



Queensland Independent  
Disability Advocacy Network

# Remote Locations Pilot

To Department of Families, Seniors, Disability Services and  
Child Safety

28 February 2025

## About the Queensland Independent Disability Advocacy Network

The Queensland Independent Disability Advocacy Network (QIDAN) is a group of organisations that provide individual advocacy services to Queenslanders living with disability. These organisations are funded under the Queensland Disability Advocacy Program (QDAP). The member organisations include Aged and Disability Advocacy; AMPARO Advocacy Inc; Capricorn Citizen Advocacy (CCA); Mackay Advocacy Inc (MA); People with Disability Australia; Queensland Advocacy for Inclusion (QAI); Rights in Action (RIA); Yarn2Action run by Aged and Disability Advocacy; Speaking Up For You; and TASC. QIDAN has three aims:

- Systemic advocacy: coordinated action to address systemic issues experienced by people with disability,
- Member support: 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.

The members of QIDAN offer various independent disability advocacy services across Queensland, including general disability advocacy, specialised individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. QAI coordinates the Disability Advocacy Pathways Hub ('Pathways') to provide information and referrals to people with disability, their families and supporters.

QIDAN describe independent disability advocacy as working alongside people facing disadvantage to promote, protect, and defend human rights, interests, and wellbeing.

Independent advocates do this by:

- Supporting will and preference
- Being partisan, remaining loyal and accountable
- Being professional, culturally safe, and vigorous in pursuit of fundamental needs, and
- Avoiding conflicts of interest.

## Note on Language

Language is a powerful tool for building inclusion. We use person-first language by using the term 'people with disability' but recognise that many people with disability prefer identity first language (i.e. a disabled person). The term 'people with lived experience' is used for people with disability, as well as their family members, carers and kin.

For the purpose of this report, we use the term 'client' to describe a person with disability engaging with disability advocacy, and the terms 'service' and 'issue' interchangeably to describe when a person is provided with advocacy assistance to address an advocacy issue. We note that the sector typically does not like to use language like 'client' and 'service' to describe our work and the community that we work for. However, we are using this language for the ease of the reader.

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## Executive Summary

In 2024-2025, QDAP funded a Remote Locations Pilot Project (pilot project) to be delivered by TASC, Capricorn Citizen Advocacy (CCA), and Rights in Action (RIA), and facilitated by Queensland Advocacy for Inclusion (QAI) as the coordinator of the Queensland Independent Disability Advocacy Network (QIDAN). Each regional organisation provided a preliminary report in January 2025, with QAI providing additional findings and recommendations in this report.

QIDAN has identified key barriers for people with disability accessing advocacy in regional, rural and remote (RRR) areas and has provided recommendations to improve access to advocacy and promote and protect human rights.

In addition to the recommendations provided by the organisations funded through the Remote Locations Pilot Project, QIDAN recommends:

1. The Queensland Government must maintain funding the Remote Locations Project on an ongoing basis.
2. The Queensland Government must extend independent disability advocacy funding for regional, rural, and remote communities by providing sufficient outreach funding for all organisations delivering services in RRR areas.

## Introduction

Disability advocacy for RRR regions is crucial to ensure that people with disability have access to services and supports, and have their human rights protected and promoted. Queensland has the most decentralised population in Australia, with 51% of people living outside the capital<sup>1</sup>. Research demonstrates that over 38% of Queensland's population reside in Rural and Remote Areas, and they often experience lower levels of well-being compared to urban centres<sup>2</sup>.

Under the Queensland Disability Advocacy Program (QDAP), seven organisations are funded to provide disability advocacy within all Queensland local government areas (LGAs). Although these organisations already provide advocacy in RRR areas, people with disability living in these communities continue to experience significant geographical barriers to accessing advocacy. Under the current QDAP funding provisions advocacy organisations can assist just 0.3% of the population of people with disability in Queensland<sup>3</sup>.

According to the Australian Statistical Geography Standard (ASGS), most of the LGA's in Southwest Queensland (serviced by TASC), Central Queensland (serviced by CCA), North and Far North Queensland (serviced by RIA) are classified as outer regional, rural, or remote (RRR) as shown below<sup>4</sup>.

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<sup>1</sup> Queensland Government (2023). Queensland's regions. Retrieved from <https://www.statedevelopment.qld.gov.au/regions/queenslands-regions#:~:text=It's%20the%20most%20populous%20state,with%2068%25%20in%20other%20states.>

<sup>2</sup> Queensland Health. (2022). *Rural and remote health & wellbeing strategy 2022 – 2027*. Retrieved from [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0020/1142066/Rural-and-Remote-Health-and-Wellbeing-Strategy-2022-2027.pdf](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.qld.gov.au/_data/assets/pdf_file/0020/1142066/Rural-and-Remote-Health-and-Wellbeing-Strategy-2022-2027.pdf).

<sup>3</sup> Queensland Independent Disability Advocacy Network. (2024). *QIDAN Budget Submission*. Retrieved from: <https://disabilitypathways.org.au/qidan-budget-submission/>

<sup>4</sup> Australian Bureau of Statistics (2023). Remoteness Areas. Retrieved from <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>.

