



**Multicultural Disability Advocacy
Association of NSW Inc**

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Information, Linkages and Capacity Building Commissioning Framework

Submission

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About MDAA

The Multicultural Disability Advocacy Association (MDAA) is an organisation led by people with disability and aims to promote, protect and secure the rights and interests of all people with disability. It is considered the peak organisation in NSW for people from non-English speaking (NES) / culturally and linguistically diverse (CALD) backgrounds with disability, their families and carers. MDAA is funded by the NSW and Commonwealth Governments to provide individual and systemic advocacy, advocacy development, industry development and training. MDAA also receives funding to run capacity building and community development projects.

Our vision is a society where everyone, regardless of background or disability feels welcomed, included and supported. MDAA head office is based in the Sydney suburb of Granville and regional offices are located in Newcastle, Wollongong, Griffith and Bega.

Background

MDAA has worked with people from NES/CALD backgrounds with disability for 20 years. People with disability hold roles on our governance committee and are among staff, volunteers and membership. We take a rights and empowerment based approach to our work and as such information, linkages and capacity building are central to all MDAA activities.

In October 2015 MDAA hosted a consultation on the Information, Linkages and Capacity Building Framework with people with disability, families and carers. This submission is based upon the discussions which took place during that consultation as well as upon our experiences of the information, linkage and capacity building requirements of people with disability, particularly those from NES/CALD backgrounds.

Cohort Focused Delivery

Participants in the ILC consultation felt that people with disability who are isolated and experience additional barriers must be prioritised. They noted that people from NES/CALD background with disability can be isolated because of attitudes towards disability (e.g. stigma) and by cultural and language barriers. As well as identifying people with so called 'high support needs' and 'behavioural support needs' as individuals who must be prioritised. On the other hand, the participants were cautious about the possibility that the Framework would allow organisations to exclude certain people on the basis of particular disability, culture or location, which would limit the choices that are available.

MDAA welcomes a Framework which acknowledges that the support needs of certain groups of people with disability, including those from NES/CALD backgrounds, must be prioritised, to ensure that people from NES/CALD backgrounds with disability do not fall through the cracks yet again. While we recommend that the Framework draws on the experience of organisations like MDAA that is led by people with disability and has worked with a priority cohort for a number of years, we also recommend that it acknowledges the responsibility of all organisations to support **all** people with disability. This also reflects the simple fact that many people identify with more than one priority cohort. For example, a person from NES/CALD background may require information to be provided in a language other than English but may (for reasons such as literacy level or disability) also require information that is in plain language.

We would like to make some recommendations for specific strategies as part of cohort focused delivery and particularly on how to address and eliminate the additional barriers faced by people from NES/CALD background within the Framework.

1. MDAA is very conscious of how vital interpreters are to ensure equity in access to information and support. In September 2013 we were advised that the Language Policy team at the Department of Social Services (DSS) had decided to cancel our funding for interpreters. We understand that DSS had formed the opinion

that the agencies from which MDAA is provided its core advocacy funding (i.e. Family and Community Services – Ageing Disability and Homecare as well as DSS – National Disability Advocacy Program) should cover the costs of interpreting. Since September 2013 MDAA has continued to use interpreter funding from the Language Policy Team at DSS on the understanding that it could be cancelled at any time, as discussions between the various government agencies continues. Access to support, regardless of cultural and linguistic background, is a basic principle of multiculturalism. We urge the NDIA to ensure that funding for interpreters is provided to all organisations providing ILC supports.

2. Organisations such as MDAA that are led by people with disability and have worked with a priority cohort for a number of years have extensive knowledge, skills and resources that must be applied in order for the ILC to successfully engage with people from NES/CALD background with disability. However, organisations that focus on working with particular groups of people tend to be very small in comparison to those that have a broader focus. There is reason to be concerned that knowledge, skills and resources will be lost if small organisations are asked to tender for ILC funding in competition with much larger ones. Small organisations need additional resources with which to develop skills and free up time to be able to complete the tender process.

3. Many people from NES/CALD background have never before engaged with a disability or mainstream service. It is important that the Framework allows organisations to connect with people at whatever stage of their own journey that they are at. This may mean, for example, that an organisation has to invest a lot of time in identifying people with disability who belong to particular communities before delivering a service and in capacity building around disability awareness in an Australian context with families and communities before moving on to other skills development for individuals with disability.

4. Measurement of outcomes must include measurement of the extent to which organisations take steps to respond to the support requirements of people from priority groups and the extent to which organisations successfully engage with priority groups. This must go beyond simply completing training courses. In the case

of people from NES/CALD background, cultural competency/responsiveness might include closely working with CALD community leaders and organisations, providing translated information that reflects diversity and active steps to encourage diversity in the workforce. Successful engagement would be reflected in the numbers of people from NES/CALD background with disability supported by the organisation as well as in equity in the outcomes for people with disability from NES/CALD background in line with others.

5. The fact that Local Area Coordination is the largest single investment in ILC and has thus far been divided among only a few large religious and charitable organisations is illustrative of point 2. It seems that the expectations upon LACs are very high, they are tasked with providing information about the NDIS and assisting with registration, linking people with and without NDIS packages to disability supports and support in the community generally, working with the community to build the capacity of organisations to support all people with disability and working with people with disability to develop independence through capacity building and cultivating informal networks. The scope of the ILC Framework, which is inclusive of LACs, is much too large for an organisation to provide to a high standard that takes diversity in to account. In the Hunter trial site where MDAA has had an office since 2002, LACs frequently contacted the MDAA advocate for advice.

ILC providers, including LACs, that are funded to connect people with disability to community and to develop the capacity of the community to be inclusive must be expected to deliver specific outcomes related to changes in community attitudes and responsiveness to **all** people with disability. We understand that organisations providing Ability Links in NSW, while required to evaluate and report on participant satisfaction, are not currently required to report on contributing to a more inclusive community.

A Note on Outcomes

Outcomes are not within the sole power of ILC providers to measure. Participants in the ILC consultation identified that positive outcomes for them would include changes in the way that disability is viewed within society and the extent to which they are able to participate in the community. Specific examples include:

- greater representation of people with disability in government and in the media
- greater transport accessibility and opportunities for independent living
- greater involvement and active participation in committees, policy processes and other such initiatives that would lead to changes in systems

The NDIA needs to work with other government agencies to measure the outcomes which occur in terms of changes to the system. For the same reason we recommend that outcomes be linked to forming partnerships with mainstream organisations and stimulating markets to meet needs of people with disability which are currently going unmet.

Conclusion

The Multicultural Disability Advocacy Association currently works with people with disability, families and carers, especially those from NES/CALD background, in the areas of information, linkages and capacity building. MDAA is indicative of many small organisations that are led by people with disability, have been operating for many years in local communities and have vast experiences, skills, networks and resources to be able to engage with particular groups. We ask that the NDIA dedicates funding to support such organisations to meaningfully participate in the ILC tender process. Equally, it is the responsibility of all ILC providers and indeed of organisations generally, to take active steps to work meaningfully and support *all* people with disability especially those who are isolated and face additional barriers. Therefore, we ask that the NDIA includes, among the outcomes expected of ILC providers, measurements of how successfully an organisation engages with cohorts that might otherwise miss out.