



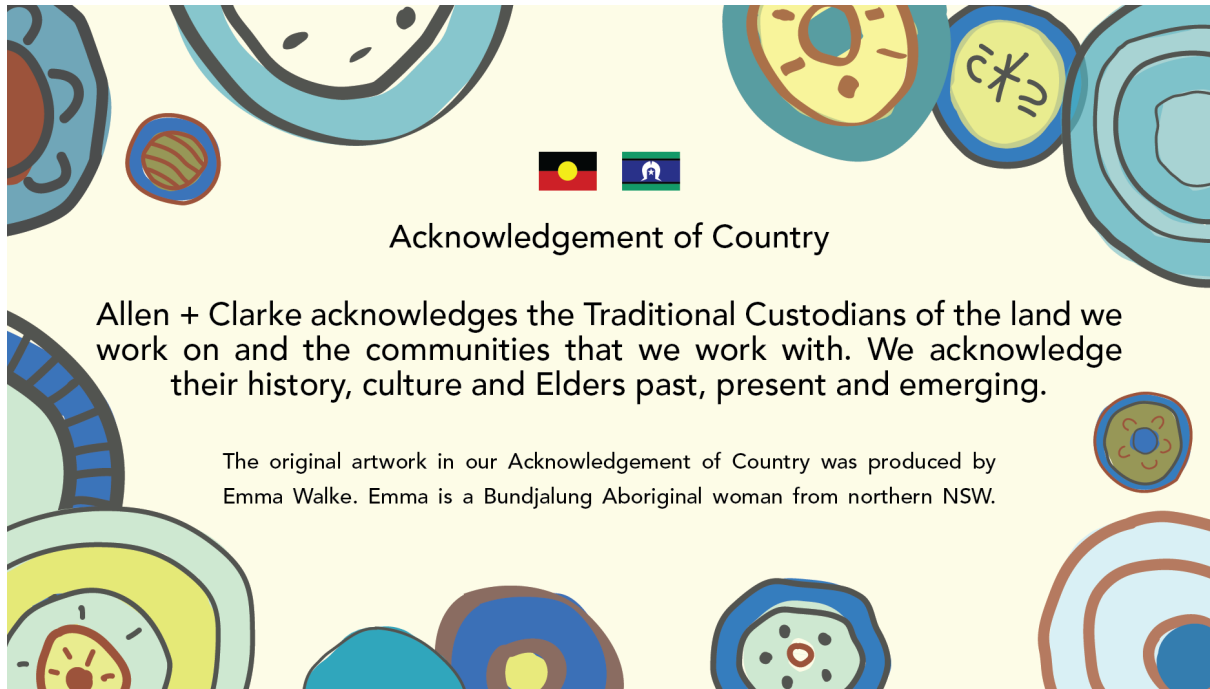
Consultation report: New Commonwealth disability advocacy program

Prepared for the Department of Health, Disability and Ageing

23 February 2026



ALLEN + CLARKE
CONSULTING



Acknowledgement of Participation

Allen + Clarke would like to thank all participants who contributed their time to the consultation process for this project. We heard from a diverse range of stakeholders, including people with disability, and their representatives, advocacy organisations, service providers and peak bodies.

It was a privilege to hear your views and perspectives on the Australian Government's approach to developing a new Commonwealth individual disability advocacy program to support people with disability. Your contributions are invaluable to informing the ongoing development of policies and practices that are inclusive, responsive, and effective in meeting the needs of people with disability.



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KEY TERMS

Key terms and definitions used to describe disability advocacy.¹

Term	Definition
Disability advocacy	Disability advocacy enables people with disability to participate in the decision-making processes that safeguard and advance their human rights.
Disability advocate	A professional (paid or volunteer) who delivers advocacy supports and services.
Individual advocacy	A one-on-one approach, undertaken by a professional advocate, relative, friend or volunteer, to prevent or address instances of unfair treatment or abuse.
Legal advocacy	Legal advocacy upholds the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse, and neglect.
Self-advocacy	Self-advocacy is undertaken by someone with disability who speaks up and represents themselves. Support and training for self-advocacy is available through community-based groups.
Systemic advocacy	Systemic advocacy involves working for long-term social change to ensure the collective rights and interests of people with disability are served through legislation, policies, and practices.
Unmet demand	Unmet demand refers to eligible requests for advocacy that cannot be supported due to limited organisational capacity.
Unmet need	Unmet need describes individuals who need advocacy but are unaware of its existence, how to access it, or where it is located.

ACRONYMS

Acronym	Definition
ACCO	Aboriginal Community Controlled Organisation
DASH	Disability Advocacy Support Helpline
ICAP	Indigenous Community Advocates Pilot
IDAP	Individual Disability Advocacy Program
NDAP	National Disability Advocacy Program
NDIS Appeals program	National Disability Insurance Scheme Appeals Program

¹ Definitions sourced from the Australian Government Department of Health, Disability and Ageing. (2023). National Disability Advocacy Framework 2023–2025. Canberra: Australian Government.



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1.0 EXECUTIVE SUMMARY

On 31 July 2024, the Australian Government (the Government) announced it would develop a new program to support individual disability advocacy. The new program will replace the National Disability Advocacy Program (NDAP), the Indigenous Community Advocates Pilot (ICA Pilot), the Disability Advocacy Support Helpline (Helpline), and the National Centre for Disability Advocacy (NCDA).

The current consultation was undertaken to inform the design and implementation of a new Commonwealth individual disability advocacy program (new program), including funding arrangements, eligibility settings, service delivery models, workforce development and transition planning. It sought to gather stakeholder perspectives on how the proposed reforms may impact access, quality, equity and sustainability of advocacy services.

1.1 Participation and engagement

The consultation was conducted as an open public process on the Department of Health, Disability and Ageing's (the Department's) Consultation Hub. The consultation was open from 17 November 2025 to 16 January 2026. Input was received from a diverse range of stakeholders, including people with disability, families and carers, disability advocacy organisations, disability representative organisations, government bodies, and organisations working across related service systems. Evidence was collected through an online survey and written submissions responding to the consultation paper and proposed policy framework. In total, 132 stakeholders completed the survey (including 35 who also made written submissions), and a further 67 stakeholders provided written submissions.

1.2 Key themes and areas of consensus

There was broad agreement across stakeholders that individual disability advocacy plays a critical safeguarding role and is central to protecting rights, supporting choice and navigating complex service systems.

Strong support was expressed for the shift to longer-term funding contracts, which were viewed as essential for improving workforce stability, service continuity and the effectiveness of relationship-based advocacy. Short funding cycles were widely seen as inefficient and disruptive to sustainable service delivery.

Stakeholders supported investment in workforce capability through the proposed Sector Strengthening Stream. Development priorities included consistent induction training, core competencies, trauma-informed and culturally safe practice, specialist systems navigation, reflective supervision and improved data and evaluation capability.

