

15 May 2025

Peter Malinauskas MP
Premier of South Australia
SA Government
GPO Box 2343
Adelaide SA 5001
Via email: premier@sa.gov.au



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Dear Premier,

RE: A call to fund independent disability advocacy in South Australia, giving people with disability the same opportunities as everyone else to choose how they live and end segregation, violence, abuse and neglect.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC) Final Report emphasised that **independent advocacy** services are essential for **upholding the human rights and wellbeing of people with disability**.¹ It recognised that all people with disability should have access to high-quality, well-resourced, advocacy services. However, it found that **existing advocacy programs across the nation are not meeting demand** and additional investments are needed.

This is particularly the case in South Australia, where successive governments have **failed to fulfil their responsibility** to adequately fund independent disability advocacy.² At present, unlike in other states, there is **no state-based independent disability advocacy funding in South Australia**. We recognise, and welcomed, the SA government providing \$400,000 a year to Uniting Communities for individual advocacy for people with disability navigating the NDIS and community, as a direct result of a recommendation made by a "Safeguarding Task Force" (formed to review the circumstances leading to the death of Ann Marie Smith in to invest in 2020). However, unfortunately, people with disability who are building good lives in our community continue to face significant barriers across all facets of their lives and require advocacy services to break through these. The current investment does not go far enough in ensuring this need is met ([refer to Appendix 1 for information on unmet need/demand, and a proposed funding model](#)).

¹ Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability, Final Report, Vol.6, 'Enabling autonomy and access', September 2023, for example p.255, available at <https://disability.royalcommission.gov.au/publications/final-report>.

² *Ibid*, Royal Commission into Violence Abuse, Neglect and Exploitation Final Report pp.285-289.

Reasons to invest in independent disability advocacy

There are many important reasons to invest in independent disability advocacy, across systemic, peer/representative and individual advocacy, including;

- Investing in advocacy addresses safeguarding risks, and reduces the prevalence of violence, abuse and neglect against people with disability.
- It creates greater opportunities for people with disability to live active lives in the community.
- It is cost-effective, and improves efficiency.
- It has flow on positive impacts for others in the community, such as unpaid Carers.

For further information on these reasons, refer to Appendix 2, and for examples of advocacy in practice, Appendix 3, for an accessible version of this letter, Appendix 4.


On behalf of people with disability and the disability community, we (signed below) call on the South Australian government to urgently commit to investing in long-term and stable funding for the three streams of independent disability advocacy funding (individual, systemic and representative/peer) and immediately invest \$3.3 million³ in 25/26 to address current unmet need.

Commented [LO1]: Do we need to include a time period?

Commented [TW2R1]: yep

Tracey Wallace
Strategy Leader
JFA Purple Orange

On behalf of:

 <p>Purple Orange</p>	<p>Robbi Williams Chief Executive Officer JFA Purple Orange</p>
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³ For further information as to unmet need/demand and projected costs/funding model, please refer to Appendix 1.

	<p>Ross Womersley Chief Executive Officer South Australian Council of Social Service (SACOSS)</p>
	<p>Kim McRae, Manager, Tjungu Team, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council</p>
	<p>Felicity Crowther, Executive Director, South Australian Council on Intellectual Disability (SACID)</p>
	<p>Sam Paior, CEO and founder of The Growing Space</p>
	<p>Geoff Harris, Executive Director, Mental Health Coalition of South Australia (MHCSA)</p>
	<p>Janine Lenigas, State Territory Manager South Australia, National Disability Services (NDS)</p>



Julia Overton,
Chief Executive Officer,
Carers SA

DRAFT

Appendix 1

Unmet need and Unmet demand

The National Centre for Disability Advocacy talks both of unmet need, and unmet demand for advocacy. *“Unmet Demand is defined as requests for advocacy that are unable to receive support due to insufficient capacity of the organisation. Unmet Need describes people who need an advocate, but they do not know of their existence, how to find them, or do not have access to them”*⁴

The Intake project report, commissioned by the Department of Social Services, found at a national level that approximately 1 in 2 people with disability were not able to access requested advocacy supports when required (‘unmet demand’)⁵.

