



MDAA response to the *'National Disability Advocacy Framework (NDAF) for the 2022-2025 period.'*

**Multicultural Disability
Advocacy Association of
NSW Inc.**

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About this submission

This submission is produced by the **Multicultural Disability Advocacy Association of NSW Inc. (MDAA)** in response to the **National Disability Advocacy Framework (NDAF)** for the 2022-2025 period.

Introduction

Since 1995, MDAA has been advocating for the rights of people with disability from **culturally and linguistically diverse (CALD)** and **non-English speaking (NES)** backgrounds, their families and carers who reside in NSW. These consumers experience severe marginalisation and multiple barriers and need advocacy assistance to improve their access to the community, services, and opportunities, and achieve better outcomes. MDAA aims to promote, protect, and secure the rights and interests of people with disability, their families, and carers in NSW with the view to empower communities through leadership in systemic and individual advocacy, capacity building, networking, industry development and training, and through solid contributions into the development of the advocacy sector.

MDAA provides the following free services:

- **National Disability Insurance Scheme (NDIS)** appeals- individualised support and advocacy for consumers who have been disadvantaged or maltreated by the NDIS system
- **Disability Royal Commission (DRC)** advocacy- individualised support and advocacy for consumers who are disclosing stories of abuse, neglect, sexual violence and/or exploitation; and systemic advocacy through reporting and collaboratively partnering with the Royal Commission to overhaul systemic issues relating to NDIS, housing, health, education, employment, and any other societal structures that may have deeply embedded practices of discrimination, neglect, abuse, and exploitation
- **Individual disability advocacy** – individual support and advocacy for consumers to address specific issues including upholding rights, accessing services, and resolving disputes and complaints and
- **Systemic disability advocacy** - any work that aims to affect policy and practice changes which can make lasting, improved outcomes for consumers

MDAA's core funding originates from Department of Social Services (DSS) and Department of Communities and Justice (DCJ) and supplemented by other sources of short term and one-off funding. These are independent sources of funding, separate from NDIS funding, preventing any conflict of interest.

MDAA consists of a culturally diverse team of management, staff, and volunteers, with a significant proportion also having lived experiences of disability. The high level of empathy, expertise and professionalism assists in the delivery of free, inclusive, and accessible disability advocacy work.

MDAA is guided in their work by national and state legislations namely, but are not limited to, the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD), the National Disability Service Standards, Disability Discrimination Act,

Anti-Discrimination Act, and the Disability Inclusion Act. MDAA respectfully implements the human rights framework and social justice principles, exercising fairness and equity, and combating violence, abuse, neglect, and exploitation. The essence of the social justice principles is that no consumer seeking assistance is excluded regardless of their backgrounds.

Below are MDAA's responses to the questions relating to the NDAF.

1. Do you believe the new NDAF encompasses your vision of advocacy? If not, what changes are required?

Secure, equitable and stable funding of free inclusive and accessible advocacy services, and without conflict of interest

In general terms, MDAA welcomes the new NDAF and hopes that future implementation is faithful to the proposed principles, outcomes, and outputs and highly responsive to the main proposed recommendations by the advocacy sector, people with disability, and their families and carers. Various changes are recommended to benefit people with disability particularly those from CALD and NES backgrounds.

It must be made clear that disability advocacy sector will be appropriately funded on a long-term, permanent basis. Advocacy services need to have secured and stable funding as a show of respect to the human rights of people with disability, who experience multiple barriers, disadvantage, and stigma. They need inclusive and accessible advocacy services that are free of charge and free from conflict of interest on an ongoing basis.

Without a voice, assistance and guidance from advocacy services, marginalised sections of the Australian society such as people with disability from CALD and NES backgrounds are unable to access specialist and mainstream services and are left defenceless with their rights often violated.

2. Are the principles of the NDAF appropriate for guiding the delivery of advocacy for people with disability in a changing disability environment, including in the context of the NDIS? If not, what changes are required?

Human rights approach

The NDAF document refers to a 'rights-based approach' regarding people with disability. 'Human rights' is a more useful term. The term 'human rights' better reflects the humanity of people with disability. The objectification of people with disability is a human rights violation and one that MDAA and other disability advocacy organisations' main existence aims to eliminate. Appropriate language is part of this goal.

The principles of the NDAF refer to the UNCRPD and Australian legislations and principles. This is crucial when protecting the human rights of people with disability particularly those with other intersections of disadvantage including CALD and NES backgrounds. UNCRPD is a recognised set of standards upholding the human rights of people with disability on a

global scale.

Disability advocacy is not explicitly mentioned in the UNCRPD as a human right. However, under Article 4 (General Obligations), it states in part the following:

...To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention to better provide the assistance and services guaranteed by those rights.

Disability advocacy is most certainly about providing services as the UNCRPD describes. However, the key issue is actual practice. Australia is one of the signatory countries to the UNCRPD and was a significant player during the development phase. Yet, various articles of this Convention have been repeatedly violated within the nation's jurisdiction. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability or Disability Royal Commission (DRC) has taken submissions from members of the Australian public testifying to such violations: <https://disability.royalcommission.gov.au/>

Equity of supports

With regards to the NDIS, the NDAF principles do not specifically refer to the scheme as such, but it does stipulate 'Access to Supports'. NDIS is the main funding system for disability supports in Australia. Ironically enough, one of the main reasons for people with disability from CALD backgrounds requesting access to disability advocacy services is NDIS-related problems. Unfortunately, there are various barriers in being able to access disability advocacy. For example, the proportion of NDIS participants who identified as CALD was 9.4 per cent on 31 March 2021, which is below the estimate of around 20 per cent (ndis.gov.au, Cultural and Linguistic Diversity Strategy – Progress update, July 2021).