1.3 Key tensions, risks, and trade-offs

While longer-term funding was widely supported, stakeholders identified potential risks associated with consolidation, amalgamation and competitive funding processes. Although collaboration and networked service delivery were supported in principle, there was concern that scale-driven approaches could disadvantage smaller, locally embedded, disability-led and



culturally specific organisations that play a critical role in trust-building, cultural safety and safeguarding.

The proposed eligibility framework was viewed as a positive step toward strengthening accountability. Feedback indicated that strict governance thresholds, a narrow focus on local presence and unclear eligibility criteria might unintentionally exclude capable providers, particularly in small and remote areas. Persistent challenges in access, awareness and unmet demand were also highlighted.

1.4 Implications for program design and transition

Overall, the consultation indicates that the new program presents an opportunity to improve funding stability, consistency and capability across the advocacy sector. However, its effectiveness will depend on careful design and implementation.

Key considerations include aligning longer-term funding with needs-based resourcing, ensuring network models preserve local presence and service diversity, adopting flexible and outcomes-focused eligibility settings, embedding workforce development within a coordinated capability framework, and strengthening access through awareness, outreach and simplified entry pathways.

Stakeholders welcomed the extension of existing funding and transition overlap period; however, many highlighted the need for clear communication, dedicated transition support and safeguards. These will help ensure advocacy relationships remain strong and minimise disruption during implementation.

1.5 Key findings in brief

- Individual disability advocacy is widely viewed as a critical safeguard that supports rights, choice and navigation of complex systems.
- There is strong consensus that longer-term funding contracts are essential to improve workforce stability, service continuity and advocacy effectiveness.
- Stakeholders broadly support investment in workforce capability through the Sector Strengthening Stream, particularly in induction, specialist skills and reflective practice.
- Consolidation and networked service delivery present opportunities for collaboration but also risks of disadvantaging smaller, locally embedded and culturally specific organisations.
- Elements of the proposed eligibility framework may unintentionally exclude capable providers, particularly in rural and remote areas.
- Persistent challenges remain in awareness, access and unmet demand, with inequitable impacts across key cohorts and geographic locations.
- Effective transition will require clear communication, continuity safeguards and targeted support for organisations and clients.



2.0 BACKGROUND

2.1 Policy context and rationale for reform

Individual disability advocacy is a critical safeguard for people with disability, supporting them to exercise their rights, navigate complex service systems and speak up when they experience unfair treatment, abuse or neglect. Advocates operate across service boundaries and government programs, placing them in a unique position to identify risks, support early intervention and contribute to improvements in policy and practice.

The Australian Government is designing a new Commonwealth individual disability advocacy program to strengthen this role and respond to long-standing structural issues in the current funding arrangements. While Commonwealth-funded advocacy programs have provided vital support for decades, stakeholders have consistently identified challenges, including short-term and insecure funding, limited workforce stability, uneven access across regions and cohorts, and constraints on the sector's ability to focus on those most at risk of harm.

The rationale for reform is therefore twofold. First, the new program seeks to strengthen individual disability advocacy as a preventative safeguard, particularly for people with disability who are at serious and immediate risk of violence, abuse, neglect or exploitation. Second, it aims to modernise the program architecture to improve transparency, sustainability and outcomes, ensuring that public funding is used effectively and supports continuous improvement across the sector.

The policy framework for the new program emphasises outcomes rather than activity alone, prioritising real and lasting improvements in safety, choice and control for people with disability. It also reflects a stronger focus on cultural safety, disability-driven governance, collaboration and the use of data and evidence to guide service delivery and sector development. These shifts are intended to better align individual advocacy with contemporary expectations of accountability, inclusion and human rights-based practice. These shifts are intended to better align individual advocacy with contemporary expectations of accountability, inclusion and human-centred design.

2.1.1 Relationship with the Disability Royal Commission and the NDIS Review

The design of the new program sits within a broader period of disability reform in Australia. It forms part of the Australian Government's response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission). The Royal Commission highlighted the heightened risks faced by people with disability, especially those who experience intersecting forms of disadvantage, and underscored the importance of independent advocacy as a key protective mechanism.

In its response to the Disability Royal Commission, the Government committed to strengthening individual advocacy to reduce the risk of harm and improve the quality and accountability of government services. The new program gives effect to this commitment by refocusing funding on individual advocacy, improving access for people most at risk, and embedding principles of independence, cultural safety and disability-driven decision-making.



The program is also being developed alongside other reforms resulting from the Independent Review of the National Disability Insurance Scheme (NDIS Review). While the new program is separate from the NDIS, it is designed to complement reforms arising from the NDIS Review, including work on Foundational Supports and the development of a new Disability Support Quality and Safeguarding Framework. These reform streams are progressing concurrently, and the relevant parts of government are working together to ensure that new and existing programs are aligned and mutually reinforcing.

Within this context, advocates are recognised as integral to both individual support and system stewardship. By supporting people with disability to assert their rights and by identifying systemic issues across programs and settings, individual advocacy contributes to the broader reform agenda aimed at improving safety, inclusion and service quality over time.

2.2 Programs being replaced and scope of change

The new program will bring together and replace several existing Commonwealth-funded advocacy initiatives, creating a more coherent and streamlined funding model. Specifically, it will consolidate:

- the National Disability Advocacy Program (NDAP), including the Indigenous Community Advocates (ICA) pilot
- the Disability Advocacy Support Helpline (the Helpline)
- the National Centre for Disability Advocacy (NCDA).

The program may also connect with the NDIS Appeals program, recognising the interfaces that often exist between individual advocacy and other forms of review and redress.

Under the proposed new arrangements, funding will be organised into three grant streams: a service delivery stream, a national advocacy helpline stream, and a sector strengthening stream. Key differences include longer grant periods to support organisational stability, a stronger emphasis on cultural safety and outreach, more formalised referral pathways between services, and, for the service delivery stream, an open and competitive grants process to enable new providers to enter the system.

The service delivery stream will replace the NDAP and ICA pilot and will focus on direct, one-on-one advocacy support in defined service areas. The national helpline stream will continue the existing phone-based model, with stronger referral mechanisms to and from local services. The sector strengthening stream will replace the NCDA, with a refined focus on workforce development, evidence-informed practice and raising systemic issues.

The Government has acknowledged that change will occur over time and that careful transition planning is required to minimise impacts on people currently receiving advocacy support. The new program is intended to build on the strengths of the existing system while addressing its limitations.



The new Commonwealth individual disability advocacy program is planned to be launched on 16 November 2026. To assist in a smooth transition, the Department has announced an extension of existing grants until 31 January 2027. The extended grants are the National Disability Advocacy Program (including the Indigenous Community Advocates pilot), Disability Advocacy Support Helpline, and National Centre for Disability Advocacy. This extension will provide a three-month overlap between existing programs and the new program, to provide organisations and clients time to prepare.

