were not being communicated to her or discussed with her input, and that she would only know that an incident had occurred after the decision to send him home had been made. She was also not receiving enough information of incidents to report back to other specialists and Child Safety. A paediatrician had recommended that the school contact Diane if Jay's distress lasted more than 20-30 minutes. Diane was finding that the school was calling her several times per week, and requesting she take Jay home. This became a significant interruption to Diane's employment and Jay's education. She also worried that he was learning that he could leave school if he practiced certain behaviours.

In one instance, a therapist engaged through Jay's NDIS funding visited the school and observed him locked in a room by himself. This was reported back to Diane. She later found out that hfe had broken glass in this room by banging his head on it, incurring an injury.

Diane wanted to develop a better plan for Jay's schooling that would see him gaining more from his education. She did not believe that every occasion on which she has been called warranted a pick-up. Diane recognised that the school environment was stressful for her son and had observed that his head hitting would significantly decrease during school holidays. She was also very concerned to learn that restrictive practices had been used at the school on Jay without any discussion or consent.

The young person's advocate provided ongoing advocacy for Jay and Diane over a period of more than a year. Working with Diane, the advocate assisted in communicating with key decision makers at the school, ensuring that relevant policies were being observed and follow-ups were occurring. The advocate assisted in planning and facilitating stakeholder meetings for Jay's support at school, bringing together Jay's school principal, deputy principal, class teacher, and selected therapists. Diane was able to raise concerns pertaining to Jay's education, and all stakeholders could collaborate on solutions. Where there were delays in actions being taken, the advocate wrote and sent letters to relevant decision-makers with Diane's input or assisted Diane in doing this herself.

Since Jay and Diane began their engagement with YPP, considerable improvements have been made to the schooling experience. Prior to YPP involvement, Diane was finding it difficult to

communicate with the school, feel heard, and receive requested follow-ups. The advocate provided external expertise that assisted in putting pressure on the school to follow their own policies. For example, the informed identification of restrictive practices resulted in assurances that this did not occur, and Diane is now satisfied that this is no longer occurring. The advocate was also able to assist in Diane's request for detailed incident report forms from the school to be written and given to her, with particular focus on how and where on his body Jay's injuries occurred. This assisted therapists as well informing Child Safety. Diane's own advocacy resulted in her discussion with Jay's medical team about the doctor who had contacted Child Safety. This was identified by the clinic as a systemic issue that would be remedied by consulting a committee, and then the parent, before calling Child Safety. Overall, the involvement created a greatly improved channel of communication between Diane, the school, and other specialists assisting Jay.

**Name has been changed to protect confidentiality*

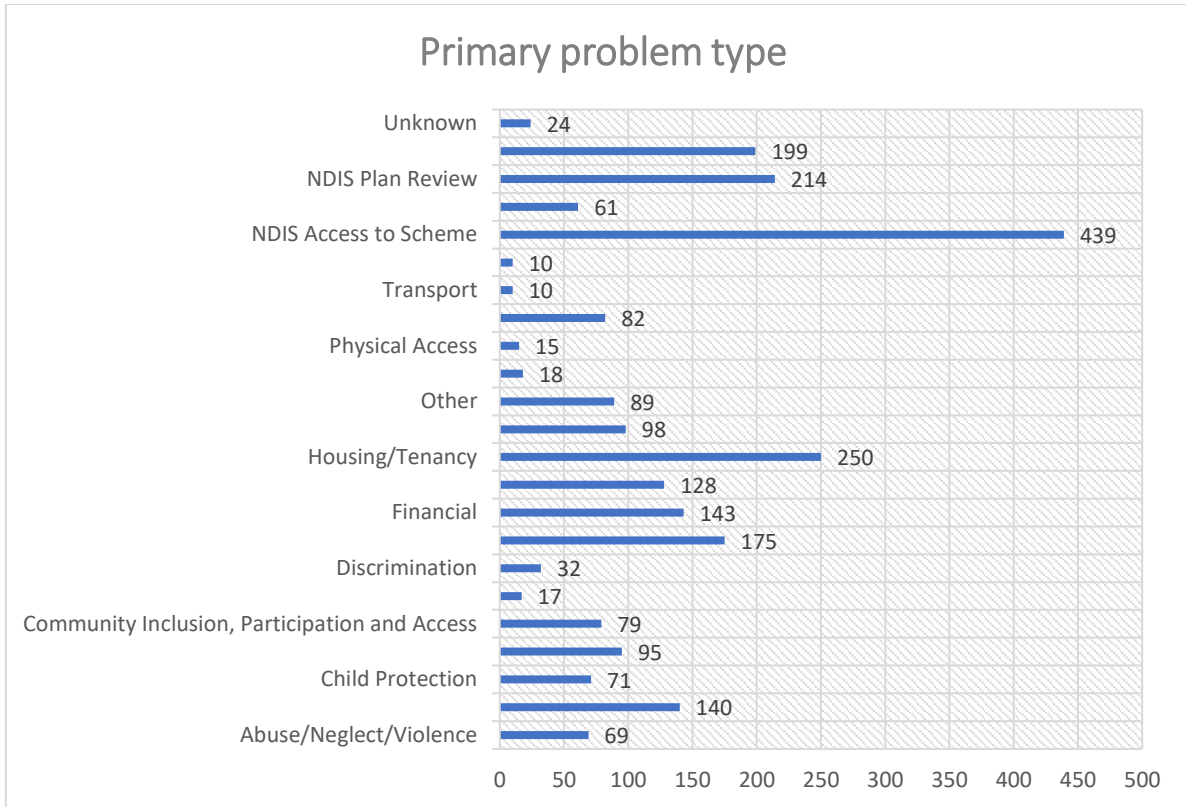
Service Data Analysis

The data analysed in this submission relates to services delivered under Queensland State funding. The Queensland Disability Advocacy Program (**QDAP**) is a key funding stream for each QIDAN member's individual advocacy service.

In the 2022-2023 financial year, QIDAN delivered 2,458 individual advocacy services. 1,521 (or 62%) of the services addressed mainstream issues. A remaining 913 services (or 38%) addressed NDIS related issues.

Primary problem types

NDIS access was the most common issue of all the problem types and accounted for 439 services (or 17.9% of all services). This was followed by advocacy for housing and tenancy issues (250 services, or 10.2%), NDIS plan review (214 services, or 8.7%) and employment and education issues (175 services, or 7.1%). It should be noted that 88% of employment and education services were provided to people aged zero to eighteen, and so this cohort can likely be attributed to education issues. Over half of our services were provided to people with existing NDIS access (1319 services, or 53.7%). Concerningly, 939 services (or 38.2%) were provided to people with no access to the NDIS. In our experience, non-NDIS support services are not readily available, particularly to people living in rural and remote areas.