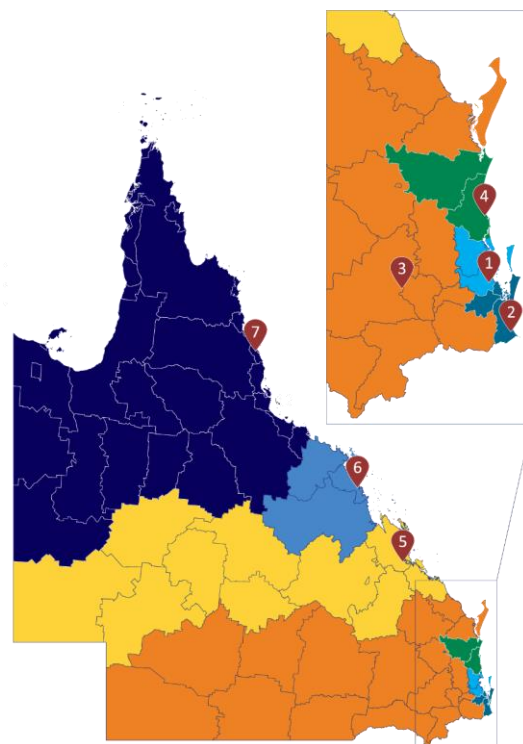
	Rights in Action	Capricorn Citizen Advocacy	TASC
Major City, Inner Regional and Outer Regional LGA's	0	0	12
Inner Regional and Outer Regional LGA's	0	3	0
Outer Regional LGA's	6	0	0
Outer Regional and Remote LGA's	5	3	3
Remote LGA's	2	0	0
Remote and Very Remote LGA's	3	0	2
Very Remote LGA's	19	6	2
<b>Total LGA's</b>	<b>35</b>	<b>12</b>	<b>19</b>

To begin to address the advocacy needs of people with disability in RRR areas, the Department of Families, Seniors, Disability Services and Child Safety provided funding to RIA, CCA, and TASC for the Remote Pilot Location Project for the 2024-25 financial year. The three regional disability advocacy organisations submitted reports on their pilot project activities to the Department at the end of January. Queensland Advocacy for Inclusion (QAI) was asked to prepare a final report that consolidates the regional reports and provides an update on the pilot project.

This report examines the progress of the pilot project so far and considers the future of the project. It includes an analysis of the results and key themes from two surveys conducted by QAI. It also summarises and reviews the reports submitted by TASC, CCA and RIA. Additionally, the report discusses observations made by QAI Community Engagement Advocate and input from other members of QIDAN who provide services in Regional Queensland. The report explores the unmet demand for advocacy in RRR areas. It also discusses emerging themes from the reports and surveys, considers alternative models of advocacy, and explores ways to ensure the pilot project remains sustainable.

This report covers the period from the allocation of funding to the end of February 2025.

Map of QDAP regions:



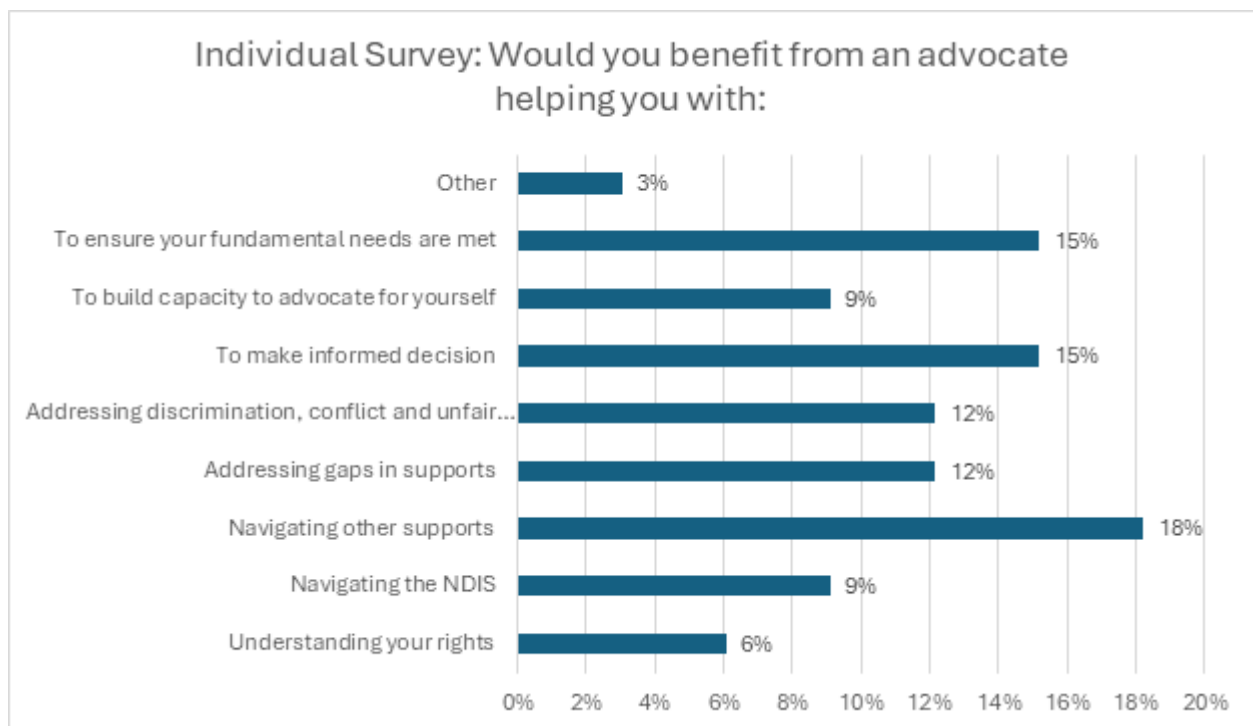
## Outreach and Engagement

### Survey

To gain a deeper understanding of the advocacy needs of people with disability in RRR areas, QAI conducted two surveys to gather quantitative and qualitative data. The first survey targeted individuals with disability, aiming to hear directly about their experiences, while the second survey was designed for organisations working in RRR areas to complete on behalf of their clients. QAI created two respective flyers promoting disability advocacy, each featuring a QR code linked to the surveys for ease of distribution. These surveys and flyers were distributed to TASC, CCA, and RIA as part of their pilot outreach efforts. Additionally, the QAI Community Engagement Advocate distributed the surveys during outreach activities in the RRR areas. At the time of authoring this report, the survey for organisations has received 15 responses, and the survey for individuals received 11. Though the sample size for both surveys are currently small, it is important to note that the survey has been open for a limited time, and due to time restraints very limited



outreach has been conducted by the 3 organisations and QAI so far. The surveys sought to understand how individuals preferred receiving services, what assistance an advocate could provide, and the barriers they faced. Many respondents expressed a need for advocacy support, with 54% of individuals and 66% of organisations feeling that an advocate could assist individuals in navigating non-NDIS supports. Furthermore, 45% of individual participants believed that an advocate could help them make informed decisions and meet their fundamental needs. Notably, all survey options regarding advocacy assistance were selected at least once, indicating a broad recognition of the need for disability advocacy for the RRR areas.

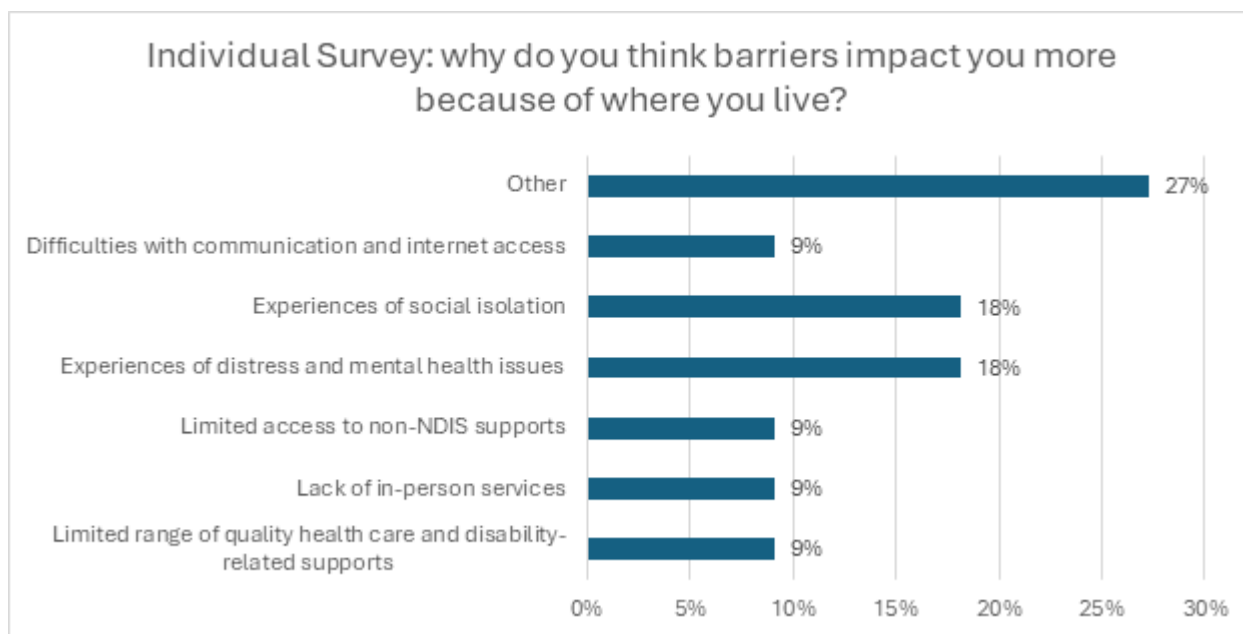


Additionally, 90% of individuals and 87% of organizations reported that barriers to accessing services were more pronounced for those living in RRR areas. Among organizational respondents, 73% noted an increase in the barriers faced by people with disability in these regions. Specific barriers highlighted included limited access to quality health care and disability-related supports, as well as a lack of in-person services, each affecting 27% of respondents.

The survey also revealed that a significant portion of respondents preferred face-to-face services, with 36% of individuals and 53% of organizations indicating this preference.

Additionally, 27% of individuals and 46% of organizations favoured a mix of service delivery methods, including phone and online options.