2.3 Objectives of the consultation

The consultation process supporting the design of the new program seeks to ensure that the program is fit-for-purpose, grounded in lived experience and responsive to the needs of the disability community. The objectives of the consultation are to:

- test the proposed policy framework and principles for the new program
- seek feedback on how effectively the program would support people with disability who are most at risk of harm
- explore how cultural safety, disability-driven governance and independence can be strengthened in practice
- identify potential risks, implementation challenges and unintended consequences of the proposed changes
- inform the final design of grant guidelines, funding model and streams, and capability requirements.

Through consultation, the Government aims to balance flexibility with stability, and innovation with continuity of service. Input from people with disability, advocacy organisations, Aboriginal Community Controlled Organisations, and other stakeholders is intended to shape a program that is credible, trusted and capable of delivering meaningful outcomes.

2.4 Structure of this report

This report presents the findings of the consultation undertaken to inform the design of the new program. Following this background section, the report sets out the consultation approach and methodology. Subsequent chapters present key themes and insights from stakeholder feedback, structured around the perceived role and value of individual advocacy, access and unmet demand, funding stability and sustainability, cultural safety and responsiveness to diversity, and sector capability and workforce issues.

The report then considers stakeholder views on the proposed program design, including the funding streams, grant processes and capability expectations. It concludes with a discussion of implications for policy and implementation, highlighting areas of consensus, points of tension and considerations for the next stages of reform.

Together, these sections provide an evidence-informed account of stakeholder perspectives to support decision-making about the final design and implementation of the new program.



3.0 CONSULTATION APPROACH

3.1 Consultation process and engagement

The consultation to inform the design of the new program was conducted as an open, public process from 17 November 2025 to 16 January 2026.

The consultation was supported by a range of targeted and broad promotion activities designed to maximise awareness and encourage participation across the disability advocacy ecosystem. Promotion activities included:

- social media posts across multiple platforms, including the Department’s social media channels, Disability Gateway, and Carer Gateway channels. These posts were published when the consultation opened and again approximately one week prior to the close of the consultation as a reminder
- communications during and around International Day of People with Disability activities
- direct notification to all current NDAP and NDIS Appeals providers
- direct notification to Disability Representative Organisations (DROs), with encouragement for these organisations to share information about the consultation through their networks
- notification to members of the National Disability Advocacy Framework Working Group, which includes representatives from state and territory government departments, with encouragement to further disseminate information within jurisdictional networks.

Together, these activities were intended to support broad engagement while also ensuring that organisations and groups with direct experience of disability advocacy were aware of, and able to participate in, the consultation.

3.2 Stakeholder groups engaged

The consultation attracted input from a diverse range of stakeholders with an interest in individual disability advocacy and related reforms. Submissions and survey responses were received from:

- people with disability, including individuals sharing lived experience perspectives (55 submissions were received from individuals who reported having used an advocacy service before)
- families, carers, and kin of people with disability
- disability advocacy organisations, including both local and state-wide providers
- Disability Representative Organisations (DROs)
- organisations involved in related systems, such as disability services, community organisations, and peak bodies, and
- state and territory government agencies.



Evidence for the consultation was collected through two primary mechanisms: an online survey and written submissions responding to the [consultation paper](#) and [policy framework](#).

In total, 132 stakeholders completed the online survey, of which 35 also provided a separate written submission. In addition, 67 stakeholders provided a written submission.

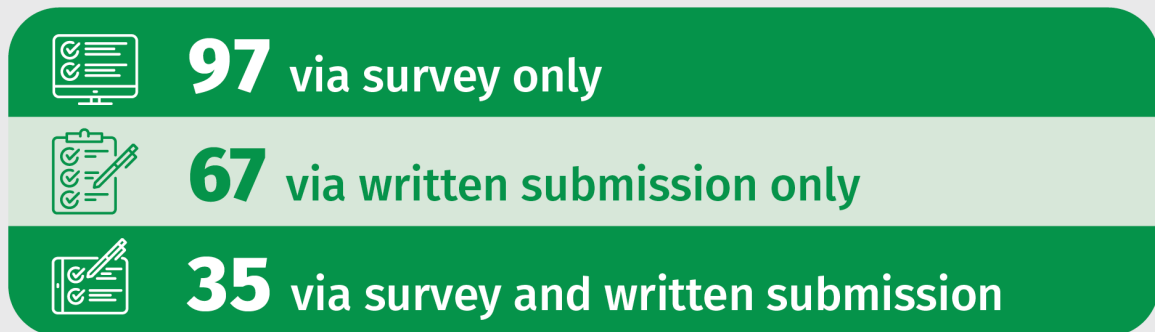
Figure 1 (overleaf) provides a high-level visual summary of consultation participation, including the total number of survey responses and written submissions received, and the overlap between these groups.

A list of organisations that provided a submission and agreed to be identified, is provided in [Appendix A](#). For confidentiality and privacy reasons, the names of individuals are not identified in this report.



Figure 1: Consultation participation

OVERALL 199 INDIVIDUALS AND ORGANISATIONS PARTICIPATED IN THE CONSULTATION INCLUDING:



93 written or audio/video submissions completed by:



132 survey responses completed by:



1. Respondents could select more than one option for this question.



3.3 Nature of evidence collected

Written submissions varied in length and level of detail, ranging from high-level strategic responses from organisations to detailed accounts of lived experience provided by individuals. Organisational submissions typically drew on service delivery experience, operational data, workforce insights, and policy analysis to comment on the proposed program design.

Survey responses provided more structured feedback across key aspects of the proposed program, allowing stakeholders to indicate levels of agreement, priorities, and concerns. Survey responses and written submissions often included first-hand testimony of experiences with disability advocacy, interactions with government and service systems, and reflections on gaps, barriers, and enablers to effective advocacy support.

3.4 Analytical approach and limitations

The survey consisted of 39 questions. Analysis was conducted to understand the distribution of survey responses for each question and how this differed across stakeholder groups. Not all survey questions were mandatory for respondents to answer, and so the total number of survey responses received for each question varied.

All written submissions (including those provided through the survey) were reviewed and analysed using a qualitative thematic analysis approach. This involved systematic coding of responses to identify recurring issues, areas of consensus, points of divergence and issues raised by stakeholder groups. Themes were developed iteratively, with attention to both the frequency of issues raised and their significance in relation to the objectives of the new program.

While the consultation generated rich qualitative insights, several limitations should be noted. Participation was voluntary and self-selecting, meaning that the views expressed may not be representative of all people with disability or all advocacy providers. In addition, while audio-visual and written submissions were accepted, the reviewers acknowledge that some people with disability may not have been able to participate, including those with intellectual disability or significant impairment, and/or those who speak a language other than English. These limitations have been considered when interpreting the findings, which are presented as indicative of stakeholder perspectives rather than statistically representative.