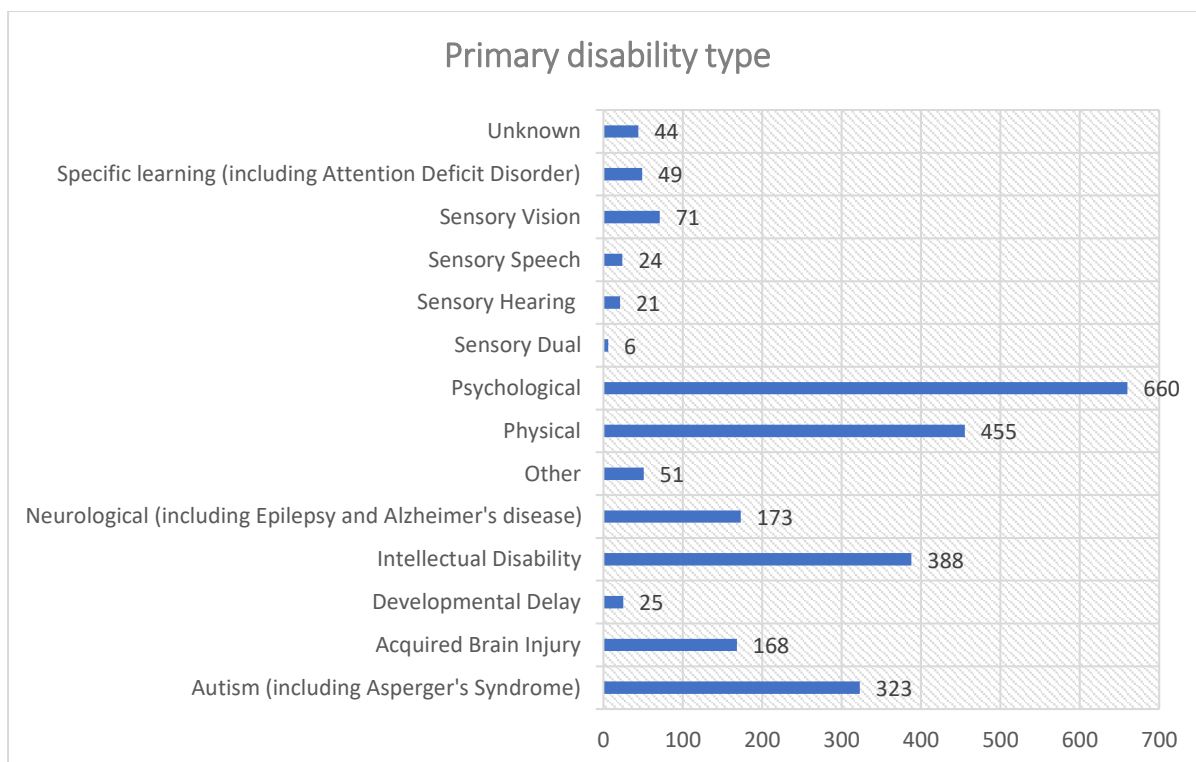
Time spent

A total of 29,049 hours were spent delivering advocacy services over the financial year. We note that some organisations appear to have underreported time spent on services, skewing the actual total hours. Using the available numbers, we calculate that an average of 11.8 hours is spent on each service. It is worth noting that the average time spent on a service was previously 8 hours (as of August 2022)¹⁰. The most time-consuming advocacy issue was related to the Disability Royal Commission, averaging 273.65 hours spent on each service. This was followed by advocacy for child protection issues which averaged 16.13 hours per service, NDIS decision-making support which averaged 12.99 hours per service, and NDIS plan reviews which averaged 12.25 hours per service. We emphasise that time spent on NDIS related advocacy was likely underreported, as in our experience, NDIS decision-making support and plan reviews are generally very time-consuming matters.

Primary disability types

QIDAN reports the most common type of primary disability recorded was psychosocial disability, accounting for 660 services (or 26.9%). This is followed by physical disability (455 services, or 18.5%), intellectual disability (388 services, or 15.8%), and autism spectrum disorder (323 services, or 13.1%). It should be mentioned that psychosocial disability, intellectual disability, and autism spectrum disorder are the most common primary disability types for Aboriginal and Torres Strait Islander clients, clients from culturally and linguistically diverse backgrounds, and clients who self-reported experiencing domestic and family violence.

¹⁰ Queensland Advocacy for Inclusion, *Email to the Department of Child Safety, Seniors and Disability Services requesting additional funding*, dated 19 August 2023.



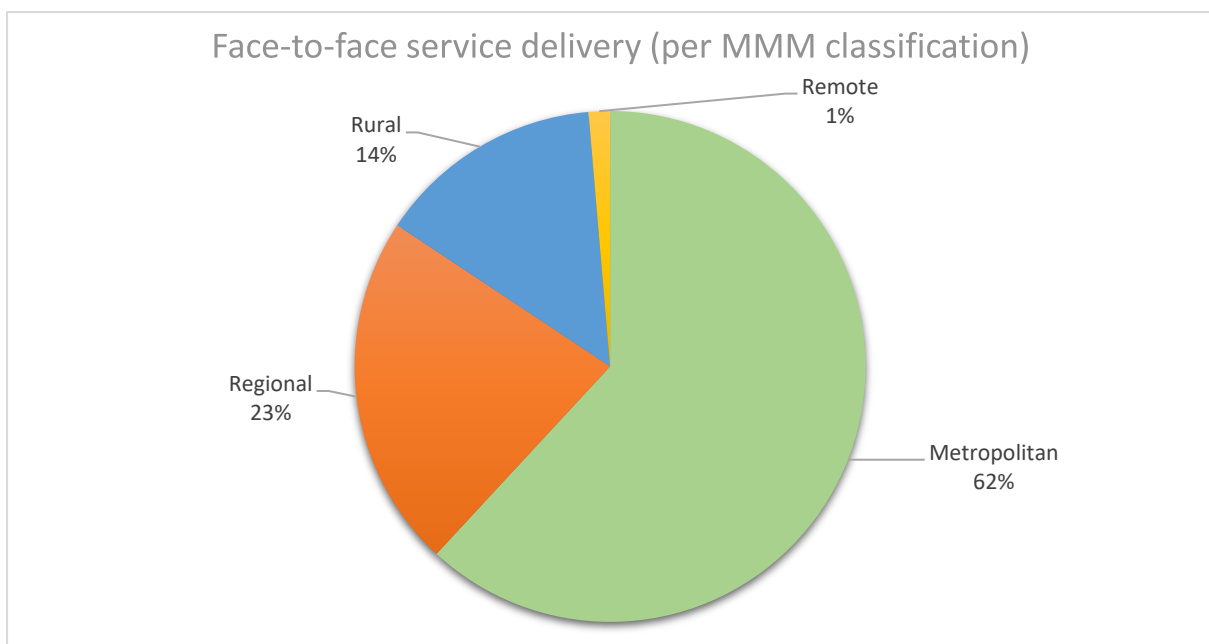
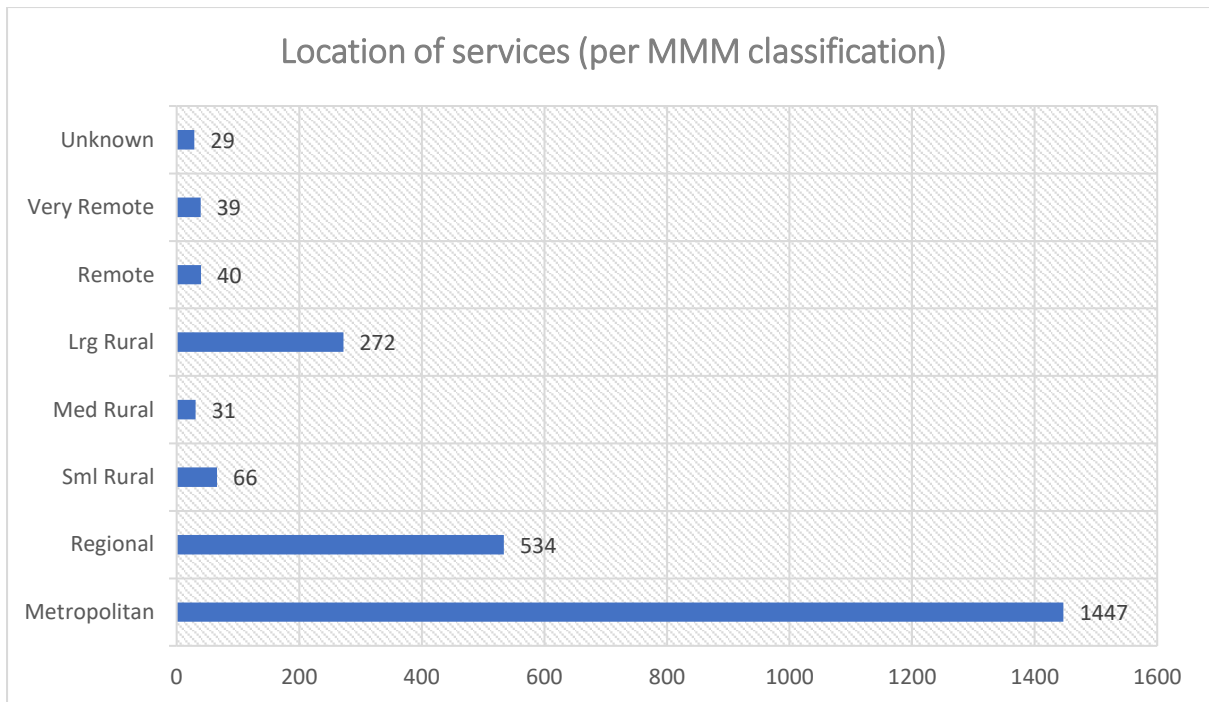
Age and gender identity

The most common age group of clients was fifty to sixty-four, making up 812 services (or 33%). Clients aged zero to eighteen accounted for 456 services (or 18.6%). Services were provided equally between female and male identifying clients. Only three people who identified as transgender accessed individual advocacy through QIDAN over the financial year. QIDAN has identified a general lack of advocacy services accessed by people with disability from the LGBTQIA+ community, raising concerns around the accessibility of, or knowledge about, advocacy services within this community.

