



MDAA Submission to the Improving outcomes of people with disability under the National Disability Strategy and the National Disability Insurance Scheme Introductory Paper- 2020

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 *Improving outcomes of people with disability under the National Disability Strategy and the National Disability Insurance Scheme Introductory Paper- 2020*. By way of participation in this submission, consultations were held with MDAA consumers about their experiences with several the proposed frameworks, including experiences with specialist disability services, the democratic processes, service level outcomes for health and well-being, challenges facing Culturally and Linguistically Diverse (CALD) communities with disability when it comes to economic security, as well as considerations for more inclusive and accessible communities.

About MDAA NSW

MDAA is a state-wide advocacy service for all people with disability, their families, and carers, with a specific focus on people from CALD and non-English speaking backgrounds (NESB). 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 empowering communities through systemic and individual advocacy, advocacy development, capacity building and networking, as well as industry development and training.

Introduction

The Draft Outcomes Frameworks include some mechanisms for transparently identifying Government priorities, with consideration given to family, community, and system-level outcomes in a separate framework.

Some consideration is also given to including appropriate cohort-specific indicators, framed by cultural or linguistic group, age or place; and a section within the 'Our Communities' report that relates to specific priority cohorts, comparing outcomes against the wider population.

It is important to note that consumer outcomes provide a vital framework for consumer participation, however emphasis must also be placed on continuing challenges faced by CALD/ NESB communities with disability when it comes to specialised services, democratic processes, accessible communities as well as economic security that remain ongoing.

Draft Outcomes Frameworks

What matters most to measure and report on as we seek to achieve inclusive and accessible communities for people with disability?

- The **inclusive and accessible communities** outcome aims for people with disability to live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting, and cultural life.
- **Inclusive and accessible communities** may include ease of access to public buildings, moving freely about the local community using public or private transport and having access to communication and information networks.

It is imperative that inclusive and accessible communities consider the diversity of people with disability. One of the key barriers to inclusion for people with disability is the lack of access to accessible information. This includes information in easy English and in accessible community languages (easy to understand).

When considering CALD/NESB communities and their needs, there needs to be a focus on supporting communities to understand disability from a human rights-based perspective and from a social model of disability.

This can be done by planning appropriate measures for good access for people with disability which also provides benefits to other community members suffering from the inability to access aspects of community life. This can include:

- A range of individuals from Culturally and Linguistically Diverse Backgrounds (CALD) as well as Non-English-Speaking Backgrounds (NESB) who are visiting Australia as tourists who find it difficult to read signs around the community
- Seniors
- Parents with children

People with disability face barriers to everyday activities such as hearing what is said, seeing small print, climbing stairs and understanding signage. The impact these barriers have on the life of the person concerned can be major, particularly if the individual has multiple disabilities.

Appropriate frameworks and outcomes for access and inclusion should consider the diverse needs of individuals and the nature, strengths, priorities, and resources of a community. The common elements of access and inclusion are the removal or reduction of barriers to participation in the activities and functions of a community, by ensuring that information, services and facilities are accessible to people with various disabilities. A person's ability to access information, services and facilities is affected by several factors, including the degree and type of disability, which can vary considerably between individuals. Therefore, when considering monitoring and measuring impacts of activities, indicators should reflect the various ways sub-outcomes can relate to a range of disabilities.

What is most important to measure and report on as we seek to achieve economic security for people with disability

- The **economic security** outcome aims for people with disability to have economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control over their lives.
- **Economic security** may include more people with disability have a job, have enough income for daily living expenses, are not living in poverty, and have somewhere suitable to live.

Example indicators should also include:

- Awareness for employers when it comes to employees with disability: this includes asking appropriate questions during workplace interviews
- Appropriate training for staff in disability awareness
- Measures that focus on recognising and valuing the benefits of employing a diverse workforce which includes the diversity of people with disability.
- Measures and strategies implemented that actively encourage employers to employ people with disability.
- Ensuring Open employment has measures and supports in place like that of supported employment.

Case study: A person with vision impairment applied for a job. During her interview, the interview panel which consisted of three interviewers, asked her how well she could see, by putting up a few fingers to see if she could identify how many fingers were held up, testing her vision. The consumer felt highly uncomfortable and did not feel this was necessary, given she indicated her vision impairment on her application. The employer in this instance could have asked what kind of supports the person anticipates they will need to do the work, rather than trying to test their level of impairment.

MDAA Consumer

What is most important to measure and report on as we seek to achieve health and wellbeing outcomes for people with disability?

- The **health and wellbeing** outcome aims for people with disability to attain highest possible health and wellbeing outcomes throughout their lives.
- **Health and wellbeing** may include, interacting with health professionals who understand needs of people with disability, affordable health services and satisfactory mental health support.

Additionally, health and well-being measures should include:

- Culturally responsive, competent, and culturally safe health professionals
- Consideration for services and resources to address issues that arise out of the lack of health services available for example, mental health rehabilitation services that may not necessarily be deemed as acute
- The opportunity for those with disability who need day-to-day care and may be living alone, to have access to carers who may be family members overseas waiting for long periods of time to be granted a carer visa

Case Study: A consumer with disability who has no family in Australia applied for a carer Visa for their relative to travel to Australia from their home country to care for them. After several months waiting for an outcome, the consumer was admitted to an Aged Care facility at their very young age, given they could not care for themselves and there were no other facilities they could go to receive care. This also places a burden on the admission number for those in Aged Care who need Aged Care Services.