That same report noted that there was at least another 50% of people with disability with unmet advocacy need⁶. More granular work in partnership with people with disability, supporters and advocacy/representative bodies is required to understand unmet need and unmet demand here in South Australia⁷. The importance of funding advocacy now though cannot be overstated.

Models for funding and data

JFA Purple Orange believe [the level of advocacy funding provided by New South Wales \(NSW\) in 2024](#), provides a sound model⁸ on which to base a South Australian approach to [disability](#) advocacy funding that can be implemented without any further delay. We have modelled this [for South Australian population levels](#), using the Productivity Commission’s approach in its 2017 Report on NDIS Costs, at \$3.3 million in 2025-26 – a modest investment relative to other areas of government expenditure. This should be accompanied by comprehensive data collection and reporting about demand and unmet need to calibrate the investment over time, noting that demand will be higher during the current period of significant changes including in the NDIS and the roll out of Foundational Supports.

⁴ National Centre for Disability Advocacy (2025), Addressing Unmet Demand and Unmet Need

⁵ Disability Advocacy Network of Australia (2025), *Submission: Building on solid foundations: Investing in local, community driven disability advocacy organisations*, January 2025 available at: <https://dana.org.au/wp-content/uploads/2025/01/DANA-Pre-Budget-Submission-2025-26-final-1.pdf>, accessed in April 2025.

⁶ Ibid, DANA 2025.

⁷ Taylor Fry and the Centre for International Economics (CIE) (2023), *Increased funding to meet demand for disability advocacy services, report for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*, available via:

<https://disability.royalcommission.gov.au/publications/increased-funding-meet-demand-disability-advocacy>

⁸ NSW Government (2025), *Disability Advocacy Futures Program webpage*, available online at: <https://dcj.nsw.gov.au/community-inclusion/disability-and-inclusion/disability-advocacy-futures-program.html>, accessed in March 2025.

Appendix 2

Examples of individual advocacy in practice

The below examples are composite examples, based on the types of issues people with disability experience and have shared with us. Details have been changed and examples generated in ways that ensure individual identities are not disclosed.

Eloise's story

Eloise is a 55 year old woman, who was homeless, following a long-term relationship breakdown and a health crisis. She had exhausted housing options with family and friends, and was sleeping in a broken caravan, behind an old hall. She found it scary, and was worried someone would hurt her, but did not know where else to go. She was using the last of her savings to cover her living expenses. A friend tried to help her apply for public housing via the SA Housing Trust, but her public housing application at that time was assessed as Category 3. She experiences issues with her hearing, and also a learning disability, which affect her memory and how she retains information. She has always found reading and filling in forms difficult.

Eloise was connected to a disability advocacy service.

The advocate assisted Eloise to connect to a homelessness service and explained the support she needed to address the barriers to help she was experiencing. The homelessness service provided some more suitable temporary accommodation, and (as a reasonable adjustment) provided extra support to assist her to apply for Job Seeker benefits through Centrelink, whilst an application for the Disability Support Pension was also being considered.

Simultaneously – the advocate worked with Eloise to gather information to support an urgent review of her SA Trust public housing application. It was re-assessed at Category 1. Eloise is expected to be allocated a public housing property shortly.

The application for the DSP was declined. The advocate supported Eloise to access legal advice, and then to appeal that decision. She was successful with her appeal and is now receiving the Disability Support Pension.

If advocacy assistance had not been available to Eloise, she may have had her health/circumstances continue to deteriorate whilst living in the caravan. She might also not have ever received the Disability Support Pension. It would also have likely taken much longer for her SA Housing Trust application to be reviewed/re-considered.

Silvia's story

Silvia (they/them) is 22 years old and uses a wheelchair. They also have a labrador dog, Luna, who is a registered assistance animal, and supports Silvia with their post-traumatic

stress disorder. Silvia had recently moved to Adelaide to study at TAFE. They had to use Access Taxi's to get around as public transport close to their home cannot accommodate their wheelchair at the times that they needs.

They have had persistent issues with Access Taxi staff – either their taxi doesn't come (they suspect due to Luna), or when it arrives, staff have refused to allow Luna in the vehicle.

Silvia is considering dropping out of their studies, as they are missing classes, and getting more and more behind, creating significant stress and anxiety.

Silvia was referred to a disability advocacy service.