Locations and service delivery

During the financial year, QIDAN serviced the Brisbane region the most, accounting for 568 services (or 23.1%). This is followed by 390 services (or 15.9%) provided in Beenleigh, and 243 services (or 9.9%) provided in Robina. QIDAN also analysed our services against the Modified Monash Model (MMM). The MMM classifies a location as either metropolitan, rural, remote or very remote¹¹. We determined that the majority of services (1447 services, or 58.8%) were provided in metropolitan areas (MMM 1 classification). QIDAN also discovered that as a location became more rural and remote, the rate of advocacy services decreased significantly. For instance, 79 services (or 3.2%) were provided in the remote (MMM 6 classification) and very remote (MMM 7 classification) areas. It is worth noting that the rate of face-to-face delivery service also reduced with the remoteness of a location. For example, 47% of services (687 services) were provided face-to-face in metropolitan areas, compared to 9% of services (15 services) in remote and very remote areas.

¹¹ Department of Health and Aged Care (2019). *Modified Monash Model*. [online]. <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>



Cohorts with increased vulnerability

Aboriginal and Torres Strait Islander peoples are 1.9 times more likely to have disability than non-Indigenous Australian peoples, and almost a quarter (24%) of the population of Aboriginal and Torres Strait Islander peoples live with disability¹². QIDAN provided 443 services (or 18%) to people who identified as Aboriginal and Torres Strait Islander. Comparatively, 474 (or 19.3%) of QIDAN's services supported people from culturally and linguistically diverse background. Additionally, QIDAN collects self-reported information on domestic and family violence experiences. According to our data, 242 services (or 9.8%) were provided to people with disability who had experienced, or who

¹² Australian Institute of Health and Welfare. *Aboriginal and Torres Strait Islander Health Performance Framework*. [online]. <https://www.indigenoushpf.gov.au/measures/1-14-disability>

were at risk of experiencing, domestic and family violence. We note, however, that this number is likely much higher as it is based on self-reported information and people with disability experience more than twice the rate of domestic and family violence as compared to people who do not have disability¹³.

At-risk cohorts

Part of our data analysis involved examining the intersectionality and common themes experienced by at-risk cohorts who accessed QIDAN services during this reporting period. One such group were those who accessed advocacy services for NDIS decision making support (**DMS**). The Disability Royal Commission's final report discussed the issues associated with substituted decision making at length and advocates for the use of supported decision-making models¹⁴. QIDAN found that 16.4% of people accessing NDIS DMS-related advocacy identified as Aboriginal and Torres Strait Islander, and 26.2% came from culturally and linguistically diverse backgrounds. Unfortunately, the Department of Social Services ceased funding for the NDIS Decision Support pilot earlier this year, potentially preventing access to culturally safe and independent decision-making support for many Queenslanders.

Another at-risk group are those accessing advocacy for child protection matters. Concerningly, 42.3% of this group live with intellectual disability and 31% identify as Aboriginal and Torres Strait Islander. QIDAN made a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in 2022 about the experiences of parents with disability engaged with the child safety system, which identified people with intellectual disability being involved in the child safety system at a disproportionately high rate¹⁵. Furthermore, the Disability Royal Commission has concluded that parents with disability are significantly more likely to have their children removed from their care than those without disability¹⁶, and ongoing access to advocacy services is essential in this area.

¹³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Nature and extent of violence, abuse, neglect and exploitation*. [online]. p.9.

<https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%203%2C%20Nature%20and%20Extent%20of%20Violence%2C%20abuse%2C%20neglect%20and%20exploitation.pdf>

¹⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Executive Summary, Our Vision for an inclusive Australia and Recommendations*. [online].

<https://disability.royalcommission.gov.au/system/files/2023-11/Final%20report%20-%20Executive%20Summary%2C%20Our%20vision%20for%20an%20inclusive%20Australia%20and%20Recommendations.pdf>

¹⁵ Queensland Independent Disability Advocacy Network (QIDAN) (2022). *We are equal, not different. The experiences of parents with disability engaged with the child safety system*. [online].

<https://disabilitypathways.org.au/wp-content/uploads/2023/01/20221221-QIDAN-to-DRC-Child-safety.pdf>

¹⁶ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) *Parents with Disability and their experiences of child protection systems*. [online]. p.2.

<https://disability.royalcommission.gov.au/system/files/2023-07/Research%20Report%20-%20Parents%20with%20disability%20and%20their%20experiences%20of%20child%20protection%20systems.pdf>

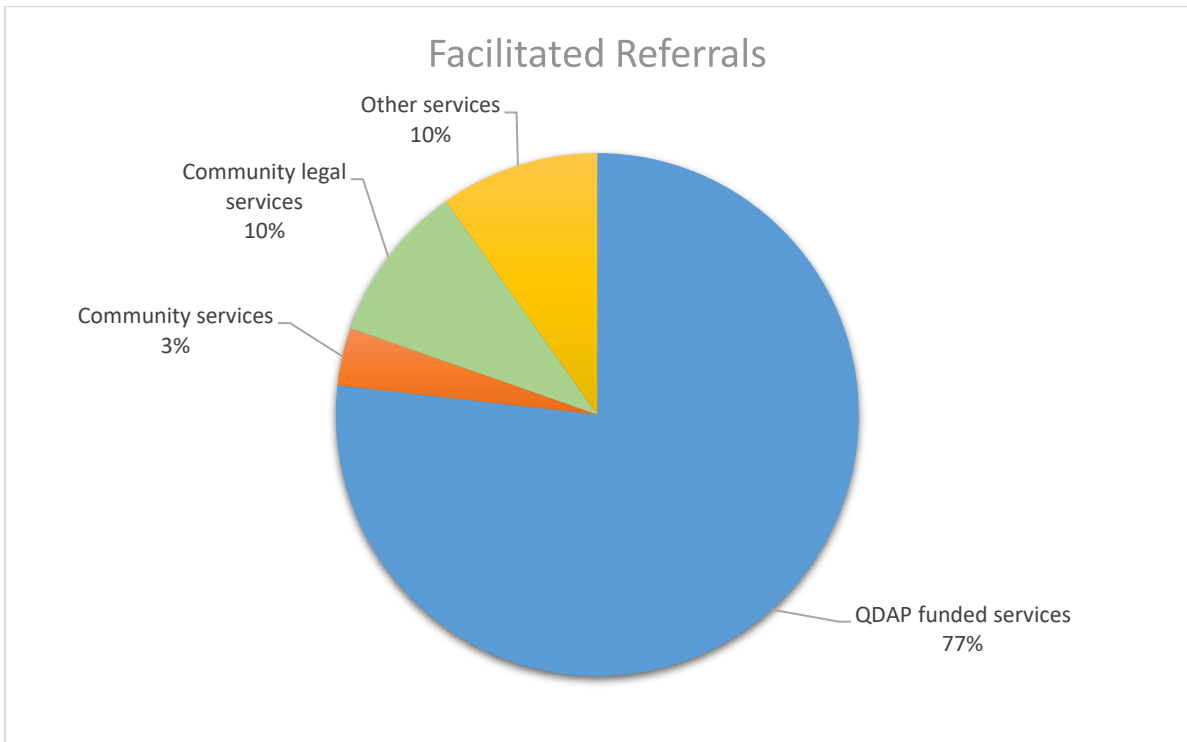
Finally, QIDAN have observed ongoing issues with the Queensland Community Support Service (QCSS), and so particular attention was given to QCSS related services. QCSS is a support service available to people who are unable to access the NDIS and can ultimately only provide up to five hours of support services per week. An astounding 77.8% of QCSS related services were provided to people from culturally and linguistically diverse backgrounds. Two-thirds of the clients had either an acquired brain injury or physical disability. Many of the QCSS-related issues handled by QIDAN members concern poor cultural safety.

Pathways Service Data Analysis

Pathways (established as the 'Hub') is a service that provides information and referrals to people with disability, their families and support networks. Pathways aims to prevent the constant "referral-round-about" often experienced by people seeking disability advocacy. Due to the current State-wide capacity issues faced by advocacy organisations, Pathways often makes referrals to alternative services, like peak bodies, health services, and community legal services. While these services can provide advice, and occasionally ongoing support, they do not replace the need for individual disability advocacy. It is worth noting that when QIDAN members are unable to accept a client for advocacy, the most common place for referral is the Pathways service, accounting for 22.8% of all QIDAN's unmet demand referrals.