Geography, type of disability, waiting times, and assorted other reasons can mean some people miss out on advocacy. The system is inequitable. MDAA recommends 'Equity of Supports' rather than 'Access to Supports' should be stated as a principle in the document.

Participation and Inclusion

'Participation and Inclusion' is an important principle. MDAA recommends to explicitly include it as an NDAF principle. Effective participation and inclusion of people with disability in any society must consider economic participation. Employment is another area where people with disability needs advocacy assistance including promoting their right to work in a discrimination-free environment and gain appropriate support.

There still remains a large number of CALD people with disability who miss out on disability services and are unable to access the NDIS for various reasons hence capacity building is an important part of advocacy to empower them to speak up for themselves and be included. Hence these types of capacity building activities should also be factored in the funding not just direct advocacy.

Capacity building

Capacity building has not been specifically mentioned as a principle. This is a gap that should be addressed given it is a key part of disability advocacy. It is also part of the Department of Social Services' funding to the disability sector- please refer to the link below: <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability/individual-capacity-building>.

One of MDAA's main approaches to individual and systemic advocacy is to build the capacity of their consumers, to *empower them on how to do* rather than *do with* and *do for*. Consumer Voices is a long-standing MDAA program where people with disability have undertaken specialist and extensive training on public speaking. MDAA consumers present at various platforms including forums and conferences and share their inspirational stories of empowerment.

3. Are the outcomes of the NDAF clear and achievable? Should different ones be included? If so, what should be included?

Person centred, inclusive, accessible, and culturally responsive and humble approach

MDAA believes the inclusion of people with disability from CALD communities and the commitment to diversity in the section about outcomes are vitally important. MDAA has been implementing through a person-centred, inclusive, and accessible, and culturally responsive and humble approach, customising advocacy services and projects to suit the individual consumers. The reference to consultation with relevant communities is also crucial to any meaningful connection with people with disability from CALD backgrounds. MDAA uses interpreters effectively, bilingual speaking advocates, plain English and easy read formats when communicating and consulting with consumers. Cultural responsiveness training should be a part and parcel of advocacy organisations agenda.

The outcomes are generally clear and achievable on the proviso that governments and the Australian community take them seriously and undertake actions to implement what is stated. If actions are half-hearted or do not happen, then the consequences include an NDAF that is essentially meaningless.

Definitions have not been mentioned even though they are part of the NDAF. Family advocacy has been omitted and warrants a separate mention due to the specific dynamics when it comes to assisting a person with disability in the family context. Fully understanding that people with disability from CALD and NES backgrounds may have a different approach to decision making, usually involving a family member, rather than an individual decision-making style.

4. Are the responsibilities, reform, and policy directions of the NDAF relevant or should different ones be included?

Firm commitment from governments, and long-term political and financial support

Nationally consistent guidelines and processes will assist people with disability wherever they are in Australia to obtain access to disability advocacy of a high standard.

There needs to be firm commitments from national, state and territory governments to disability advocacy. It is understandable that disability advocacy services may vary in each jurisdiction. Nonetheless, an effective network of disability advocacy across Australia can only be achieved by long-term political and financial support on the part of governments.

NDAF alluded to funding while MDAA recommends greater transparency, equity, and accountability from governments. It also should be for the longer term, so the sector has stability. This was referred to in the NDAF objective but not explicitly so.

Promoting linkages between the individual and systemic advocacy is effective in improving both types of advocacy work. The problem is that two forms of disability advocacy do not always have a clear connection. For instance, while there are organisations in NSW such as Mental Health Carers NSW (<https://www.mentalhealthcarersnsw.org/>) and Being (<https://being.org.au/>) that undertake invaluable systemic work regarding mental health issues, there is a dearth of individual advocacy in the area of mental health. People with mental health issues in need of individual advocacy are taken on as clients by generalist disability advocacy organisations. They do excellent work within their capacity, but specialist mental health individual advocacy services would greatly assist the sector and those whose mental health problem is their primary form of disability.

5. Does the NDAF identify what is needed in the current and future disability environment? If not, what changes are required?

A strong, equitable and secure, long-term funding for the disability advocacy sector

While the disability advocacy sector is experiencing financial insecurity, and scavenges for short term and one-off funding, disability advocacy is likely to remain ad hoc and fragmented. The sector has long awaited this reform and welcomes a strong and secure, long-term funding for the disability advocacy services. A strong sector is one where people with disability and their family and carers have equal and equitable access to free, high quality disability advocacy services.

A collaborative work plan using the expertise and experience of advocacy services such as MDAA

While the NDAF identifies various key issues in general terms, it is a relatively brief document. It can be well-supported by a disability advocacy work plan during the implementation process, a work plan resulting from a collaborative process and respectful of the expertise and experience of advocacy services such as MDAA.

Any changes that may be required should be undertaken in line with a genuine consultation process and must have representation from people with disability at all times. MDAA as an NSW peak organisation would be interested in being part of such a process.

6. Do you have any other comments, thoughts, or ideas about the NDAF?

As previously mentioned, actions tend to be viewed more seriously than documents. The DRC have taken submissions from a wide range of people with disability. The submissions have raised alarming issues regarding abuse, neglect, and exploitation. This is despite the long-term existence of the UNCRPD and relevant Australian legislations. Certain legislations are still discriminatory against people with disability and needs to change e.g., in immigration and employment.

The NDAF is, as the title suggests, a framework and cannot substitute for comprehensive action. MDAA, in its capacity as a peak organisation for CALD people with disability, looks forward to working with the Australian Government on disability advocacy issues.