3.5 Presentation of findings

Findings from the consultation are presented thematically and in aggregate form throughout this report. Individual submissions are not attributed, and direct quotations are used selectively to illustrate key themes without identifying contributors. This approach is intended to protect confidentiality, particularly for individuals sharing lived experience, while also accurately reflecting the range of views expressed. Where relevant, differences in perspective between stakeholder groups are noted at a high level, without linking views to specific organisations or individuals. This report presents a summary of the key, aggregated findings from all consultation activities and is not intended to comprehensively detail individual views or perspectives.



4.0 CONSULTATION FINDINGS

4.1 Key challenges – access, awareness, and unmet demand

Across the consultation, stakeholders consistently described individual disability advocacy as a critical safeguard and an essential enabler of rights, choice and participation, particularly in environments characterised by power imbalance, system complexity and weak regulation.

The new program introduces structural reforms intended to broaden coverage through an open, competitive funding model and refined program scope. Many stakeholders were supportive of this approach in principle, noting that it may improve geographic distribution of services and address some historical inequities in funding allocation.

However, feedback from consultations suggests that the program mainly focuses on funding structures and organisational arrangements. It does not yet clearly include strategies to:

- increase public awareness of advocacy services
- improve navigation across service systems
- support proactive outreach to marginalised and high-risk communities.

Stakeholders emphasised that complementary measures focused on awareness-raising, navigation support, outreach and resourcing will be important in strengthening equitable access under the new model.

4.1.1 Low awareness and limited visibility of advocacy services

Across consultation feedback, stakeholders identified low awareness of disability advocacy services as a fundamental barrier to achieving the program's goal of directing support to those most in need. Many people who could benefit from advocacy support do not know that individual advocacy exists or what it does. This is especially true for people with intellectual disability, those living in institutional or restricted settings, and people who are socially isolated or not well connected to formal services.

While stakeholders were supportive of the new program's stated focus on improving access, cultural safety, and flexibility in service delivery, they emphasised that awareness gaps remain a persistent challenge across diverse communities. Without deliberate strategies to increase visibility and understanding of advocacy services, stakeholders felt many people would continue to miss early support and only engage once issues have escalated into crisis.



4.1.2 System fragmentation and barriers to navigating support

Where individuals are aware of advocacy services, stakeholders described the advocacy system as fragmented and difficult to navigate. Referral pathways were reported to be inconsistent across the NDIS, health, housing, justice and community services sectors, with many people accessing advocacy through informal networks, chance encounters or individual frontline workers rather than through clear and coordinated entry points.

These navigation challenges were seen to disproportionately affect people with cognitive disability, communication needs, limited literacy or restricted digital access. As a result, access to advocacy support often reflects an individual's capacity to navigate complex systems rather than their level of need, reinforcing inequities within the advocacy system.

4.1.3 Demand exceeding workforce and funding capacity

While the new funding program introduces important structural improvements, stakeholders expressed concern that demand for advocacy services is likely to continue exceeding supply. Feedback highlighted that people often require advocacy support at critical points, such as during NDIS planning and review processes, health crises, housing instability or interactions with justice and child protection systems. However, limited workforce capacity frequently prevents timely engagement. Although longer-term funding may improve workforce stability over time, stakeholders cautioned that this alone may be insufficient to meet rising and increasingly complex demand (see also **Section 4.2.2 Funding for need, complexity and psychosocial disadvantage**).

4.1.4 Culturally safe advocacy

The program's stronger emphasis on cultural safety was broadly welcomed. However, stakeholders identified a risk that culturally safe practice may be unevenly implemented if it relies primarily on mainstream advocacy providers forming partnerships with smaller community organisations.

Stakeholders consistently highlighted that access barriers are not experienced evenly across the disability community. Groups identified as experiencing compounded disadvantage included Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, LGBTIQ+ individuals, people with intellectual disability and those residing in institutional or restrictive settings.

Many stakeholders argued that cultural safety cannot be effectively achieved through training or contractual relationships alone. Instead, it requires guaranteed funding, leadership and autonomy for Aboriginal community-controlled organisations, CALD-led services and specialist identity-based organisations that are already embedded within their communities.



Stakeholders said that smaller, local and culturally specific organisations are essential for reaching marginalised groups and improving access to disability advocacy. However, they may struggle to compete in a more competitive funding environment. They also noted that culturally safe advocacy may rely on mainstream providers choosing to partner with culturally specific organisations, rather than this being built into the program.

To this end, culturally-specific and small providers urged that they needed to be made equal partners in consortia arrangements and were wary of the designation of ‘lead’ and ‘support’ partners.

Lead organisations supporting smaller organisations to provide statewide services or services that target a disability cohort... can be contrary to the initial goal of having local place based trusted services. – Service provider.

4.1.5 Hard-to-reach communities

Geographic accessibility remains a significant concern among stakeholders. While the program includes a focus on outreach to underserved areas, stakeholders noted that traditional outreach models involving infrequent visits have historically been ineffective in building trust, understanding local contexts or responding to urgent needs.

In remote communities, effective advocacy requires sustained on-the-ground presence, strong relationships with local organisations and community members, and flexibility to respond to changing circumstances. Without sufficient resourcing to support continuous local engagement, stakeholders cautioned that geographic inequities in access to advocacy services are likely to continue.

Many people with disability in remote communities experience layered disadvantage. English is often not a first language. There are significant communication barriers, high levels of poverty, overcrowded housing and limited access to health, legal and social services. Disability is frequently undiagnosed or unrecognised, and many people have little or no contact with formal systems. As a result, advocacy demand is high, complex and at times largely invisible. People may not appear in data, may not be connected to services and may not be captured by funding models that rely on visible demand or service uptake. – Service provider.

4.1.6 Accessible entry and engagement

Stakeholders were strongly supportive of the view that an effective advocacy system should not require individuals to understand program structures or navigate multiple service entry points to receive support. Stakeholders felt that the new program continues to place significant reliance on self-referral and organisational entry pathways, which risks excluding people with cognitive disability, limited system literacy or high levels of isolation and/or complexity.

Similarly, although the program framework includes intake processes, stakeholders felt it does not place enough emphasis on intake as an early intervention and relationship-building step.



Further, while the program aims to improve national coverage, it does not explicitly prioritise proactive outreach or in-reach into institutional settings, remote communities or high-risk environments. Without dedicated mechanisms and resourcing for these functions, some stakeholders expressed concern that the model is likely to continue relying on visibility and self-presentation, systematically under-serving those most vulnerable.