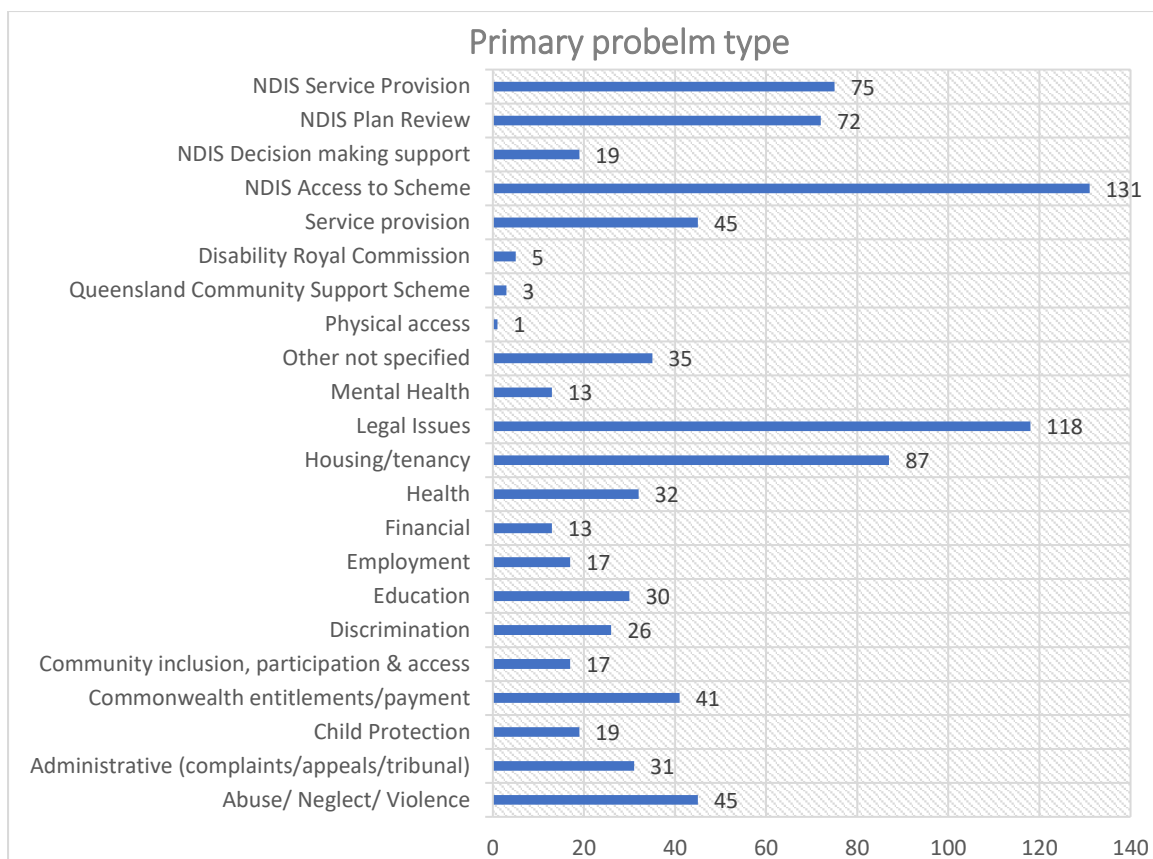
Types of referrals

Pathways make simple and facilitated referrals. A simple referral is when Pathways provide a person with information and contact details for an organisation suitable to their situation for the person to contact independently. A facilitated referral is when Pathways connects a person directly to the appropriate organisation. This connection is made by completing an intake process on behalf of a person. During the financial year, Pathways received 875 enquiries. Pathways made 648 simple referrals, most of which went to QDAP-funded services (272 referrals or 42%), community legal services (134 referrals or 21%), and community support services (101 referrals or 16%). Pathways also made 112 facilitated referrals over this period. Of the facilitated referrals, 77 were accepted and 18 were not accepted. In most cases where the referral was not accepted, organisations advised it was due to capacity issues. Pathways made subsequent referrals to other alternative services where possible. However, there were many instances where no other referral options available. The 112 facilitated referrals were made to a range of services, including QDAP-funded services (86 referrals or 77%), community legal services (11 referrals or 10%), and other services (11 services or 10%).



Primary problem types

The primary issues Pathways received enquiries about include NDIS access (15% or 131 enquiries), legal issues (13% or 118 enquiries), and housing and tenancy issues (10% or 87 enquiries). Pathways receive enquiries on a range of different legal issues, such as guardianship and administration matters, family law matters, property disputes, wills and estate matters, and criminal justice enquiries.



Primary disability types

The most common primary disability types recorded by Pathways are psychosocial disability (19% or 162 enquiries), autism spectrum disorder (12% or 109 enquiries), and physical disability (11% or 93 enquiries). It is worth noting that psychosocial disability, autism spectrum disorder, and physical disability are three of the leading disability types for Pathway's clients who identified experiencing additional risk factors, including domestic and family violence and financial disadvantage. Moreover, they are some of the most common disability types for people who identify as Aboriginal and Torres Strait Islander and those from culturally and linguistically diverse backgrounds who contacted Pathways.

At-risk indicators

Of the inquiries made to Pathways during the 2022 to 2023 financial years:

- At least 5% involved people who identify as Aboriginal and Torres Strait Islander;
- At least 2% involved people from a culturally and linguistically diverse background;
- At least 9% involved people who identified a risk of, or an experience of, domestic and family violence;
- At least 53% involved people experiencing financial disadvantage;
- At least 15% involved people who identified a risk of, or an experience of, homelessness.

This demographic information collected by Pathways may not be complete for various reasons. For instance, when a service provider contacts Pathways on behalf of a person, they may not be aware of a person's cultural background. With this in mind, the information above may not provide a complete picture of the intersecting barriers faced by the people serviced by Pathways.

Pathways receives limited funding and currently can only roster one full-time equivalent information and referral officer to work per day, despite the service running State-wide. As a result, busy periods can cause significant stress on staff, who often work alone. In addition to providing telephone and online based information and referral services, Pathways staff also engage in other activities that are primarily aimed at promoting self-advocacy and community education. For instance, the Pathways team develop self-advocacy resources on prevalent issues that impact people with disability. The Pathways team also meet with community services and groups to discuss the service and provide information on disability advocacy, and is also involved in maintaining QIDAN's Community of Practice.

Unmet Demand

Unmet demand occurs when a person tries to access disability advocacy but is turned away from the service. The prevalence of unmet demand in Queensland is influenced by many factors, not least the underfunding and under-resourcing of the sector. Data collected by QIDAN members since January 2022 demonstrates a significant increase in the occurrence of unmet demand across the State. In our previous data analysis submission to the Department of Child Safety, Seniors, and Disability Services, QIDAN recorded 612 instances of unmet demand from January 2022 to May 2022¹⁷, reflecting an unmet demand rate of 21%. Over the 2022 to 2023 financial year, QIDAN recorded 2,196 occasions of unmet demand, or an unmet demand rate of 47%. It is worth noting that the current method of collecting unmet demand data was only established at the beginning of 2022, so the data reported in early 2022 may not provide a complete picture of the unmet demand at the time.

