



**Multicultural Disability Advocacy
Association of NSW Inc**

PO Box 884, GRANVILLE NSW 2142
10-12 Hutchinson St, Granville NSW 2142

Telephone: (02) 9891 6400

Toll Free: 1800 629 072

Facsimile: (02) 9897 9402

E-mail: mdaa@mdaa.org.au

ABN: 60 737 946 674

Multicultural Disability Advocacy Association Submission

To the Review of the National Disability Advocacy Program 2016

Multicultural Disability Advocacy Association (MDAA) is a NSW based organisation funded by both the National Disability Advocacy Program and by Family and Community Services (Ageing Disability and Homecare). In operation for more than 20 years, MDAA is considered the State peak body for people from Culturally and Linguistically Diverse (CALD) backgrounds with disability, their families and carers. The main office is based in Granville (Western Sydney) and small offices also operate in Hurstville, Newcastle, Wollongong, Griffith and Bega.

MDAA is funded for individual and systemic advocacy, advocacy development, industry development and training. MDAA also receives funding to run capacity building and community development projects. The approximate ratio is 90% of funding for individual advocacy and 10% for systemic advocacy.

Individual Advocacy: our Advocates work with individuals with disability, families and carers to understand their rights and to speak up where they have an unmet need or are being treated unfairly. Advocates working from Granville, Griffith, Wollongong and Newcastle can support people from *CALD backgrounds* with disability, family members and carers. Advocates working from Hurstville, Bega and those who work in central and inner west Sydney can support *all* people with disability, family members and carers. The offices in Griffith, Wollongong, Newcastle and Bega operate three days per week. In 2014-15 MDAA worked with more than 400 people on almost 1200 issues. The most common issues were housing, finances, immigration, family or social support and health.

EXAMPLE

L was born in Iraq. He has a mental health disability and can become extremely distressed while working with services. Many services have decided to exclude him. L has been supported by MDAA individual advocates through many issues including a risk of losing his tenancy and an immigration appeals process.

Systemic Advocacy: MDAA employs one Systemic Advocate, based in Granville. Systemic advocacy is informed by consulting with people with disability, family members, carers and other supporters as well as by the experiences of MDAA staff. The Systemic Advocate also works on the organisation's policies and some of its projects.

Advocacy Development: MDAA works to provide opportunities for individuals with disability, family members and carers to be informed and empowered to speak up. This includes identifying areas that people want to know about or to develop skills in as the basis for organising forums and workshops. During 2014-2015 MDAA held forums on housing, education, NDIS, transport and employment.

Industry Development and Training: MDAA works with services and government agencies to increase the capacity of the sector to be responsive to diversity.

Projects: MDAA auspices the NSW Network of Women with Disability, a project that was established using a grant of funding and has continued unfunded. The project aims to bring women from diverse backgrounds with disability together to support one another and to have input to issues affecting all women. Similarly, Small Stone Youth Opportunities Project under the auspices of MDAA, is run with and for young people from diverse backgrounds with disability. Small Stone also started with a grant of funding, aimed at developing confidence and skills in young people. A second (smaller) grant of funding will allow the project to continue, this time with a focus on young people and the NDIS. Community Voices an MDAA project focused on developing confidence and skills in people from diverse backgrounds with disability, family members and carers, to share their stories and represent MDAA. This project does not have its own funding. Finally, Support Planning is a project funded by Ageing Disability and Homecare and designed to support people with disability to pre plan for the NDIS in the lead up to its full roll out.

MDAA welcomes the opportunity to provide input into to the review of the National Disability Advocacy Program and to ensure that the voices of people from CALD background with disability are considered by the Review. On 24 May 2016 MDAA hosted a consultation, facilitated by the Department of Social Services and attended by MDAA Advocates and the people they support ('the consultation'). This submission is informed by the discussions during that consultation and by the experiences of people with disability, families and carers, particularly those from CALD background, which MDAA has shared in, over its 20year history.

1. MODELS OF ADVOCACY

Many of the people who attended the consultation highlighted the inequities that result when people do not have access to the right model of advocacy at the right time. They reported that individual and legal advocates are overloaded and that there is often a waiting period before support can begin. Some issues require an immediate response and any advocacy organisation must be well resourced to have the flexibility to prioritise people with urgent requirements – timely response can be crucial to avert a growing crisis. The participants had also noted that MDAA only has one Systemic Advocate, who also has other responsibilities, while some organisations employ multiple people with a sole focus on systemic advocacy. They feel that as such the rights, issues and voices of people from CALD background with disability are being devalued relative to others.