The aims should more clearly address access for people who cannot self-refer. Many people at highest risk are isolated, institutionalised, nonverbal, living under guardianship, experiencing homelessness or facing coercion and violence. These groups rarely contact advocacy independently. Genuine access requires proactive, trauma informed outreach and supported referral pathways. Without this, the program will fail to reach the people who need advocacy the most. — Service provider.

The importance of accessibility in providing an effective helpline advocacy service was also raised by stakeholders. Stakeholders said that helpline services should be designed in a way that specifically targets the cultural and linguistic needs of groups such as the deaf community. Access to Auslan interpreters was raised as a necessary inclusion that should be embedded in any new national phone-based helpline advocacy service.

Most helplines do not provide a method ... to communicate with helpline staff directly in Auslan, requiring third-party video relay services (such as the National Relay Service and private video relay platforms) to be used to assist in conveying information between languages. The opening hours of the National Relay Service (which is not a 24-hour service) frequently do not match the opening hours of available hotline services- this is something the Australian Government must note when developing the National Advocacy Helpline Stream. – Advocacy organisation.

4.2 Consolidation of funding, longer-term contracts and networked service delivery

Stakeholders were supportive of the proposal to extend funding terms, citing that funding cycles of 1–3 years are incompatible with the nature of advocacy work, where sustained relationships maximise impact. Organisations and service providers highlighted that funding insecurity breeds inefficiency and cost shifting through workforce instability and turnover. Stakeholders urged that the funding model should recognise unmet need and complexity — weighting resources for high-need individuals, remote communities, and culturally specialised services. At the same time, some organisations expressed concern that amalgamation or working in consortia could sideline smaller, place-based organisations that are trusted and well-networked within their communities.



4.2.1 Broad support for longer-term funding

There was agreement across individual and organisational submissions that short-term funding arrangements undermine the effectiveness and sustainability of disability advocacy services. Stakeholders emphasised that advocacy is inherently relational and requires sustained engagement over extended periods, particularly when supporting people with complex needs or navigating protracted system processes.

Short funding cycles were widely described as generating inefficiency through repeated grant applications, contract transitions, and workforce disruption. Organisations reported difficulties retaining skilled advocates when employment security is uncertain, leading to turnover, loss of organisational knowledge and community relationships.

Longer-term funding was described as essential to enabling organisations to invest in workforce development, specialist expertise, quality systems, and proactive outreach. Many respondents supported minimum funding terms of five to six years, consistent with the policy framework, while some advocated for even longer timeframes to allow meaningful planning and sustained impact.

...the move to longer and more stable funding periods through multi-year grants, including up to six years for networked providers, is an important step toward organisational stability and workforce sustainability. These factors are critical to building organisational capability, retaining specialist advocates, and maintaining trusted relationships with people who rely on advocacy supports. – Advocacy organisation

4.2.2 Funding for need, complexity, and psychosocial disadvantage

While strongly supportive of longer-term contracts, stakeholders consistently stressed that changes to funding duration alone would not resolve current service pressures unless overall funding levels reflected actual demand and complexity.

Respondents highlighted that advocacy demand is increasing due to NDIS reforms, housing insecurity, tightening eligibility processes, and greater awareness of rights-based advocacy. At the same time, many services are already operating at or beyond capacity, particularly in regional and remote areas.

Stakeholders suggested that funding models must explicitly account for higher costs associated with delivering advocacy in rural and remote locations, including travel, outreach, and workforce scarcity. Similarly, culturally specialised services and disability-driven organisations often require additional resourcing to deliver culturally safe, relationship-based advocacy that builds trust over time.

Several submissions also emphasised the need for targeted funding for specialist advocacy cohorts, such as assistance animal handlers, people in segregated or closed settings, and individuals with complex communication or safeguarding needs. Without recognising these differential resource requirements, stakeholders cautioned that consolidation into longer contracts could inadvertently entrench inequitable access and ongoing unmet demand.



4.2.3 Conditional support for a network model

Many organisations welcomed the intention of the new program to strengthen collaboration through networks of advocacy providers. Stakeholders identified potential benefits in improved referral pathways between specialist and generalist services, shared infrastructure, stronger coordination across sectors, and enhanced systemic learning through pooled data and collective analysis.

In principle, networks were perceived to improve coherence across the advocacy ecosystem and reduce duplication of effort, particularly where supported by clear governance arrangements and appropriate resourcing. However, this support was strongly conditional. Stakeholders, particularly individuals and smaller organisations, emphasised that networks should be enabling rather than prescriptive, allowing organisations to collaborate voluntarily while retaining independence, specialisation and community connection (see also **Section 4.3.2 The importance of a local presence**). There was concern that rigid or uniform network models could undermine the diversity of advocacy approaches that currently meet the needs of different communities and cohorts.

Relational models such as citizen advocacy and place-based community advocacy were highlighted as particularly at risk if funding and performance expectations prioritise scale or standardisation over long-term relationship-building and preventative impact. Some organisations suggested that while they supported this model in principle, networked arrangements may increase administrative burden:

There needs to be further detail provided regarding the practical implementation of organisations working together in a network. ...we believe that the proposed model may create administrative burden and that less formal alliances may serve equally to achieve advocacy outcomes. – Organisation

4.2.4 Maintaining diversity within a unified advocacy system

Across organisational feedback, there was strong emphasis on preserving a diverse advocacy ecosystem. Stakeholders consistently argued that effective advocacy relies on multiple complementary models, including specialist services, disability-driven organisations, community-based advocacy, citizen advocacy, and systemic advocacy informed by individual casework. Many argued that the strength of the advocacy system lies in complementary approaches working together, rather than consolidation into standardised service models.

A strong advocacy system depends on a range of models and approaches — including specialist, place-based, citizen, professional and systemic advocacy — working together in complementary ways. Funding design and performance expectations should support this diversity rather than drive uniformity. – Individual.



4.3 Eligibility criteria and selection

The proposed shift to an open and competitive grant process represents a significant departure from the historical operation of the National Disability Advocacy Program (NDAP). Stakeholders support the intent to open the program to new entrants and to strengthen transparency, accountability and value for money. However, concerns were raised by service delivery providers and small advocacy organisations about aspects of the proposed eligibility and capability framework.

4.3.1 Disability-driven governance requirements may exclude multidisciplinary or small providers operating in rural and remote areas

Stakeholders strongly endorsed the principle that disability advocacy should be disability-driven, with people with disability exercising genuine influence over decisions that affect them. Some stakeholders worried that needing at least 51 per cent of the board and membership to be people with disability was an overly blunt proxy for this principle. They pointed out that in smaller regions, there might not be enough people with disabilities ready to take on governance roles. As a result, the criterion risks excluding effective, locally embedded advocacy providers regardless of their demonstrated impact, independence or safeguarding role.