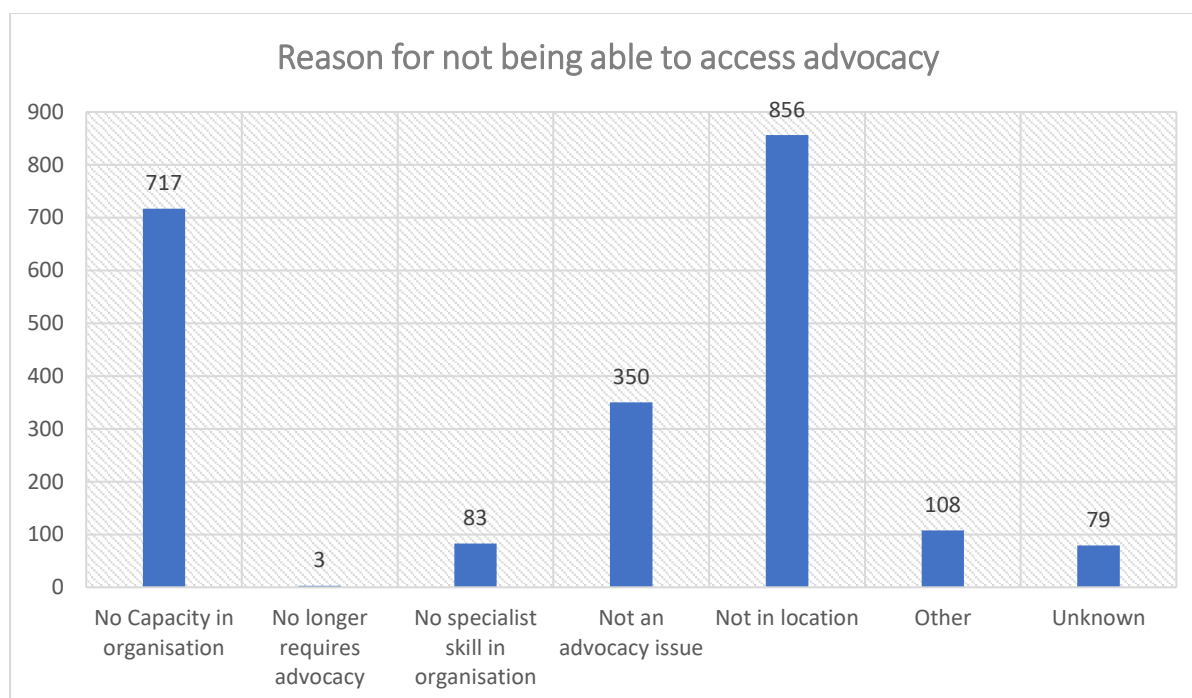
Data from the Pathways service over the 2022 to 2023 financial year also indicates a concerning trend of increased unmet demand in the sector. Only 42% of simple referrals were made to QDAP-funded advocacy services. This is despite most of Pathway's enquiries meeting the criteria for advocacy services. Furthermore, 13% of Pathways enquiries resulted in no referral at all. Often this will occur when there is no capacity in the sector and limited alternative services available.

Reasons for not being able to access advocacy services

During the financial year, the primary reason for people being denied services by advocacy organisations was the person's geographical location, and 39% of enquiries originated from outside the organisation's catchment area. In such an instance, there is often no option to direct these enquiries to their appropriate regional organisation because that respective organisation lacks capacity for new referrals. This pattern is demonstrated by the second most prevalent cause of denial of advocacy services, which is a lack of capacity for new clients, accounting for 32.7% of the cases. Only three enquiries were unmet because they no longer required advocacy services. This is

¹⁷ Queensland Independent Disability Advocacy Network (2022). *Data Analysis January-June 2022 to the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships*.

interesting to note as the Government requested that QIDAN members capture information on services that no longer require advocacy, suggesting that the Government considers this to be a leading reason for unmet demand.



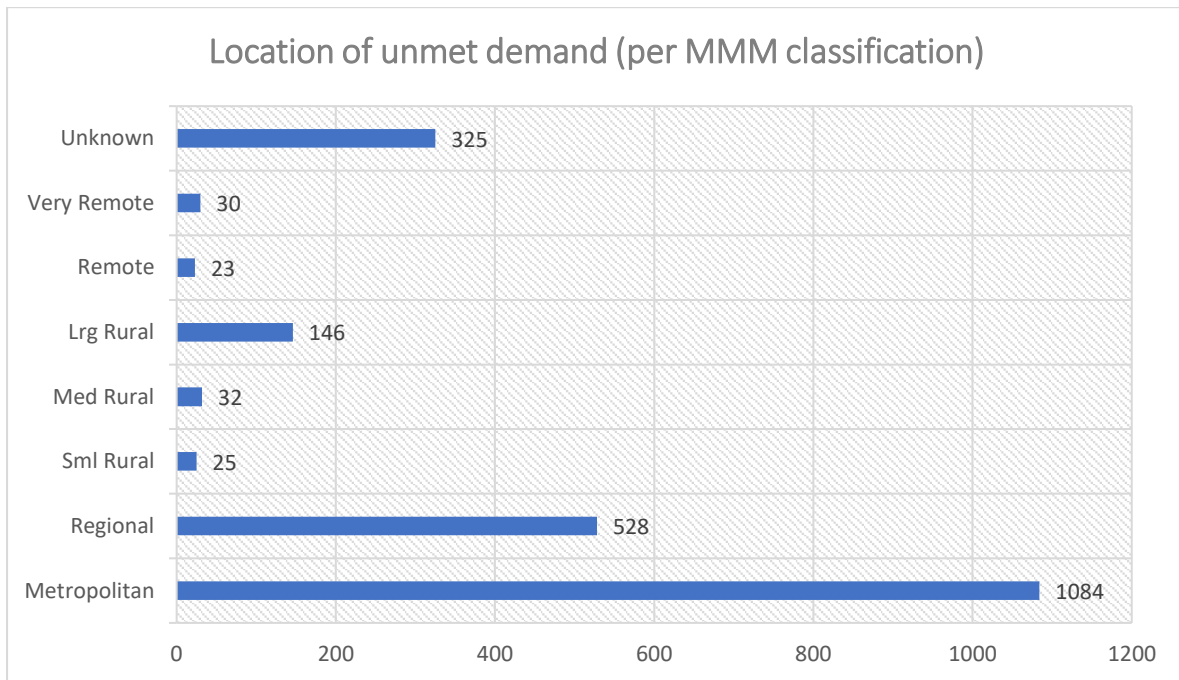
Action taken

In cases of unmet demand, the most common course of action taken was providing general information, which occurred 51.5% of the time. Though information and resources are provided with the intention of promoting self-advocacy, it does not provide the ongoing support and access to expert knowledge offered by individual advocacy. The second most common action taken was referral to another service, occurring 23.1% of the time. It is worth noting that referrals to other QDAP-funded organisations only occurred 12.2% of the time, whereas referrals to non-QDAP providers occurred 19.9% of the time.

Unmet demand regions

Unmet demand was most prevalent in Brisbane, accounting for 32% of unmet services. The other most common regions were Caboolture/Strathpine (8.6%) and Mackay (8.3%). Although this might appear to demonstrate that unmet demand occurs most frequently in larger metropolitan areas, we believe the data is more nuanced, leading us to a different interpretation. For instance, if we look at the MMM classifications of unmet demand, 49% of enquiries come from Metropolitan areas with a MMM 1 classification. Comparatively, only 2% of enquiries are from remote and very remote areas with MMM classifications of 6 and 7. This is despite the fact that remote and very remote areas are largely home to Aboriginal and Torres Strait Islander communities, who experience disability at disproportionately higher rates and can have very limited access to support services. With this in mind, we believe that the lack of enquiries coming from locations outside Metropolitan areas is caused by limited awareness of, and access to, advocacy services in general. There are several reasons why this might occur. For instance, current funding arrangements rarely allow for outreach and community engagement in remote areas due to costs associated with things like travel,

accommodation, and overheads. As a result, remote communities may have little knowledge of the benefits and availability of disability advocacy. Another reason may be the higher rates of internet and phone reception issues experienced in remote areas, impacting those living in these location's ability to engage with services.