Silvia and the disability advocate met with Access Taxis management and outlined the issues. Access Taxis undertook to deliver training to all staff around assistance animals, but this did not seem to resolve the problem. Silvia and her advocate worked with Access Taxis to find a solution – three or four drivers, that were reliable, that were comfortable to travel with Luna, who Silvia could contact first.

Silvia's advocate also helped them liaise with the student support staff at their TAFE to explain what had happened. Silvia received a waiver on the attendance requirement to date, and an extension on a key piece of assessment that was due soon. Silvia reports that the issues have been resolved.

Without advocacy assistance, Silvia would likely have withdrawn from their TAFE studies.

Max's story

Max is 35 years old and has an intellectual disability. He lived with his mother until recently, when his mother died. He is a NDIS participant and has recently moved into a group house living arrangement (three house residence). Max did not choose the arrangement and does not like the place or the other residents. One of the other residents in the house is unkind to him, and he has nothing in common with any of the residents. Max has started to withdraw from everyone around him and chooses not to leave his room. Max has a support coordinator, however that coordinator has limited funding, and is having trouble engaging with Max on this topic. She supported him to lodge a change of circumstances request to the NDIS, but it has been months, and there has been no response. The support coordinator is concerned for Max's mental and physical health if he remains in the house.

Max is referred to a disability advocacy organisation.

The advocate engages with the NDIS together with Max, to help them understand the urgency of his circumstances. He receives a new NDIS plan, which has funding for Independent Living Option (assistance to work through different housing options). He also sees his GP about his mental health.

The advocate, and Max work together with all of Max's supports, to find ways to hear and prioritise what Max wants in a home. Max moves to an appropriate home with some friends that he previously played basketball with. He advises he is much happier in his

new home. He is back playing basketball regularly, has friends over to eat pizza and has recently started a job.

Without advocacy, Max would have continued to remain living in an unsafe and unsuitable group house. Both his health and mental health would have continued to deteriorate. It is possible that the unkindness from one of the other residents might have escalated into other forms of conflict or harm.

Yong's story

Yong is 58 years old, and was in hospital, after tripping over and breaking his ankle when out hiking with a friend. Whilst in hospital, he was diagnosed with a slow progressing neurodegenerative illness for which he had been showing symptoms for over a year. Before he was admitted to hospital, Yong had been visiting the hospital emergency department, concerned about his deteriorating health, each day and sitting in the waiting room for some hours, before leaving and then returning the next day. When triaged, the issues he was raising appeared minor, and staff soon became frustrated with his presence and how he was interacting with them, interactions which had been slowly escalating, both due to his memory and also feelings of being dismissed. Now that he had received the diagnosis, and that his ankle had been seen to, he wanted to be discharged from hospital, and go home, where he lived by himself. Hospital staff were however concerned that he did not have enough support to enable this.

Yong had become more upset and angry at the hospital staff, who he considered were keeping him at hospital when he didn't want to be there. Whilst he speaks English, it is not his first language and he does not have a good understanding of his rights or how to speak up for his rights.

A disability advocacy service was engaged.

The advocate worked with Yong (also using an interpreter as needed), and the hospital to develop and implement a discharge plan. Yong was supported to apply for the NDIS, and arrangements were made for post-hospital care service (and some support from family) in the interim.

Yong was supported to find a General Practitioner who understood his neurodegenerative illness and joined a peer network where he was able to share his experiences and learn from others. Zhang Yong now has a better understanding of his rights and how to speak up about them.

Without advocacy assistance (and access to interpreting services), Yong may have had a much longer stay in hospital before discharge, and his hospital discharge plans might not have been nearly as successful. Yong may have become increasingly frustrated with health and hospital staff, and less likely to seek health help again when next needed.

Eli's story

Eli is 74 years of age, and a former journalist. Over recent years, he has developed severe mental illness, which profoundly impacts his day to day life. He is very anxious all of the time, but also experiences periods of psychosis. His daughter was appointed by the South Australian Civil and Administrative Tribunal (SACAT) as a financial manager for him.

Eli had become aware over time that there was a significant amount of money missing from his accounts, and also that it seemed that his daughter was seeking to sell his house. When challenged, she denied any money being removed and denied trying to sell his house.