The surveys highlighted several important themes, including a lack of appropriate support services for RRR areas, limited travel options and travel costs to access further away support services, and the need for face-to-face advocacy services.



### Observations from QAI Community Engagement Advocate

QAI's Community Engagement Advocate conducted RRR outreach activities during the initial stages of the pilot project, providing observations that complement the work of CCA, RIA and TASC. As part of this work, the Community Engagement Advocate attended a Disability Expo in Longreach alongside CCA and participated in a Services Expo in Cherbourg. Additionally, they undertook an outreach trip, engaging with communities across the LGAs of Gympie Regional Shire, Fraser Coast Regional Shire, Bundaberg Regional Shire, North Burnett Regional Shire, and South Burnett Regional Shire. Some community organisations that the advocate met with had no knowledge of the disability advocacy supports available in their community. This is due to limited outreach from advocacy organisations caused by significant funding constraints. The advocate provided information about the advocacy services available in these regions and connected them with [Disability Advocacy Pathways](#) to help them find the correct organisation. Throughout

these activities, the advocate connected with community members, service providers, and other local organisations, identifying recurring concerns that were consistently raised across different regions.

The QAI Community Engagement Advocate and CCA heard anecdotal evidence that there are people with disability who are not aware of the NDIS, or do not know that they may be eligible for the NDIS. Further, there were several people who suggested that they felt they did not want to access the NDIS because of the limited number of services available. Concerningly, Local Area Coordinator offices are primarily concentrated on the East Coast of Queensland, meaning that many rural and remote locations in central and west Queensland do not have access to the services. In RRR areas, the Assessment and Referral Team (ART) primarily help people to access the NDIS, but the help provided by ART is largely over the phone as they do not have physical offices in these communities.

### **Reports from TASC, Capricorn Citizen Advocacy, and Rights in Action**

The findings from the survey align with the reports produced by TASC, CCA, and RIA providing further evidence of the challenges people with disability face in RRR areas. These reports also outline how each organisation has begun implementing the pilot project to expand disability advocacy in RRR communities.

#### **TASC**

As discussed above, TASC provide disability advocacy to 19 LGAs, of which, 7 are classified as Very Remote, Remote, and/or Outer Regional. TASC began the pilot project by conducting community consultation in two Outer Regional towns, Gympie and Goondiwindi, with the intention of capturing the diverse experiences and challenges faced by people with disability and their communities.

The consultations highlighted several key issues, including limited awareness of disability advocacy, difficulties accessing advocacy services, barriers to information and communication, transportation challenges, gaps in service availability, the need for

community engagement and local leadership, systemic advocacy needs, and location-specific challenges.

TASC emphasised the importance of community leaders and the need for a sustained advocate presence in these regions. They proposed a trial of a Micro Advocacy and Community Hub Approach, which would provide face-to-face disability advocacy, tailored support, and a trusted presence in the community. TASC also plans to collaborate with local organizations and community groups to support ongoing advocacy efforts.

TASC provide the following recommendations for disability advocacy in Southwest Queensland:

- Pilot the micro-advocacy and community hub model to deliver tailored, localised advocacy support.
- Strengthen community engagement through ongoing face-to-face interactions to build trust and inclusion.
- Look to develop targeted communication strategies to ensure accessible and effective information sharing.
- Consider and report systemic barriers, including legislative and funding challenges, to improve service delivery.
- Collaborate with local leaders, organisations, and community champions to drive sustainable advocacy efforts.
- Monitor and evaluate the pilot model to measure outcomes and refine approaches.

### **Capricorn Citizen Advocacy**

CCA provides both Citizen Advocacy and Individual Advocacy within its service regions. Citizen Advocacy is centred in Rockhampton, while the Vantage Point Program (independent individual advocacy) operates across Central Queensland. Of the 12 LGAs CCA serves, 9 are classified as Very Remote, Remote, and/or Outer Regional.

As a small organisation CCA rely solely on QDAP funding and operate with only 2.6 full-time equivalent staff, making it particularly difficult to provide advocacy services across such a vast and geographically isolated region.

During the pilot project, CCA conducted outreach and engagement activities, including attending the Longreach Outback Disability Expo in November 2024. Similar to TASC, CCA identified key challenges such as limited-service availability, transportation barriers, and difficulties accessing information and communication.

To address these challenges, CCA plans to focus on networking and visibility, by attending interagency meetings across its six Very Remote and/or Remote LGAs, as well as engaging with State and Federal Members of Parliament in their electorate offices. Additionally, CCA will implement mobile pop-up advocacy sessions in community spaces like libraries and community centres. They also intend to deliver self-advocacy workshops, equipping people in RRR communities with the skills to advocate for themselves effectively.

Since CCA delivered their report to the Department, they have also been partnering with likeminded organisations, such as Community Resource Unit, to build a better knowledge of advocacy.