Community demand for all forms of advocacy is, without question, on the increase. With the National Disability Insurance Scheme, National Disability Strategy and calls

in the recommendations of recent Senate Inquiries for advocates to be assigned to individuals with disability in particular circumstances.

Among the objects of the National Disability Insurance Scheme (NDIS) is to support the independence of people with disability and to enable people with disability to exercise choice and control in the pursuit of their goals and planning. People who face additional barriers because of the way in which they communicate (this includes people for whom there are English language and cultural barriers, people who do not speak, people who require communication in plain language or pictorials and many others) or because of their restricted life experiences (people who have spent time in institutions, jails, nursing homes and hospitals) must have equitable opportunity of the best possible outcomes from the NDIS. Many people with disability are socially isolated, many families face their own barriers and service providers which play a major role in a person's life are both a valuable source of information and in a position of conflict of interest. The power in the NDIS is the opportunity for real change and for many people this will only be achieved if they can access an independent advocate.

The NDIS also creates an opportunity for people with disability to safeguard and exercise rights that they never previously could. People with disability will be consumers from a competitive market of supports, exposed to the same risks and with the same rights of redress as other consumers. This is a very unfamiliar position for many people with disability and their families, who will need support to understand and speak up for their rights. No one is better placed than individual advocates to provide that kind of independent support.

The National Disability Strategy is complementary to the NDIS in that it aims to bring about change to mainstream services, industry and the community for greater inclusion of people with disability. The objects of the NDIS go beyond individual choice and control over supports, to include raising community awareness of the issues that affect the participation of people with disability, and facilitating greater community inclusion of people with disability. Similarly, the National Disability Strategy is a guide for policy changes in areas such as physical and information accessibility and equal outcomes in employment, education and health. Not every person with disability is eligible for the NDIS and participants in the consultation expressed a lot of concern for people over the age of 65 and those who do not meet other criteria such as residency. Nor will the NDIS remove every barrier facing eligible people. While the National Disability Strategy and the NDIS are important instruments for reform, their effectiveness in bringing about fundamental change depends upon individuals with disability being supported to speak up against unfairness they experience in any aspect of life and to have a consistent voice that expects ongoing positive change.

At this time of great change for people with disability and families, when there is consistent acknowledgement of the need for widespread and ongoing reform, it is concerning that NSW may experience the biggest gap in access to advocacy

services that has ever been experienced – because of the total redirection of NSW funds for disability to the Commonwealth.

2. IMPROVING ACCESS TO ADVOCACY SUPPORTS (for marginalised groups)

Focus on people from CALD backgrounds

MDAA is the only organisation in NSW funded by NDAP and focused upon people from CALD background with disability. The consultation with DSS represented an opportunity for the organisation to reflect on how we promote access to advocacy for people from CALD backgrounds with disability, their families and carers. Participants in the consultation described MDAA as ‘welcoming’ and ‘accepting’ because of its diverse workforce and non-judgemental attitudes as well as because there are no eligibility criteria with respect to citizenship or residence. They spoke about the importance of being able to approach an organisation in the local community that they had come to trust, which has experience advocating for people from CALD background with disability and families (particularly in the Immigration space) and where they can utilise interpreters.

A NOTE ON INTERPRETERS

In September 2013 MDAA was advised that the Language Policy team at the Department of Social Services (DSS) had decided to cancel our funding for interpreters. We understand that the Language Policy Team 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. An outcome of this review must be a guaranteed free access for people with disability and their families to interpreters to access an advocacy organisation.

MDAA acknowledges that while we support many people from CALD background with disability in NSW there are many more who do not access advocacy, some of whom access no support at all. There are complexities in working with this group and it is very important that organisations such as MDAA have the capacity to devote the required time and focus to individual and systemic advocacy as well as to extend their work beyond those functions. People from CALD background with disability and their families can be very isolated, for reasons such as shame and stigma around disability, language and cultural barriers and traumatic histories that may mean people do not have the confidence to develop connections with others. As such, the

community development, capacity building and project work that MDAA does is vital, not only to promote understanding of disability as a social model but also to create an opportunity to grow the trust and confidence people have in the organisation so that they may feel comfortable to access advocacy. Project work also allows MDAA to acknowledge that people with disability belong to other groups (such as women and young people).

MDAA acknowledges that it is the responsibility of all advocacy organisations and indeed of all disability and mainstream services to implement specific strategies to promote engagement by *all* people with disability. MDAA is able to provide training that develops the capacities of organisations to work with people from CALD backgrounds with disability. We also suggest that NDAP requires funded organisations to demonstrate specific strategies in place for cultural responsiveness and working with marginalised groups.