In small jurisdictions, lived experience leadership is often embedded through workforce composition, co-design, advisory mechanisms and direct community accountability. The pool of people able and willing to take on formal governance roles is limited. Governance workload, legal risk and volunteer fatigue are significant. A rigid numerical threshold does not account for these realities. This criterion therefore represents a policy choice that privileges a narrow organisational model. While it may favour sole-purpose disability advocacy organisations, it reduces flexibility in thin markets and risks weakening overall advocacy coverage by excluding multidisciplinary services that are already delivering effective, independent advocacy in complex environments. – Service provider.

The policy framework acknowledges this complexity by allowing Aboriginal Community Controlled Organisations (ACCOs) to demonstrate disability-driven commitments through community governance and outcomes rather than board composition. One service provider advised that alternative mechanisms, including workforce composition, advisory groups, co-design processes and direct community accountability, are more meaningful and sustainable than formal board representation alone and further that there is no clear policy rationale for not extending similar flexibility allotted to ACCOs to other organisations, particularly in small and remote jurisdictions.



4.3.2 The importance of a local presence

Concerns were raised about the absence of an explicit local presence requirements in the proposed eligibility criteria. Stakeholders felt that funding consolidation and centralisation could increase distance between individuals and advocacy services, creating additional barriers for those with limited capacity, complex needs or low trust.

Stakeholders were unequivocal that local presence must be a core design requirement for funded advocacy services. Effective advocacy—particularly in safeguarding contexts—depends on trust, cultural safety, face-to-face engagement and timely response. These cannot be delivered consistently by organisations operating remotely without an established physical presence, local workforce and deep community relationships.

Examples were provided where interstate organisations have held Commonwealth advocacy funding for extended periods without delivering consistent, on-the-ground services in remote regions. In some cases, this has resulted in minimal face-to-face advocacy and reduced access for people in regional and remote communities. This highlights a structural weakness in funding models that prioritise organisational eligibility over demonstrated local delivery capacity.

The absence of explicit local presence requirements in the proposed eligibility criteria risks repeating these failures. In thin markets, this could divert scarce funding away from services that are embedded in communities and able to respond effectively to risk and harm. Requiring evidence of local delivery, locally based staff, regular outreach and formal partnerships with culturally specific organisations—particularly ACCOs—would strengthen accountability and align funding with safeguarding objectives.

4.3.3 Greater clarity around eligibility for individuals needed

Stakeholders expressed concern that the proposed eligibility criteria for individuals are insufficiently clear. While the framework states that people with disability who require advocacy will be eligible, it does not clarify whether eligibility depends on formal diagnosis, self-identification, or functional impact. This ambiguity risks creating uncertainty for individuals seeking advocacy and inconsistency in service delivery.

Stakeholders also emphasised the need to explicitly include people who cannot self-refer, including individuals under guardianship, living in closed or restrictive settings, non-verbal individuals, and those experiencing homelessness or institutionalisation. Without a clear provision for supported or third-party referral, the program risks reinforcing existing patterns of exclusion.

There was also concern that a narrow interpretation of individual eligibility as determined by disability-specific issues would undermine the program's preventative intent. To this end, some stakeholders felt that individual eligibility criteria should explicitly encompass preventative and early-intervention advocacy and be accessible to all people with disability with prioritisation managed through triage rather than exclusion.



4.3.4 Concerns regarding the eligibility of service providers and conflict of interest

There were differing views among stakeholders regarding the eligibility of service providers receiving funds for advocacy activities. The government's proposed approach to managing conflict of interest would allow organisations to deliver both advocacy and other services if advocacy functions are separate from service delivery activities. To support this, organisations are required to maintain publicly available conflict of interest policies and ensure clients are informed about how potential conflicts are identified and managed.

Trust in advocacy was strongly linked to perceptions of independence from service provision and government. Many individuals disagreed with a model that allowed larger disability service providers to provide advocacy services. They worried about the potential conflict of interest between providing services and independent advocacy. Stakeholders emphasised that advocacy must be clearly and visibly separate from services that deliver care, housing, or other supports, to maintain credibility and ensure people feel safe to disclose harm or challenge decisions. As one individual noted:

Advocacy must remain entirely separate from service providers. If independence is not firmly embedded in program design, people at risk of harm could be left without a trusted voice.

In contrast, some service providers supported models that allow organisations to deliver both advocacy and services, provided that robust governance arrangements and conflict of interest controls are in place:

We particularly commend the recognition that many highly effective advocacy organisations may also have a service delivery branch provided the services are separate and have appropriate conflict of interest and governance processes.

It was also noted that the exclusion of service providers from advocacy funding may undermine access to advocacy services, particularly in rural and remote locations, due to limited service availability:

*While it may favour sole-purpose disability advocacy organisations, it reduces flexibility in thin markets and risks weakening overall advocacy coverage by excluding multidisciplinary services that are already delivering effective, independent advocacy in complex environments.
– Service provider.*

Stakeholder feedback suggests that government must ensure strong protections for advocacy independence in program design. This could mean excluding disability service providers from advocacy funding or implementing solid structural separation and governance assurance mechanisms.



4.3.5 The value of systemic advocacy

Stakeholders consistently emphasised that systemic advocacy is essential to preventing harm, not merely responding to individual crises. While individual advocacy cases address immediate needs, stakeholders noted that these cases repeatedly expose patterns of structural failure – across housing, transport, education and service systems – that cannot be resolved through individual intervention alone.

Stakeholders were concerned that the proposed objectives do not give enough weight to systemic advocacy. They were worried this could lead the new model to focus on responding to crises, rather than preventing problems or addressing underlying issues.

It is noted that the Government has committed funding to systemic advocacy through other mechanisms, including the Disability Representative Organisations (DRO) program, reflecting growing recognition of the importance of systemic advocacy and the need to involve people with disability in policy shaping.²

It is unclear whether stakeholders are aware of the Government's commitment to fund systemic advocacy through other mechanisms. However, stakeholders consistently expressed that separating systemic advocacy from individual advocacy delivery risks weakening both.

The program aims understate the importance of systemic advocacy. Individual matters consistently reveal structural patterns of harm that need coordinated intervention. Our systemic work in areas such as housing, transport and inclusive education demonstrates that preventing harm requires a strong systemic function that can analyse trends, escalate concerns and work with governments on reform. If the aims focus only on individual issues, the program risks being limited to crisis response rather than addressing the drivers of exclusion and abuse. – Advocacy organisation.

4.4 Workforce capability and the role of the Sector Strengthening stream

Stakeholders consistently identified workforce capability as a central determinant of the effectiveness, quality, and sustainability of disability advocacy services under the new program. The proposed Sector Strengthening stream was widely supported and viewed as essential to addressing long-standing workforce challenges across the advocacy sector. Feedback highlighted both immediate skills gaps and broader structural pressures affecting workforce stability, consistency, and capacity.