CCA provide the following recommendations for disability advocacy in Central Queensland:

- Recommendation 1: The QDAP Pilot Project be continued post 2024-25 in the Rockhampton Region as an ongoing operational program to provide advocacy to the regional, rural and remote areas of the Rockhampton Region. This service will continue to be provided by CCA's Vantage Point program which supplements its Citizen Advocacy model. The Citizen Advocacy model will remain based in Rockhampton serving the Rockhampton Regional Council and Livingstone Shire Council areas.
- Recommendation 2: CCA's existing QDAP funding in 2024-25 (including the \$100,000 pilot project allocation) be boosted to \$700,000 per annum as an ongoing funding base to enable CCA to adequately service its additional area and population.

## **Rights in Action**

RIA cover North and Far North Queensland service regions and therefore were required to prepare two reports for the Department. Due to the similarities between the reports, this section provides a consolidated summary of both.

RIA's service region encompasses 35 LGAs, all of which are classified as Very Remote, Remote, and/or Outer Regional. Notably, RIA serves a high number of Aboriginal and Torres Strait Islander communities, with 10 of their LGAs are Aboriginal Shires, while two are under the Torres Strait Island Regional Council and the Torres Shire.

RIA has been actively engaging with community, government representatives, service providers and established interagency meetings to promote its services and understand the advocacy needs of people in RRR areas. Based on these findings, RIA plans to develop self-advocacy toolkits tailored to community needs. These toolkits will be delivered by locally trained Community Champions, who will also serve as direct referral points to RIA for phone-based advocacy in more complex cases. This approach will complement RIA's broader RRR outreach efforts. Although not outlined in RIA's report, the organization has informed QAI that it will conduct frequent outreach visits to key locations, including Charters Towers, Pentland, Palm Island, Hughenden, and Mount Isa.

RIA also highlighted several systemic advocacy issues in its report and through anecdotal evidence. The organization hopes to address some of these broader systemic concerns through the toolkit initiative and the ongoing pilot project.

RIA provide the following recommendations for disability advocacy in North and Far North Queensland:

- RIA continues advocacy engagements, education sessions and service provision in the region, which will increase the social and economic participation of people with disabilities across the North QLD region.
- RIA to receive additional funding to appoint a dedicated outreach position to address the need in the community

- With continued advocacy engagements, RIA advocacy will also ensure that people with disabilities have the necessary and appropriate support.
- Continue RIA advocacy service provision in rural and remote North QLD regions, particularly during the new NDIS navigational support and QLD state foundational support transition. This will provide continuity of crucial service for people with disabilities across North QLD.
- RIA works with relative statutory bodies to ensure human rights and optimal participation of people with disabilities living in North QLD.
- Toolkits of common themes relating to people with disabilities (which RIA are developing) are distributed by RIA at follow-up face-to-face education workshop sessions.

### **Case Study**

Advocates in the Rights in Action Townsville Office noticed an older First Nations man, who appeared confused and lost, wandering around in a park close to the organisation's office. Two advocates approached the man to check to see if he needed help. The man, named Arthur\*, explained that he had travelled to Townsville from his home in the Torres Strait to receive treatment at the Townsville Hospital for several chronic health conditions. The advocates also learned that English was Arthur's second language, and he has a cognitive impairment.

Arthur explained that he had travelled to Townsville previously and was provided with transport to and from the hospital and interpreting services. However, when he arrived in Townsville this time there was no transport nor representative from the hospital waiting for him. Arthur had made his way to the park but was not sure where he was or how he could get to the hospital. The advocates helped Arthur get a taxi to the hospital and obtained Arthur's permission to check in with him later in the week to see how he was going.

Later in the week, the advocates contacted Arthur and organised to meet him at the hospital. Once there, the advocates learned that a social worker had suggested to Arthur

that he would benefit from being under a public guardianship order and subsequently made an application for guardianship on his behalf. Arthur told his advocates that he did not understand what the social worker was saying as he was not provided with an interpreter at the time of the conversation.

The advocates travelled to the Torres Strait with Arthur and met with his family. On their visit, the advocates discovered that Arthur has a strong support network, and his niece was willing to be Arthur's guardian. Arthur also expressed that he would much prefer his niece to be his guardian, as he trusted she would respect his will and preference and support him in making decisions. The advocates advocated for Arthur and supported his family through the guardianship process.

Whilst in the Torres Strait, the advocates discovered that several other local First Nations residents had similar experiences where they were placed under public guardianship orders by Townsville Hospital staff. Rights in Action decided that they would provide advocacy to those who wanted their guardianship orders revoked. They also decided to regularly engage in outreach where advocates would provide "advocacy clinics" in the library where local residents with disability could have one-hour advice appointments with the option for ongoing advocacy where needed. Rights in Action also delivered training to the staff of Townsville Hospital on guardianship and supported decision-making and noticed a significant decrease in guardianship orders made by hospital staff over time.

*\*Name has been changed to protect confidentiality*

### **Mackay Advocacy**

Mackay Advocacy (MA), QIDAN member, was not part of the pilot project; however, they have established highly effective outreach practices across their three Outer Regional, and Remote local government areas (LGAs). MA provides advocacy services throughout the Mackay, Whitsunday, and Isaac Regional Councils, covering an area of 90,342 km. While their service area is smaller than some other advocacy organizations, they work exclusively in Outer Regional LGAs, supporting a geographically dispersed population.