Eli had the ability to make his own life decisions and did not want his house to be sold. His daughter was also not his guardian. When he raised concerns, his concerns were dismissed, with people attributing his statements to his mental illness.

He was eventually referred to an advocacy service.

The advocate worked with Eli to enable Eli to access his bank statements. Eli could see the significant drop in funds. The advocate also became aware that a real estate agent was working with Eli's daughter towards selling the home, despite Eli being very clear that he did not want to sell his home. The advocate worked with Eli to return to SACAT to seek an urgent change to the administration order – and to appoint instead the Public Trustee as Eli's financial manager. The advocate also supports Eli to access legal advice in case he wanted to pursue criminal charges against his daughter.

With help from his General Practitioner (attesting to his capacity to make this decision) and a lawyer, Eli prepares an enduring power of attorney, naming his sister to act on his behalf should he ever need a guardian, and indicating his desire to continue to live at his home. His sister recognizes the importance of Eli continuing to live in the home he has lived in for many decades. With Eli's permission, his advocate makes sure this paperwork is lodged with all the relevant authorities.

Without advocacy assistance, it is possible that Eli would have continued to experience financial abuse with even more of his funds removed, and also that there could have been further efforts towards selling his home (against his wishes).

Appendix 3

Reasons to invest in independent disability advocacy

There are many important reasons to invest in independent disability advocacy, across systemic, peer/representative and individual advocacy.

1. Investing in advocacy addresses safeguarding risks, reducing the prevalence of violence, abuse and neglect against people with disability

The DRC exposed **atrocious levels of violence, abuse, neglect, and exploitation of people with disability**⁹ and highlights the critical role of advocacy in upholding human rights¹⁰. Advocates work together with people with disability when barriers or issues arise to make sure their voices are heard, and to find early support and early solutions before situations escalate and risk the safety and wellbeing of people with disability.

2. Investing in advocacy creates greater opportunities for people with disability to live active lives in their community

Addressing barriers to education, employment, community participation, transport can have an immense impact on the lives of people with disability. Advocates adapt and work flexibly in partnership with people with disability to find pathways to resolve issues being experienced. They break down barriers and increase opportunities for people with disability to lead equally active lives in mainstream society.

3. Investing in advocacy is cost-effective, and improves efficiency

An independent cost benefit analysis of advocacy conducted by economists Professor Anne Daly and Greg Barrett conservatively estimated that for **each \$1 invested in individual advocacy, there are \$3.50 in benefits**¹¹. In contrast, there are significant economic costs if exclusion and neglect of people with disability is not addressed. In 2021-22 the cost to the Australian economy was at least \$46.0 billion. Of this \$46.0 billion, \$27.7 billion related to systemic failures and neglect.¹²

There are more than 380,000 South Australians who identify as having a disability, and all access state services such as healthcare, housing, education, transport, and justice services. These services often present significant barriers for people with disability, barriers which interact and can be compounded by siloed service systems. Even when navigation support is available (which often it is not) - people with disability can find themselves being referred

⁹ Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability, Final Report, Vol.11, 'Independent oversight and complaint mechanisms', September 2023, for example pp.5-6, available at <https://disability.royalcommission.gov.au/publications/final-report>

¹⁰ Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability, Final Report, Vol.1, 'Executive Summary, Our vision for an inclusive Australia and Recommendations', September 2023, for example pp.75, available at <https://disability.royalcommission.gov.au/publications/final-report>

¹¹ Daly A, Barrett G & Williams R (2017), Cost Benefit Analysis of Australian independent disability advocacy agencies, Canberra: Disability Advocacy Network Australia.

¹² Vincent, J., McCarthy, D., Miller, H., Armstrong, K., Lacey, S., Lian, G., Qi, D., Richards, N., Berry, T. (2022). Research Report - The economic cost of violence, abuse, neglect and exploitation of people with disability, P4-6.

between multiple public services, agencies, local emergency departments and police stations, and Members of Parliament, often without finding the support they are seeking. This increases time pressure for those being approached, whilst also increasing distress for the people with disability seeking and not finding help. Other people with disability experience barriers to seeking help and can be at significant risk of increased harm.