² Department of Health, Disability and Ageing. (2025, January 29). Disability Representative Organisations Program. Retrieved from Department of Health, Disability and Ageing: <https://www.health.gov.au/our-work/disability-representative-organisations-program>



4.4.1 Workforce training priorities

There was strong support for the Sector Strengthening stream to provide coordinated, ongoing training, with some support for establishing a national introductory training package for new advocates. Stakeholders argued that disability advocacy is a highly specialised role that requires specific knowledge and practice approaches not easily transferred from other community services roles.

Priority training areas identified by stakeholders are closely aligned with those outlined in the policy framework, including:

- trauma-informed practice and crisis response
- cultural safety and intersectionality
- supported decision-making
- neurodiversity-affirming practice
- recognising and responding to abuse, neglect, and exploitation
- managing vicarious trauma and workforce wellbeing.

Stakeholders also highlighted the importance of peer learning, mentoring, and reflective practice to support skill development in complex and ethically challenging cases.

Many organisations noted that advocacy work increasingly requires specialised expertise across complex and fragmented systems, including the NDIS, health, education, housing, justice, and employment sectors. Frequent policy reforms, tightened eligibility processes, and administrative complexity were reported to place new and additional demands on advocates' knowledge and skills.

Several submissions highlighted the importance of developing specialist advocacy capability in areas such as assistance animals, education rights, housing and tenancy, and employment discrimination. Stakeholders argued that improved systems literacy and specialist training are essential to achieving effective outcomes for individuals.

Cultural safety and responsiveness were consistently identified as essential workforce capabilities, particularly for First Nations communities and culturally and linguistically diverse populations. Stakeholders emphasised the need to grow a culturally diverse advocacy workforce, including First Nations advocates and people with lived experience of disability.

4.4.2 Driving workforce consistency and quality through a national competency framework

Across submissions, stakeholders emphasised that training and professional development within the advocacy sector are fragmented and inconsistent, with many advocates acquiring critical skills primarily through on-the-job learning rather than structured induction or formal competency frameworks. There was strong support for the Sector Strengthening Stream to include a national introductory training package for new advocates, recognising disability advocacy as a highly specialised role requiring specific expertise from the outset.



Stakeholders noted that professional development is most effective when embedded within broader workforce strategies, including structured supervision, reflective practice, manageable caseloads and stable funding. At present, there is no dedicated national workforce strategy for disability advocacy. While the [National Disability Advocacy Framework](#) provides important guidance on service delivery principles, it does not establish a comprehensive workforce vision, competency standards, career pathways or coordinated approach to training and supervision. As a result, workforce capability development remains largely ad hoc and dependent on individual organisational capacity.

In contrast, aged care advocacy operates within a dedicated national framework that supports greater consistency, accountability and alignment between funding and service delivery. The absence of an equivalent approach for disability advocacy represents a significant policy gap that limits the sector's ability to build a skilled and sustainable workforce.

The proposed Sector Strengthening Stream presents an opportunity to begin addressing this gap. However, without a broader, coordinated workforce strategy, there is a risk that training initiatives remain piecemeal. Establishing clear workforce development objectives, baseline competencies and long-term capability priorities would strengthen the effectiveness, consistency and sustainability of advocacy services under the new program.

I believe it is imperative that an aim of the Sector Strengthening stream be to develop an introduction training package for all new advocates to the program, to support building strong advocacy teams and Individual Advocates from the beginning. Disability Advocacy is a very unique role. – Service provider.

4.5 Governance, capability, and accountability

Stakeholders suggested that longer-term funding should be accompanied by appropriate accountability mechanisms to ensure organisational sustainability and high-quality advocacy practice. There was support for supplementing financial audits with proportionate governance and workforce assurance processes focused on organisational independence, staff safety, leadership capability and practice quality. This reflects a recognition that financial compliance alone is insufficient to identify governance risks, workforce pressures or compromised safeguarding cultures.

Feedback highlighted that governance risk in small rural and regional organisations rarely presents as overt misconduct. Instead, it often emerges through normalised informal practices shaped by thin labour markets, including conflicted decision-making, informal recruitment, and the prioritisation of known individuals into governance or paid roles without transparent processes. Board members moving into staff positions, associates being favoured, and recruitment shaped around predetermined candidates were identified as risks.



In small rural communities, governance risk does not usually present as overt misconduct. It presents as normalised conflicted decision-making, informal recruitment, and prioritisation of known individuals into roles without fair internal processes. Board members moving into paid roles, associates being favoured, or recruitment processes being shaped around predetermined candidates are real risks in thin labour markets. – Individual.

Under-resourcing is frequently cited as the cause of organisational dysfunction. In reality, funding pressure often coexists with leadership and governance capability gaps that are left unaddressed. – Individual.

Suggested approaches included periodic governance reviews, independent assessments of workforce supervision and risk management, and monitoring of advocacy independence within networked or multi-service organisations.

Importantly, these mechanisms were seen as needing to be scaled to organisational size and context, particularly for small and rural providers, to avoid unnecessary compliance burden while still addressing structural risks. Overall, feedback highlights the need to balance funding certainty with strengthened oversight to support organisational sustainability and high-quality, rights-based advocacy.

4.5.1 Performance, data, and reporting

Stakeholders broadly supported improved data collection, evaluation and system stewardship to strengthen understanding of advocacy demand, outcomes and unmet need. There was strong interest in using advocacy insights to inform broader policy and systems reform, supported by clear feedback loops between government and providers (see also **Section 4.3.5 The value of systemic advocacy**).

Stakeholders advocated for performance frameworks that support diversity, flexibility and relational practice, rather than driving convergence toward a single service model. At the same time, respondents noted that existing administrative and compliance burdens already divert time from direct advocacy work and intensify workforce pressure. Stakeholders said that data requirements should be simple, meaningful and adequately resourced, and warned that without these requirements, frontline capacity would be further constrained.

Stakeholders stressed the need for modern reporting frameworks. These should measure impact, not just activity, and acknowledge the link between individual and systemic advocacy. Outcomes such as harm prevention, empowerment, sustained trust and systemic change were viewed as more meaningful than high-volume metrics.

Without this balance, stakeholders cautioned that systems risk prioritising what is easiest to count over what matters most to people with disability and where advocacy delivers its greatest value.



Reporting requirements must reflect the realities of advocacy practice and the value created along the advocacy journey, rather than driving narrow, issue-based or transactional activity. They must both provide structure and be adaptive. Without this, systems risk prioritising what is easy to count over what matters to people and where advocacy delivers the greatest value. – Advocacy organisation.

4.6 Transition considerations

The department has outlined transitional arrangements intended to support continuity of advocacy services as the new program is introduced. This includes extending existing grant agreements under the current NDAP, NCDA, Disability Advocacy Support Helpline (DASH), and Indigenous Community Advocates Pilot (ICAP) until 31 January 2027. A three-month overlap period between the existing programs and the commencement of the new program, from November 2026 to January 2027, is designed to allow organisations time to adjust to new program requirements and to enable clients to transition to new advocacy providers where necessary.