Based in Central Mackay, MA conducts outreach to the Whitsundays region as needed. In the last financial year, MA visited Bowen three times, with back-to-back advocacy appointments scheduled for each visit. Like the advocacy organizations funded under the pilot project, MA actively participates in community meetings across its service region, fostering trusted relationships with other services and maintaining a consistent presence in these communities.

MA also operates the Pioneer Valley Hub, a community advocacy program providing opportunities for residents to connect and give MA an opportunity to provide on the ground advocacy. The Hub offers art therapy workshops and hosts presentations from services such as the Mackay Community Legal Centre. It is based in Finch Hatton, an isolated location that many community members find challenging to access due to hazardous road conditions. Between 4-27 people attend each session, and often the same individuals and families attend the Hub, but new attendees are welcome. Currently, MA is able to facilitate these programs with the help of donations from local businesses and other community contributions. MA has reported that the Hub has been an essential to keeping a presence in the local community and build valuable connections and generating individual advocacy referrals.

Additionally, MA collaborates with the Isaac Navicare Health Navigation Service, which connects people to essential services and advocates for community needs.

### **Case Study**

Mackay Advocacy hold a regular community advocacy program where any member of the community can attend an activity organised and facilitated by Mackay Advocacy, such as free cooking classes.

A family, consisting of a husband and wife and two young children (both home schooled), attended the community programs frequently. Advocates and staff of Mackay Advocacy got to know the family and learned that the husband, Kyle\*, has an acquired brain injury. Kyle did not have access to the NDIS and relied heavily on support from his wife as his primary carer. An advocate at Mackay Advocacy helped Kyle to apply to the NDIS, and

linked Kyle with a local community centre who provides some volunteered in-home support including transport support, grocery delivery, and basic family activity support with housework and yard maintenance.

Advocates found that Kyle's wife, Kerriane\*, was very quiet and seemed drained. An advocate focused on Kerriane at the community programs and worked hard to build a relationship with her. After several months, Kerriane opened up to the advocate and disclosed that she was struggling with carer's fatigue and depression. The advocate also discovered that Kerriane had to reduce her work hours in order to provide support to Kyle. The advocate helped Kerriane connect with Carer's Queensland, and advocated for Kerriane to have access to counselling, a support group, and respite services when needed. The advocate also helped Kerriane connect with an online peer network for loved ones of people with acquired brain injuries, which greatly expanded Kerriane's support network.

After several months of advocacy, the family advised Mackay Advocacy that Kyle's NDIS application was progressing, and they were very hopeful that the application would be approved. The support provided by the local community center made a significant impact on the family, and Kyle reported feeling like he had more autonomy and control over his life. Kerriane was able to return to work at her previous capacity and appeared more outgoing and happier. Both children were able to engage in activities with peers to build connections in their community.

*\*Names have been changed to protect confidentiality*

## **Common Themes**

A prominent theme that emerged from the results of the survey and organisational reports was the insufficient access to support services in RRR communities. Many survey respondents felt more impacted by advocacy issues due to the limited range of quality health care and disability related supports, as well as the lack of in-person supports. This issue of limited access is well-known, with recent government initiatives aiming to address

it, such as offering monetary incentives for health staff to move to rural and remote Queensland<sup>5</sup> and increasing Telehealth services in these areas<sup>6</sup>. Moreover, the NDIS review acknowledged the increase of 'thin markets' in RRR Queensland, with long wait times and service delays often becoming a reality for these communities<sup>7</sup>. In response to this issue, the NDIA offer market loading to encourage providers to offer services to NDIS participants in regional, rural and remote areas.

Due to the lack of funding, resources, and vast geographical areas, support services for people with disability in RRR areas are often limited to online or phone-based services. These options do not meet the needs of individuals with low literacy levels, limited digital literacy, privacy concerns, and/or poor internet and phone reception<sup>8</sup>. Moreover, the lack of choice in service providers adds to the challenge. For example, RIA have reported that approximately 30 support coordinators have ceased operating in the Cairns region in the recent months. RIA have received an increase in enquiries from previous participants of these support coordinators, often stating that the loss of their support coordinator has caused distress and a new gap in their support networks. In some areas, there is only one provider for support workers and support coordination. When conflicts arise, people with disability may be reluctant to speak up due to fears of losing their only available support. Another significant barrier for people with disability in RRR communities is the travel costs associated with living in geographically isolated areas. One survey respondent suggested that "a large barrier [for me] is the cost of travel ... visiting clinicians." This challenge extends to service providers and advocacy organisations that support RRR areas. Travel to

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<sup>5</sup> Queensland Government. (2023). Putting patients first: further action to tackle ramping and healthcare pressures. Retrieved from: [chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0031/1236739/Putting-Patients-First-2023-24.pdf](chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.health.qld.gov.au/_data/assets/pdf_file/0031/1236739/Putting-Patients-First-2023-24.pdf)

<sup>6</sup> Ibid

<sup>7</sup> Australian Government. NDIS Review: 1. Market challenges limit the ability of the NDIS to deliver quality supports for participants. Retrieved from: <https://www.ndisreview.gov.au/resources/paper/improving-access-supports-remote-and-first-nations-communities/1-market-challenges>

<sup>8</sup> National rural health alliance. (2024). Digital health and connectivity in rural Australia. Retrieved from: <chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.ruralhealth.org.au/wp-content/uploads/2024/05/nrha-digital-health-connectivity-factsheet-apr-24.pdf>

these communities can often be resource-intensive and expensive, and without additional funding, disability advocates face difficulties in reaching these areas. For example, to attend the Longreach Disability Expo on a Saturday, CCA first had to fly to Brisbane, then take a connecting flight to Longreach. As there was no flight out after the event, they stayed overnight before flying back to Brisbane and continuing to Rockhampton late Sunday night or early Monday morning. What might seem like a straightforward community engagement trip requires substantial time, effort, and financial resources. Without adequate funding and resources, these communities miss out on crucial advocacy support.