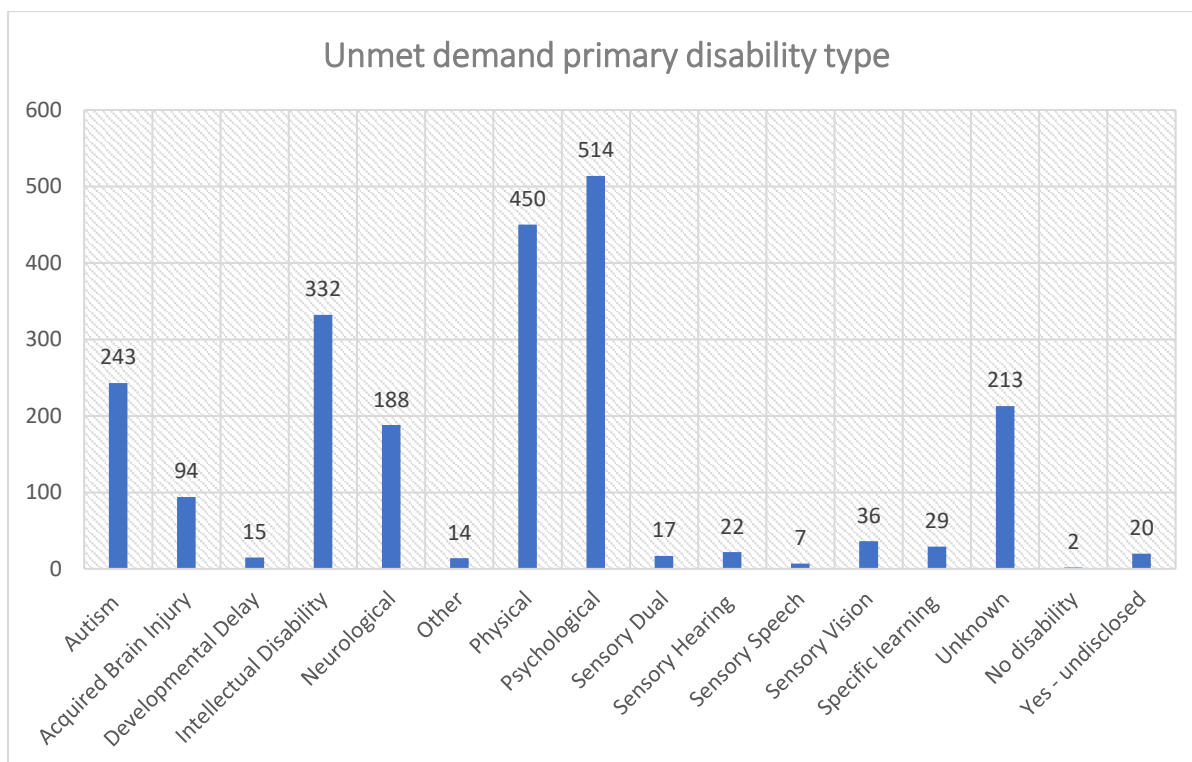
Unmet demand at-risk cohorts

Only 135 (or 6.1%) of the cohort identified as Aboriginal and Torres Strait Islander, raising concerns about the awareness and accessibility of disability advocacy for First Nations communities. Likewise, only 175 (or 11.9%) of the group come from a culturally and linguistically diverse background. The most common age group was fifty to sixty-four, accounting for 27.9% of the matters.

Unmet demand primary disability types

The most predominant primary disability types observed in the unmet demand cohort are psychosocial disability (23.4%), physical disability (20.5%), and intellectual disability (15.1%). As mentioned in the 2022 QIDAN Data Analysis report, we are concerned that people with physical disability may be turned away from advocacy services at times of low organisational capacity because they are determined to be better able to self-advocate. The 2022 to 2023 financial year data continues to demonstrate this trend.

It should be noted that during this reporting period, QIDAN members did not collect data on the reason why the person was trying to access advocacy services, i.e., their primary problem. We are, therefore, unable to determine common issues that are falling through the cracks.



The costs of meeting demand

Determining the cost of servicing unmet demand in Queensland is a complex process. Using information from the Queensland Disability Advocacy Program Grant Program Guidelines from June 2021, and QIDAN’s data from this financial year, we have costed out the following formula:

Average cost per hour currently funded: \$115.42 (2022-2023 QLD funding (total of \$3,358,897) ÷ total hours of delivered services)

QDAP average hours per client: 11.83 (total hours of delivered services ÷ total number of delivered services)

Funding = number of unmet services x average hours per client x average costs per hour

With this formula, we have determined that the **minimum** funding amount to cover just the unmet demand in the 2022 to 2023 financial year is **\$2,998,459.25**. However, there are several factors that increase the amount of funding needed. One such factor is the increased costs required for service provision in remote and very remote areas. The NDIS Pricing Arrangements and Pricing Limits is a widely accepted service delivery guide embraced by NDIS and mainstream services alike. It states that the travel cost associated with delivering services in remote areas (or areas with an MMM 6 classification) should be priced with 40% loading. Likewise, services in very remote areas (or areas with an MMM 7 classification) should be priced with 50% loading¹⁸. If we adopt these accepted loading amounts with the current unmet demand data, whilst also acknowledging that it likely doesn’t represent the full unmet needs of remote and very remote areas, the funding is increased as such:

¹⁸ National Disability Insurance Scheme (2022). *Pricing Arrangements*. [online]. <https://www.ndis.gov.au/providers/pricing-arrangements>

23 unmet services in remote areas

30 unmet services in very remote areas

Funding = remote and very remote services x 40% to 50% loading + remaining services

With the respective loading, the funding is increased to **\$3,027,407.77**, a difference of \$105,410.33 for the travel costs alone.

Additionally, the cost to meet all demand is also impacted by the growth of the State's population of people with disability. Firstly, 50% all people with disability are aged 65 or over¹⁹, and Australia's population of older people is expected to increase by 5% to 7% in the next thirty years²⁰. The 'Review into Disability Advocacy in NSW' explains that our ageing population influences the need for disability advocacy due to:

1. The increased incidence of disability with increased age;
2. The growing longevity of people with disability; and
3. The ageing family carers of people with disability and the associated reduction in their roles as carer²¹.

Furthermore, Queensland has the fastest absolute growth of population out of all States and Territories²². As Queensland's population of older persons grow, we will inevitably see an increase in the number of people with disability in our State. It is worth reiterating that those aged fifty to sixty are currently the biggest cohort to access, or try to access, disability advocacy services.

The Disability Royal Commission released a report titled 'Increased funding to meet demand for disability advocacy services' which presents a funding model to determine the funding required to meet demand of disability advocacy serviced across the Nation²³. Due to the lack of data available from some States and Territories, the funding model adopts a very conservative rate of unmet demand. In fact, the model assumes that 75% of demand is met. As we have demonstrated, Queensland is only currently meeting 53% of demand. The report projected that the cost to cover 100% of demand in the 2023 to 2025 period through State and Territory funding streams (for all States and Territories combined) is \$48.8 million²⁴. As the report does not provide a specific cost projection for Queensland, **we urge the Queensland Government to consider the funding model in conjunction with the actual rate of unmet demand reported by QIDAN.**

¹⁹ Australian Institute of Health and Welfare (2022). *People with disability in Australia*. [online]. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>

²⁰ Australian Institute of Health and Welfare (2022). *Older Australians*. [online]. <https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile>

²¹ NSW Ageing and Disability Commissioner (2019). *Review into Disability Advocacy in NSW*. [online]. p.74. <https://ageingdisabilitycommission.nsw.gov.au/documents/reports-and-submissions/Review-into-Disability-Advocacy-in-NSW.pdf>

²² Queensland Government Statistician's Office (2021) *Population growth highlights and trends, Queensland, 2022 edition*. [online]. p.2. <https://www.qgso.qld.gov.au/issues/3071/population-growth-highlights-trends-ql-2022-edn.pdf>

²³ Taylor Fry and the Centre for International Economics (2023). *Increased funding to meet demand for disability advocacy services*. [online]. <https://disability.royalcommission.gov.au/system/files/2023-09/Increased%20funding%20to%20meet%20demand%20for%20disability%20advocacy.pdf>

²⁴ Ibid, p8.

Unmet need

When discussing the costs of meeting all demand, it is essential to also consider unmet need. Unmet need refers to cohort of people who would benefit from disability advocacy but do not, or cannot, access advocacy services. There are many reasons why a person with disability might not have access to advocacy services, and QIDAN and the Disability Royal Commission has identified the following groups of people with disability are particularly affected by unmet need:

- People who live in group homes;
- People experiencing homelessness;
- People who live in boarding houses;
- People who identify as Aboriginal and Torres Strait Islander;
- People from culturally and linguistically diverse backgrounds;
- People who live in rural and remote communities;
- Adults living with aging parents;
- People who live in regions that have limited access to reliable internet and phone reception;
- People from the LGBTQIA+ community;
- Young people (especially those involved with the child safety and youth justice systems);
- Older people who acquire disability;
- People involved in the criminal justice system;
- People living with chronic health conditions or disability that do not meet the NDIS access criteria.

Given the complexities and nuances involved, QIDAN is yet to determine a process of appropriately capturing unmet need data. However, we can make basic estimates by using census information and statistics. For example, we can look at the need for advocacy experience by people with disability who experience violence. As of 2018, the Australian Bureau of Statics estimated that 18% of Australians live with disability²⁵. It should be acknowledged that this data is based on self-reported accounts and is therefore likely to be a low estimate. If we consider just the experience of violence, 47% of adults with disability are estimated to have experienced violence at some point²⁶. If the population of Queensland is 5,492,871²⁷, then the portion of people with disability who have experienced violence would be approximately 464,697. Current QDAP funding would only allow for the provision of disability advocacy services for 1% of the population of people with disability in Queensland who are experiencing violence alone, which is arguably a population that could all benefit from disability advocacy. Furthermore, this estimate only looks at one portion of the population and does not account for all other barriers and risk factors that impact people with disability.