While stakeholders welcomed the continuation of funding during the transition period, many were concerned that the proposed arrangements may not be enough to manage the scale of change or ensure ongoing support for people currently receiving advocacy services.

4.6.1 Risks to continuity of support

Stakeholder feedback highlighted risks to the continuity of advocacy support during the transition period. While the three-month overlap is intended to facilitate client handovers, many stakeholders argued that this timeframe is too short to support meaningful continuity of care.

Effective handovers were described as complex and resource-intensive, requiring careful planning, sustained workforce capacity, and strong coordination between outgoing and incoming providers. However, organisations that do not secure funding under the new program may face workforce uncertainty, staff departures, and wind-down processes during the same period. In this context, stakeholders warned that client transition work may become secondary to operational closure pressures, increasing the likelihood of disrupted support.

There was a strong perception that without additional safeguards, people receiving advocacy services could experience gaps in support, loss of trusted relationships and, in some cases, disengagement from the system altogether. This risk was seen as particularly acute for people with limited communication, cognitive disability, unstable housing, who are most vulnerable to being lost during periods of structural change.

4.6.2 Sector readiness for change

Feedback suggested that the sector is entering the transition to the new program with uneven levels of readiness and capacity. The move to an open, competitive tender model represents a substantial shift from previous funding arrangements and creates different starting points across organisations. Some providers will be applying for Commonwealth individual disability advocacy funding for the first time, while others that have historically relied on NDAP funding face uncertainty about whether they will secure ongoing support under the new program.



While some stakeholders acknowledged that greater openness in funding allocation may help address historical inequities, many cautioned that it also introduces risks of instability and loss of specialist expertise. Stakeholders felt that smaller community-based and culturally specific organisations, especially those with strong local knowledge, may be disadvantaged in a competitive tender process. This may be particularly likely if funding requirements favour larger organisations with more administrative capacity or a bigger service footprint. These concerns are further heightened by the scale and pace of concurrent reforms across the disability policy landscape, including changes arising from the NDIS Review and the Disability Royal Commission. Stakeholders noted that periods of significant structural reform often increase confusion, risk and exclusion, particularly for people who already face barriers to information and decision-making.

Periods of significant structural reform can bring increased risk, confusion and exclusion, particularly for people who already face barriers to information, advocacy and decision-making. – Advocacy organisation.

4.6.3 Managing the transition

Stakeholders suggested that the transition to the new program should explicitly prioritise continuity of advocacy relationships for people currently receiving support, with safeguards to prevent service gaps, loss of trusted advocates and withdrawal of support during implementation.

Funding continuity alone is unlikely to be sufficient to ensure smooth transition. Early clarity on eligibility criteria, funding parameters, service expectations and grant timelines will be essential to enable organisations to plan effectively and manage workforce impacts. Government and partners should also consider providing practical guidance on client handovers, dedicated transition resourcing and clear continuity frameworks to minimise service disruption.



5.0 CONCLUSION

From 17 November 2025 to 16 January 2026, the Australian Government conducted an open consultation process to inform a new program to support individual disability advocacy. The consultation process received survey responses and written submissions from a range of stakeholders across the disability sector. Stakeholders broadly agreed that individual disability advocacy plays a critical safeguarding role and supports choice and system navigation. Stakeholders also supported the shift to longer-term funding arrangements, advising that the current system of short-term funding arrangements is inefficient and undermines sustainable service delivery. Stakeholders identified risks associated with consolidation and competitive funding processes and identified a range of implications for program design and transition. These views will be taken into consideration as the Government continues to design and implement the new program.



APPENDICES



Appendix A: List of organisations that engaged in the consultation

NB: All consultation participants consultation were asked whether they wanted their submissions published or kept anonymous. The organisations listed below are only those that provided express permission for their responses to be made public.

Organisation name
Action for More Independence and Dignity in Accommodation (AMIDA)
Advocacy for Disability Access and Inclusion (ADAI)
Advocacy for Inclusion Incorporating People with Disabilities (AIIPD) ACT
Advocacy Western Australia
Aged and Disability Advocates Australia (ADAA)
Alchemical Minds
AMPARO Advocacy
Animal Therapies
Australian Federation of Disability Organisations (AFDO)
Blind Citizens Australia (BCA)
Blind Citizens Australia (BCA) – Queensland Branch
Brain Injury South Australia (BISA)
Capricorn Citizen Advocacy (CCA)
Carers Westen Australia
Cystic Fibrosis Together
Citizen Advocacy – Perth West
Colac Otway Region Advocacy Service (CORAS)
Compass House
Consumers of Mental Health Western Australia (CoMHWA)
Darwin Community Legal Service (DCLS)
Deafblind Australia
Developing Australian Communities



Developmental Disability Western Australia (DDWA)
Disability Advocacy Network Australia (DANA)
Disability Solutions & Outcomes
Disability Voices Tasmania (DVT)
Family Advocacy
Fight Parkinson's
First Peoples Disability Network (FPDN)
Grampians Disability Advocacy (GdA)
Guide Dogs NSW/ACT
Inclusive Rainbow Voices, LGBTIQ+ Health Australia
Independent Disability Advocacy Collective South Australia
Integrated Disability Action (IDA)
Julia Far Association (JFA) Purple Orange
National Disability Advocacy Program-funded Citizen Advocacy Programs (joint statement)
Kin Disability Advocacy
Melbourne East Disability Advocacy (MEDA)
Mental Health Carers (MHCN) NSW
Multicultural Disability Advocacy Australia (MDAA)
National Aboriginal Community Controlled Health Organisation (NACCHO)
National Legal Aid (NLA)
Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
Parents of Deaf Children New South Wales/Australian Capital Territory (PODC)
Pathways and Advocacy Network (PAAN)
Power to Care
Queensland Independent Disability Advocacy Network (QIDAN)
Queensland Law Society
Rhino Support Coordination



Rights In Action (RIA)
Self Advocacy Sydney (SAS)
Side By Side Advocacy (SBSA)
Spinal Cord Injuries Australia (SCIA)
Sunshine Coast Citizen Advocacy Program
Sussex Street Community Law Service (SSCLS)
The Centre for Public Value – University of Western Australia (UWA)
Office of the Public Advocate (OPA) – Queensland
The Speak Out Association of Tasmania
Uniting Communities
University of New South Wales (UNSW) Sydney and Self Advocacy Sydney (SAS)
Victorian Disability Services Commissioner (VDSC)
Victorian Rural Advocacy Network (VRAN)
Villamanta Disability Rights Legal Service
Young People In Nursing Homes National Alliance (YPINHNA)



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