Data from TASC, CCA, and RIA QDAP advocacy efforts indicate that NDIS service provision is a common issue across Queensland. In the period from 2023 to 2024, addressing problems with NDIS service providers accounted for 12% of the advocacy assistance provided by CCA, and 16.6% of the advocacy assistance RIA provided. In RRR areas, the lack of service providers significantly limits people's fundamental right to choice and control over their lives. TASC highlighted this issue in their report to the department, and QAI's Community Engagement Advocate observed the same challenge in several communities. In one community the only NDIS service provider was a family-run business, which had created a local monopoly and refused clients due to personal conflicts. Such circumstances, where there are few service providers, creates significant barriers, including conflicts of interest, preventing people from accessing suitable supports.

Independent disability advocacy services are also limited in these areas, meaning people often cannot access immediate, face-to-face support. Advocacy organisations like TASC, CCA, and RIA are currently forced to provide advocacy services primarily over the phone. However, these organisations have proposed conducting outreach activities to RRR communities through the pilot project, aiming to provide some level of face-to-face advocacy support to these underserved regions.

## Case Study

A social worker from Cairns reached out to an advocate requesting help with accessing the NDIS for a client, James\* who is First Nations man in his mid-50s living in a remote Far North Queensland

town. On reviewing his access and internal review decisions, the advocate identified he was a couple of months out of time to apply for an ART appeal (review of the internal review decision). The advocate responded immediately and filed his ART application and request for an extension that same day.

James lives with complex physical and psychosocial disability. He has high support needs but a very limited support network of people who can assist him. He has been trying to gain access to the NDIS for years but had been unsuccessful with all previous applications/ attempts.

In 2018, James started receiving his first My Aged Care supports package; however, James requires a much higher level of support that cannot be offered through a federal funded program designed to provide age-specific rather than disability-specific support.

James was regularly being hospitalised due to his self-harm attempts, using this support as 'respite' as he did not have access to appropriate supports in his home and community through My Aged Care. His main support worker was also providing significant unpaid support, which was unsustainable long term.

With the assistance of his advocate, James put forward a strong case for his out of time application, which was not rejected by the NDIA or ART, meaning he could pursue his appeal. James was represented by his advocate, who worked closely with his social worker from Cairns, the Aboriginal Health Service, and his support worker to gather more evidence throughout the appeal.

In June 2024, James was told the fantastic news that he meets the NDIS access criteria and has now received his first NDIS plan that means he can be appropriately supported at home and in his community. This outcome was made possible with the support of his

advocate and the partnerships that were formed with other organisations such as community legal centres and health care services in North Queensland.

The advocate has since received further referrals from his remote community and have been successful in assisting more clients with their NDIS appeals, particularly assisting these people to gain access to the NDIS and facilitating referrals to other teams within the organisation. The partnerships the advocate developed through these matters have been instrumental in ensuring more people have access to disability support in rural and remote Queensland.

*\*Name has been changed to protect confidentiality*

## **Unmet Demand**

The Queensland Government has previously acknowledged the unique circumstances and experiences faced by Remote LGAs, as well as the importance of all LGAs having the foundations to support liveable communities<sup>9</sup>. For community members in RRR LGAs who live with disability, having access to disability advocacy is a part of that foundation.

Unmet demand occurs when a person tries to access disability advocacy but is turned away and is unable to access the service at that time. There are several reasons why unmet demand occurs, but in the context of RRR communities, unmet demand largely occurs when a person requesting advocacy services lives in a location that is not easily accessible. As highlighted throughout this report, advocacy organisations struggle to reach RRR communities for many reasons including a lack of funding to support extensive travel, a lack of organisational capacity, and lack of resources. Subsequently, the regional advocacy organisations often must make the hard decision to not provide advocacy services to people living in rural, remote and very remote areas.

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<sup>9</sup> Queensland Government. (2021). Rural and remote Councils compact between the Queensland Government and local Government in Queensland: a sub-agreement to the partners in government agreement. Retrieved from: [chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.localgovernment.qld.gov.au/\\_\\_data/assets/pdf\\_file/0034/86758/rural-and-remote-councils-compact-2021.pdf](chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.localgovernment.qld.gov.au/__data/assets/pdf_file/0034/86758/rural-and-remote-councils-compact-2021.pdf)

QIDAN's data over the 2023 to 2024 financial year uncovers that the three regional organisations (TASC, CCA, and RIA) reported 272 instances of unmet demand. Of CCA's unmet demand cohort, 28.6% indicated that they were experiencing domestic family violence (DFV) and 71.4% identified as female. In RIA's cohort, 20% of unmet demand involved an Aboriginal and/or Torres Strait Islander person. The most common types of issues recorded for all three organisation's unmet demand were access to the NDIS, legal issues and housing and tenancy issues.