Greater resourcing would place MDAA in a position to further extend its reach to the most isolated people with disability. For example, many people with disability do not have the opportunity to move about the community by driving or using public transport. As such they may incur considerable expense to attend appointments with an Advocate. While MDAA does carry out home visits this can be time consuming and is not always the best method for a meeting. One possible practical strategy would be to provide financial assistance for travel to advocacy related appointments.

3. IMPROVING THE ADVOCACY EVIDENCE BASE AND COORDINATION ON SYSTEMIC ISSUES

MDAA is able to draw on the experiences of the people we support in individual advocacy and project work to inform systemic advocacy. Importantly this empowers the voice of people from CALD backgrounds with disability. This is an important consequence of funding that allows MDAA to employ a person in the role of Systemic Advocate. However there are (of course) a very wide range of issues that affect people with disability.

As previously mentioned the people we support regard it as inequitable for CALD people with disability that the advocacy organisation established to work with and for them is not resourced to the extent that others are in terms of systemic advocacy.

It is extremely important that systemic advocacy is informed by the experiences of people with disability. Organisations that do not currently provide individual advocacy might be in a position to do so were this included in their funding. This will not be the case for all organisations but NDAP should incorporate an expectation to work in partnerships to engage with groups of people with disability and consult on issues. For organisations that provide individual advocacy but not systemic advocacy, a wealth of experiences are held by the Advocates and people they support, which should not be left out of the conversations aimed at systemic change. Funding might

enable the organisation to do systemic advocacy, but if this is not the case NDAP should expect partnerships with systemic advocacy organisations.

4. THE INTERFACE WITH NDIS AND ADDRESSING CONFLICT OF INTEREST

The NDIS Price Guide includes an item called 'Advocacy like Activities'. The existence of this item creates the concern that service providers or newly formed organisations, will enter a market to provide advocacy (perhaps under a different name) that is paid for from participant packages. It is very important that this is not allowed to happen.

The power of advocacy comes from its independence from conflict of interest. Conflict of interest exists for any organisation that supports a person to develop an NDIS plan while at the same time offering services (including advocacy) that can be purchased with funds from that plan. That said, it is important for advocacy organisations to be in a position to extend their functions beyond individual and systemic advocacy. As previously discussed, this is an important way to engage isolated people who may be reluctant to seek out advocacy. It is also important that advocacy organisations are in a position to channel their experience in to opportunities for people with disability and families to develop confidence and skills.

The National Disability Advocacy Program can ensure that people with disability have access to the advocacy support of organisations that have been accredited for their skills, inclusiveness and management of conflict of interest. It is for this reason that an NDAP tender process should be selective – confined to accredited organisations.

A NOTE ON THE ACCREDITATION PROCESS

MDAA fully supports an accreditation process aimed at ensuring the practice of professional advocacy in accordance with the National Standards for Disability Services. However, the accreditation process has proven to be very costly and very resource intensive for organisations. We suggest that the accreditation process could also be reviewed and could be balanced with funds for professional development and a peak body.

5. UNDERSTANDING AND IMPROVING ACCESS TO JUSTICE

Participants in the consultation were very clear that there had been situations in their lives when they needed legal advocacy but it had been unavailable to them. They stressed that in some situations being unable to access legal advocacy places a person with disability in a very vulnerable position such as homelessness. It seems that a major reason why people with disability have been unable to access legal advocacy is because they could not find the right legal service or the service did not

have the skills to understand the nature of the problem. In these situations the person with disability simply gave up trying to get support and was put at risk.

Participants in the consultation suggested that individual advocates should have some understanding of legal matters – to be able to link people with the right service and to provide support to ensure that a legal advocate is able to understand all of the circumstances. They also stressed the importance that legal and individual advocacy organisations are well resourced to have capacity to respond to urgent and complex issues.

It is clear that, particularly with the roll out of the NDIS, individual advocates who have specialist knowledge of disability and legal advocates will need to cooperate closely.

RECOMMENDATIONS

Overall, MDAA, on behalf of people with disability and especially those from CALD backgrounds, their families and carers, recommends that:

- NDAP is expanded to encompass not only resources redirected from States but also additional resources to ensure that all people with disability have access to free, independent and appropriate advocacy support.
- Access to free interpreters for people with disability, families and carers to access advocacy services is guaranteed.
- NDAP imposes criteria for accreditation that relates to management of conflict of interest, skills and strategies for engaging particular groups. The accreditation process can be linked to a select tender process for funding and to professional support.
- In acknowledgement that all forms of advocacy are invaluable, NDAP encourages and supports greater collaboration.

Drafted by: Kirsty MacDonald, Systemic Advocacy Policy & Projects Officer

Approved by: Susan Laguna, Executive Director