Advocates work proactively and build rapport across service sectors, business and government. **Advocates can support issues to be identified and addressed earlier**, assist with critical analysis and problem-solving, and find unique and innovative solutions to challenging circumstances.

4. It has flow on positive impacts for others in the community, such as unpaid Carers.

In South Australia, 38% of unpaid Carers care for a person with disability.¹³ These Carers provide care and support when the NDIS or other state services do not meet the person's needs. As a consequence, many Carers are locked out of the workforce, living in financial distress, socially isolated, and struggling with their own poor health. Access to individual advocacy services for people with disability will not only have a direct impact on the person's life, but will also provide invaluable support for Carers to better navigate complex systems and services, providing greater opportunities for them to participate in social and economic life.

5. Investing in advocacy is necessary and a shared responsibility

For far too long have state and federal governments argued over who ultimately holds the responsibility of funding disability and disability advocacy services. This was exacerbated with the introduction of the National Disability Insurance Scheme (NDIS) with state governments believing funding responsibility on disability matters shifted solely to the federal government. However, advocacy services are not part of the NDIS, and advocacy must continue to be funded at both levels of government, and outside of NDIS services.

State-based advocacy must complement and work **alongside** nationally funded advocacy, and the NDIS, whilst also being available to any of the more than 380,000 people with disability across SA who might need it.

The DRC endorsed the Productivity Commission's position that funding for advocacy should be **shared** between the two tiers of government.¹⁴ DRC Recommendation 6.21(c) states also, 'state and territory governments should ensure **long-term and stable funding** for disability advocacy programs in their jurisdictions to meet demand.'

¹³ National Carer Survey 2024 Carers Australia

¹⁴ Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability, Final Report, Vol.6, 'Enabling autonomy and access', September 2023, p.387, available at <https://disability.royalcommission.gov.au/publications/final-report>.

Appendix 4: Accessible version of letter

Dear Premier,

- 🗨️ We are asking for money for advocacy to help people with disability.
- ♿️ People with disability need help to live like everyone else.
- 🛑 They need help to stop bad things like being hurt or left out.

🗨️ What is advocacy?

- 🗨️ Advocacy means speaking up for and with people with disability.
- 🛡️ Advocates help people when they have problems.
- 🔍 They help people find the right support.
- 🤝 Advocates work with people to fix problems early.

📖 What the Royal Commission said

- 📖 The Royal Commission looked at how people with disability are treated.
- ♿️ It said advocacy is very important to keep people safe.
- 🚫 It said there is not enough advocacy help now.
- 💰 It said more money is needed for advocacy services.

📍 What is happening in South Australia?

- 🚫 South Australia does not give money for advocacy like other states.
- 💰 The government gives \$400,000 each year to one group.
- 🔍 This money only helps some people with the NDIS.
- 🌐 It does not help all people with disability.
- 🗺️ There are more than 380,000 people with disability in South Australia.


💡 Why advocacy is important

1 🛡️ Keeps people safe


- 🛡️ Advocates help people when they are in danger.
- 🗨️ They speak up so people are not hurt or ignored.


2 🏃 Helps people join in

- 🎓 Advocates help people go to school and work.

 They help people use transport and join activities.


Saves money


 For every \$1 spent on advocacy, \$3.50 is saved.

 Not helping people can cost more money later.

Everyone must help


 Both state and federal governments need to give money.


 Advocacy is not part of the NDIS.




 The Royal Commission said states must fund advocacy.

What we are asking for


 We ask the South Australian Government to give \$3.3 million now.

 This money should be in the next State Budget.

 It should be for all types of advocacy:









-  Individual advocacy
-  Systemic advocacy
-  Peer advocacy

 We ask the South Australian Government to act now.

 It should give money for advocacy in the next State Budget.

 This should follow what the Royal Commission recommends.

Hard words

-  **Advocacy:** Helping people speak up for their rights.
-  **Royal Commission:** A group that looks into big problems.
-  **Systemic:** Something that affects many people in a system.
-  **Peer advocacy:** People with disability helping each other.
-  **Recommendation:** A suggestion made after thinking about something carefully.
-  **Funding:** Money given for a specific purpose.
-  **Systemic advocacy:** Working to change laws and policies to help many people.
-  **Individual advocacy:** Helping one person with their specific problem.