The complexity of unmet demand matters experienced by people living in RRR communities indicates that they likely do meet the criteria for advocacy services. If regional advocacy organisations were adequately funded and resourced, we predict that the number of unmet demand instances in RRR locations would reduce dramatically.

## **Advocacy in Regional, Rural and Remote Queenslanders**

A reoccurring theme throughout the survey, reports from TASC, CCA, and RIA, and the Community Engagement Advocates observations, is the importance of trust building and establishing relationships in RRR communities particularly First Nations communities.

Anecdotally, some RRR community members are not willing to engage with services that come into their communities just once, as they feel there may be a lack of follow up from the services. Moreover, every organisation involved in the pilot project reported concerns around trust building in RRR communities over a short period of time. The Community Engagement Advocate noted that after QAI visited one rural town 3 separate times over 4 months, the community members and organisations were more likely to engage with the staff members.

Building strong relationships in RRR communities is vital for effective advocacy in these communities, as they can use their local knowledge and leverage their position in the community to connect individuals with disability advocacy. Building these strong relationships takes time and involves an organisation consistently showing up for community members.

In an effort to improve access to independent disability advocacy for people across Queensland, QIDAN organisations have been exploring additional models of advocacy specifically designed to enhance support for individuals in RRR areas.

### **Community Advocacy**

Community advocacy is a model of advocacy that focuses on broader community needs rather than solely on individual issues. This approach can lead to significant outcomes for individuals. Mackay Advocacy highlighted the success of the Navicare Health Navigation Service in the Isaac LGA, which connects people to essential services and provides community advocacy. In one of the areas Navicare serves, workers identified a critical gap in mental health support, with no psychologists available in the community. As a result of their advocacy efforts, a psychologist was secured to visit three times a week, improving access to much-needed services.

### **Advocacy Clinics**

Advocacy clinics provide one-on-one advice sessions with independent disability advocates. These clinics are often run out of trusted community centres and operate infrequently, offering on-the-ground advocacy support outside of traditional office settings. QIDAN member, People with Disability Australia (PWDA), runs a monthly advocacy clinic in the rural town of Woombye on the Sunshine Coast. This clinic operates from a local community organisation's office and offers both in-person and phone appointments. It has been running successfully for over a year. Through the pilot project, CCA has proposed a similar advocacy clinic model, suggesting that they travel to RRR communities and provide advocacy services as needed. Likewise, TASC has proposed a community hub model, where small-scale micro-advocacy services will be provided within local hubs to ensure accessibility for people with disability in RRR areas.

### **Self-Advocacy**

Self-advocacy builds the capacity of people with disability to speak up for themselves. Building capacity for self-advocacy ensures that individuals can exercise their rights and participate more fully in their communities. This approach is particularly



effective in RRR settings, where access to individual advocacy services is limited, making self-advocacy an essential tool for individuals navigating local challenges.

All three reports from TASC, CCA and RIA highlighted the need for self-advocacy resources to be developed and delivered through the Remote Locations Pilot Project to complement the RRR outreach conducted by these organisations.

The Disability Royal Commission (DRC) recognised the importance of self-advocacy for people with disability, noting that self-advocacy can lead to several positive outcomes, including increased confidence<sup>10</sup>. The DRC also acknowledged the role that organisations who provide self-advocacy resources play in supporting people with disability to self-advocate<sup>11</sup>.

Independent individual disability advocates possess the necessary skills to support people with disability in using self-advocacy resources effectively. To ensure the success of the self-advocacy resources developed by advocacy organisations, they must be delivered alongside appropriate training provided by these organisations. Continued funding for RRR advocacy is essential to facilitate the correct dissemination of self-advocacy resources within RRR communities.

## Next Steps

As of 28 February 2025, the Remote Locations Pilot Project is still on going and will run until 30 June 2025. The early months of the pilot presented many challenges including the lack of clarity about the pilot's outcomes, the time taken to hire qualified and experienced staff members where appropriate, and the time it takes to organize and facilitate outreach logistics.

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<sup>10</sup> The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). Enabling autonomy and access. Pg. 263. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf

<sup>11</sup> Ibid.

Since TASC, CCA, and RIA submitted their reports, they have continued to work on the pilot project. TASC have been in conversation with health services in Dalby and Chinchilla about developing community hubs. CCA have been partnering with like-minded organisations, such as Community Resource Unit, to build a better knowledge of advocacy, and they will be returning to Longreach for a Care Expo in March. RIA are continuing to develop self-advocacy toolkits, and continuing outreach as needed.

All three organisations plan to continue the pilot project and thus continuing outreach and alternative forms of advocacy until the end of the project. For the greatest outcomes for people with disability living in RRR areas, these activities must be ongoing. In order for this to occur, the organisations must receive the funding that has been allocated through this pilot project on an ongoing basis (at a minimum), as their baseline Queensland funding provisions do not support this level of outreach and advocacy.