²⁵ Australian Bureau of Statistics (2019). *Disability, Ageing and Carers, Australia: Summary and Findings*. [online]. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

²⁶ Australian Institute of Health and Welfare (2022). *People with disability in Australia*. [online]. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety/violence-against-people-with-disability>

²⁷ Queensland Treasury. *Queensland population counter*. [online]. Accessed 9 November 2023. <https://www.qgso.qld.gov.au/statistics/theme/population/population-estimates/state-territories/qld-population-counter>

We present the following case study to highlight how a person's issues can be exacerbated when they are unable to access disability advocacy services.

Case study provided by Pathways – Georgia

In January 2023, Pathways received a call from Georgia*, a First Nations women living in a remote location. Georgia has multiple physical disabilities and is a victim of domestic and family violence. She currently lives near the family of her perpetrator, and she is concerned for her safety. Georgia has limited access to reliable internet or telephone services, which makes accessing services very difficult.

When Georgia first contacted Pathways, she was looking for an advocate to assist her with a NDIS internal review. Georgia's NDIS plan did not include transport, creating significant challenges as she had very limited access to medical services due to her remote location. The Pathways team worked with Georgia to help her understand NDIS concepts and facilitated a referral to an advocacy service. Unfortunately, the referral was rejected as the organisation had no capacity. Pathways liaised with another advocacy service and managed to facilitate a successful referral. In June 2023, Georgia contacted Pathways to advise that the advocate that she was referred to helped with matters unrelated to the NDIS but had to cease services as they had no capacity to assist with the NDIS internal review. During this period, Georgia's health and well-being were significantly impacted by her lack of transport. The Pathways team enquired with multiple other services to ascertain if they could support Georgia. Pathways eventually referred Georgia to the Disability Advocacy Support Hotline (DASH). DASH were able to help Georgia make an internal review.

In September 2023, Georgia informed the Pathways team that her internal review was unsuccessful. She explained that she was tired of fighting the NDIS for supports, and that she was considering forfeiting her NDIS plan. Georgia also expressed that her life was a lot easier when she was receiving transport allowance through Centrelink, which she was no longer eligible to receive due to her NDIS plan. Pathway's advised Georgia of NDIS external reviews and Georgia agreed to engage in the process. The Pathways team facilitated a successful referral to a NDIS appeals advocate. This advocate was then able to assist Georgia with an external review, which allowed Georgia to get much needed transport supports. Georgia can now attend medical appointments, as well as travel into town to do her grocery shopping, something that was nearly impossible before her review.

In October Georgia again contacted Pathways to speak about a housing issue. Georgia explained that she has been on the Department of Housing waitlist for social housing for multiple years. She was told that she would be placed on a priority list due to her experience with domestic violence but has called the Department and been told that she will be on the list for many more years. Georgia was concerned about this because her perpetrator knows her location. The Pathways team located a local domestic violence service, who agreed to contact The Department of Housing on Georgia's behalf and advocate for her access to social housing.

Georgia's issues with the NDIS, housing and transport were all prolonged and exacerbated by many factors, including the lack of access to timely independent advocacy services. If her local advocacy service had capacity at the time of Pathway's first referral, Georgia's issues may have been resolved much sooner.

**Name has been changed to protect confidentiality*

Sector Sustainability

The sustainability of the disability advocacy sector relies on QIDAN member's ability to access the communities that need advocacy services, the well-being of our staff, and our organisation's operational sustainability. We intend to highlight the key cost pressures that impact the sustainability of these areas and examine the benefit of adequate funding and resourcing.

Access to the community

As we have explored, advocates currently experience various barriers to accessing those in need of advocacy. This is observed in the notably high rate of unmet demand. In order for the sector to remain sustainable, additional funding is required to bolster access to the community. For instance, increased funding for:

- Engagement in outreach;
- Facilitation of community education programs;
- Development of community partnerships;
- Development of publicly available self-advocacy resources;
- Participation in systemic advocacy;
- Improved capacity to meet unmet demand and need;
- Provision of services for prevalent issues that currently sit outside the traditional individual advocacy role (such as NDIS access, and mainstream housing issues).

The purpose of outreach work is to identify and connect with people with disability in the community who often fall through the gaps. It differs from traditional service delivery as it involves advocates taking the initiative to visit spaces that are known to have limited access to advocacy services and who experience particular risks and vulnerabilities. As previously mentioned, QIDAN has identified that there is significant unmet need in certain areas. In particular, people who live in boarding houses and group homes, people who live in regional and remote areas, and people from the LGBTQIA+ community. Outreach involves several costs not currently available to the sector, including travel costs (and the cost loading for any travel to remote and very remote areas), vehicle costs, accommodation costs, additional staffing costs, and overhead costs.

Another significant consideration is the important role of alternative forms of advocacy, such as citizen advocacy. Alternative forms of advocacy are inherently valuable in their own right and can provide relief to the need and demand of individual disability advocacy. By improving the funding and resourcing to alternative forms of advocacy, the current pressure placed on independent disability advocacy services could be alleviated.

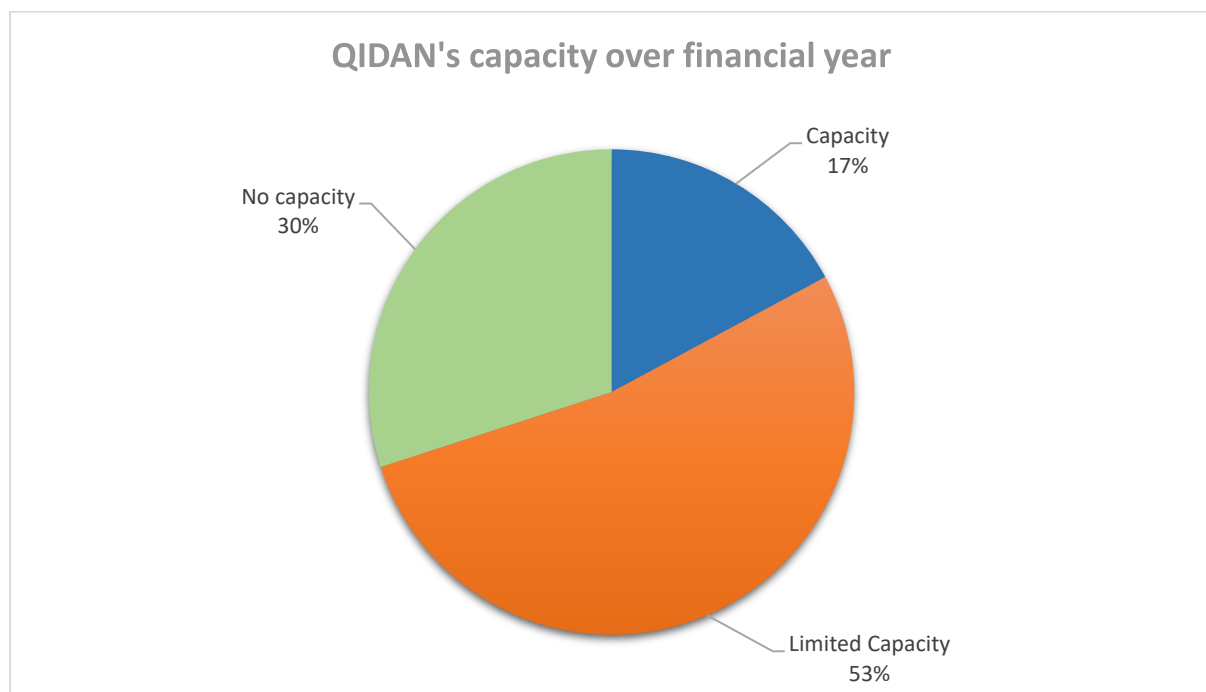
Staff well-being outcomes

One of the primary challenges impeding the sector's sustainability concerns staff outcomes, including wellbeing, retention, and job satisfaction. The current funding does not allow for advocacy organisations to employ an adequate number of staff to meet demand and need. Without appropriate staffing, current employees experience concerning rates of working beyond capacity and experiences of burnout. In fact, the Australian Council of Social Services reported that 50% of staff in the community sector identified feeling drained by work and feeling under pressure by

inadequate staffing in 2023²⁸. Such experiences impact staff retention, and QIDAN have seen several staff members leave the sector over the 2022 to 2023 financial year. Staff departures incur considerable costs, like the costs of advertising new roles and to onboard new employees. Furthermore, staff departures add to the workloads of already understaffed services. Adequate funding would help advocacy organisations to retain an appropriate level of staff to meet current demand. It could also open the possibilities for job security and career progression. Currently, staff career progression is not always available, despite staff's commitment and experience. Additionally, increased funding can provide new support options for staff, like external supervision, access to employee counselling services and professional development opportunities including training. Some of our smaller organisations are not able to afford staff support services and professional development opportunities. As workload demand currently exceeds capacity, stress is not uncommon, and support services could be of great benefit. Furthermore, recognition in the form of salary increases and role progression would be meaningful ways to acknowledge the efforts of staff who are working tirelessly in an incredibly challenging sector.

Operational sustainability

Current State funding does not support the operational sustainability of our organisations. QIDAN members provide updates on their organisation's capacity monthly. Over the financial year, our organisations have reported that they have capacity only 17% of the time. In comparison, organisations reported having limited capacity 53% of the time, and having no capacity 30% of the time. Additionally, some organisations utilise waitlists to manage their high volume of enquiries, and one service in particular has seen their waitlist grow from three weeks to ten weeks over the course of the financial year.



²⁸ Cortis, N. and Blaxland, M. (2023) *At the precipice: Australia's community sector through the cost-of-living crisis, findings from the Australian Community Sector Survey*. p9. https://www.acoss.org.au/wp-content/uploads/2023/04/At-the-Precipice_ACSS-2023.pdf

Due to constant capacity constraints, our organisations must often make the difficult decision to solely take on matters where there is a crisis. If funding was appropriate, organisations could take on matters before crises occur and provide early intervention and prevention approaches. Furthermore, when a person is turned away from an advocacy service due to capacity issues, there is a considerable chance that their problems will not be resolved and may get worse.

Financial constraints impact the operational sustainability of the sector in several other ways. Many organisations experience difficulties with funding and maintaining overheads, such as administrative roles. Likewise, organisations also face pressures with mounting staff-related costs, like salary increases and increased superannuation contributions. It is also important to note that there are substantial costs associated with providing culturally safe services. Cultural safety is key priority for our sector, and QIDAN strives to provide the most culturally safe, respectful and appropriate service to all people with disability. With this in mind, QIDAN has to consider the funding for things like ongoing culturally awareness training and connections and partnerships with cultural leaders in our communities.

A final consideration for operational sustainability is service delivery. Almost all organisations prefer providing services face-to-face, but current funding does not allow for adequate opportunities for in-person advocacy. Face-to-face advocacy is also often the preferred form of service delivery for service-users. Mackay Advocacy conducted an annual client satisfaction survey for the 2022 to 2023 period, and report that 91% of people surveyed prefer face-to-face services²⁹. One of the clients who responded to the survey stated that face-to-face advocacy is “vital for advocacy matters”, and a personal approach is key to successfully resolving matters³⁰. Despite this, only 45% of services were provided face-to-face over the 2022 to 2023 financial year. The most common form of service delivery was over the phone, accounting for 45.8% of services. Increased funding could ensure that advocates can provide in-person advocacy when it is appropriate and preferred. Matters that involve Aboriginal and Torres Strait Islander peoples, people who are from culturally and linguistically diverse backgrounds, and matters that are considerably complex are often the services that would benefit from face-to-face services the most.

Funding Discussion

Current funding provisions

In order for the Queensland independent disability advocacy sector to remain sustainable and effective, we need an increase in State funding. As previously stated, according to the 2021 QDAP funding guideline, the yearly State funding totals \$3,358,897. We note that indexation has been applied since the State funding was released and should be applied to the below calculations. We can ascertain the number of services that we are currently funded for using the following formula:

Number of services = Total funding amount ÷ average hours per service (11.8 hours) ÷ average costs per hour (\$115.42)

With this formula, we have determined that our current funding allows us to provide 2466 service per year. This would only cover **53% of the total demand** for the 2022 to 2023 period. Of course, this

²⁹ Mackay Advocacy (2023). *Mackay Advocacy Inc Annual Report 2022-2023*. Soon to be released.

³⁰ Anonymous response (2022). *Mackay Advocacy Inc Client Satisfaction Survey*.

doesn't account for any additional costs discussed throughout this report, nor does it touch on unmet need. What is more, we have determined that the current funding is only enough to provide advocacy to **0.25% of the population of people with disability in Queensland**.

To meet current demand with the current average cost per hour and current average number hours per service, we would need **\$6,338,546.75** of State Government funding. Again, this amount does not include provision for things like cost loading, travel expenses, staff costs, or overheads. Nor does this amount come close to addressing unmet need and the future anticipated increase of unmet demand, nor consider the funding required to ensure the sector's sustainability. It also doesn't allow for outreach, community engagement, and participation in systemic advocacy.

Funding to meet need

We have previously explained that QIDAN does not currently have the means to capture data on unmet need in Queensland. However, there are still ways that we can determine the cost of providing disability advocacy to groups of people with disability who are particularly at-risk. We note that the New South Wales Ageing and Disability Commissioner emphasised that independent advocacy plays an essential role in safeguarding people with disability from abuse neglect and upholding the rights of people experiencing discrimination³¹. With that in mind, many of people represented in the cohorts discussed below could benefit from independent advocacy services.

We have determined the following costs using this formula:

Funding = (average hours per service (11.8 hours) x average costs per hour (\$115.42)) x respective population

- Cohort of people who have experienced violence

The Australian Institute of Health and Welfare report that 47% of the population of people with disability (aged over fifteen) in Australia have experienced violence³². The cost to provide advocacy to this cohort of people in Queensland would be **\$632,897,065.24**

- Cohort of people who have experienced discrimination

The Australian Institute of Health and Welfare report that 10% of the population of people with disability in Queensland have experienced discrimination³³. The cost to provide advocacy to this cohort of people would be **\$134,658,950.05**

³¹ NSW Ageing and Disability Commissioner (2019). *Review into Disability Advocacy in NSW*. [online] p.14. <https://ageingdisabilitycommission.nsw.gov.au/documents/reports-and-submissions/Review-into-Disability-Advocacy-in-NSW.pdf>

³² Australian Institute of Health and Welfare (2022). *People with Disability in Australia*. [online]. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety/violence-against-people-with-disability>

³³ Australian Institute of Health and Welfare. *Australian Disability Strategy 2021-2031, Freedom from discrimination*. [online]. <https://www.aihw.gov.au/australias-disability-strategy/outcomes/safety-rights-and-justice/freedom-from-discrimination>

- Cohort of people who have experienced abuse

The Disability Royal Commission report that 55% of the population of people with disability in Australia have experienced abuse³⁴. The cost to provide advocacy to this cohort of people in Queensland would be **\$740,624,225.28**

We understand that this kind of funding is not practicable nor realistic, and we are also aware that not all people with disability who experience abuse and exploitation want or need independent disability advocacy services. Instead, we hope that this information can provide a better understanding of the extent of barriers and disadvantages that people with disability face in the Queensland Community, and the incredible amount of pressure that our sector is under.

Our funding recommendations

In correspondence to the Department of Child Safety, Seniors and Disability Services made last year, we asked for funding that would cover just 1% of the population of people with disability in Queensland. This increase to our funding was not granted. We now request funding to cover 1.5% of the population.

As we have demonstrated throughout this submission, the sector cannot meet the demand or need for disability advocacy services with State funding that covers only 0.25% of the population of people with disability in Queensland. We cannot support all people with disability who are experiencing intersecting disadvantages and forms of discrimination, nor all the people who have their human rights and safety violated. We cannot perform outreach to communities that already suffer with limited access to services that they should be entitled to. We cannot sustain the operations of our organisations nor the staff that work tirelessly to advocate for people with disability who so often slip through the cracks in our community.

By providing **\$20,198,842**, QDAP providers could deliver advocacy services to 1.5% of the population of people with disability living in Queensland.

QIDAN thank the Queensland Treasury for the opportunity to provide this submission.

³⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). *Nature and extent of violence, abuse, neglect and exploitation*. [online]. p.5.
<https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%203%2C%20Nature%20and%20Extent%20of%20Violence%2C%20abuse%2C%20neglect%20and%20exploitation.pdf>