MDAA Consumer

What is important to measure and report on as we seek to achieve rights, protection, justice, and legislation outcomes for people with disability

- The **rights protection, justice and legislation** outcome aims for people with disability to feel safe and have their rights promoted, upheld, and protected.
- **Rights protection, justice and legislation** may include feeling safe, the ability to participate in democratic processes and being free from disability related discrimination.

There needs to be a real emphasis on individuals with disability from CALD and NESB communities as they are the cohort who need to have access to information and resources when it comes to understanding their rights and responsibilities under legislation, accessing

justice and protection, and having the confidence to report crimes regardless of cultural stigma and fear of retribution.

Individuals with intellectual or psychosocial disabilities experience multiple legal, institutional, communicational and social barriers to exercise their rights; barriers that prevent them from voting, from standing for election for public office, from exercising their civic participation, or simply from having a say in their own lives. Their legal capacity is often denied or restricted based on having a medical condition or impairment, having made a decision perceived as poor, or being perceived as having deficient decision-making skills.

MDAA held a consumer consultation held with NEDA in 2019 relation to the election experience for individuals with disability from a CALD background. At this consultation, several issues were raised as issues of contention for people facing barriers participating in the national democratic process:

- Polling booths had a very long queue which is unfavourable for people with physical disability standing too long
- Many individuals from CALD communities did not understand the messages of the politicians stating: *'too fancy words and trying to belittle each other'*
- The ballot is too long, too confusing, and cannot really understand how to vote and what each candidate causes are resulting in many informal votes
- Consumers from CALD backgrounds resorted to asking other voters inside the room because they did not know what to do with the ballot and many sought advice from polling officers.
- Not many people knew that there are many ways to vote including those who just received their citizenship and had missed the enrolment in the Electoral roll.

Individuals from CALD backgrounds with disability must have the appropriate access to resources to be in a position to be able to make informed choices so that they can exercise their rights as citizens of Australia, in a meaningful and responsible way.

What is most important to measure and report on as we seek to achieve appropriate learning and skills measures for people with disability

- The **learning and skills** outcome aims for people with disability to achieve their full potential through their participation in an inclusive, high-quality education system that is responsive to their needs. It also aims for people with disability to have opportunities to continue learning throughout their lives in both formal and informal settings.
- **Learning and skills** may include teachers who understand needs of people with disability, continued access to formal and informal learning settings, and preparation for transitioning from one level of education to the next, or from education to employment.

The outcomes put forward by the NDS are crucial in fostering Inclusive teaching to achieve appropriate learning and skills measures for people with disability. Individuals, particularly students, may not be aware of their condition being considered a disability under anti-

discrimination legislation. Ensuring reasonable adjustments, teaching practices and appropriate environments are necessary to foster the implementation of appropriate learning measures.

Educational institutions as well as training providers and organisations promoting appropriate learning environments, must ensure individuals with disability are able to learn effectively through the development of action plans which can assist them in the best way possible. Further recommendations can include:

- Providing institution-wide advisement, training, and consultation on disability-related topics, including legal and regulatory compliance, universal design, and disability scholarship
- Collaborate with partners to identify and remove barriers to foster an all-inclusive learning environment i.e., within classrooms and/ or campuses
- Provide individual services and facilitate accommodations to students with disabilities
- Ongoing monitoring and evaluation of curriculum that provides all-inclusive teaching measures and standards

What is most important to measure and report on as we seek to achieve personal and community support outcomes for people with disability

- The **personal and community support** outcome aims for people with disability, their families and their carers to have access to a range of well-coordinated and effective services and supports that are appropriate to their needs.
- **Personal and community support** may include access to specialised disability services and supports, including NDIS for eligible participants, community-based services that are available when and where they are needed and services that are well coordinated.

There needs to be assurances that the services and supports are user friendly and accessible to individuals from CALD backgrounds with disability. Some feedback from consumers relating to their experiences with NDIS services included:

- *The NDIS is inaccessible for CALD community members to make an enquiry:* consumers have reported that when they approached the NDIA receptionist to make an enquiry about the NDIS process the NDIA representative was not qualified to provide basic information relating to the process and redirected the consumer to the 1800 hotline, without providing them assistance in a language they could understand.
- *Lack of anticipated need for translators:* The 1800 number starts with a recording in English with no access to an interpreter. When CALD communities visit the NDIA an interpreter is not offered.
- *Lack of education for Clinicians:* There is great difficulty in advocates with access requests as it is difficult to convince health professionals to take the time and attention needed to fill in the forms and to do so sufficiently i.e. funding NDIA approved language

by being specific about the primary and secondary disability, stating that all efforts to correct the condition have been exhausted as well as stating its permanency. There is also an evident difficulty in clinicians providing statements as to how the consumers disability affects their ability to function daily in all 6 spheres: mobility, communication, social interaction, learning, self-care and self-management.

- *Correspondence sent to NDIS participants in English only:* It was reported that letters sent to NDIS participants are in English and are not easy read. For example, when a person with disability makes an access request for the NDIS and is deemed not eligible they are advised by letter in English which quotes the legislation to advise the reason as to why they are not eligible for NDIS. There is no provision for easy read or translating services. Also, as the person with disability is not accepted to the NDIS, they do not have a nominee who is able to receive this information on their behalf.
- *There are additional access barriers for CALD people with psychosocial disability:* For example, the Evidence of Psychosocial Disability Form which is to be completed for people with disability with a psychosocial disability listed as their primary diagnosis, usually requires two separate clinicians to complete the form. Part B of the form to be completed prior by a support worker or appropriate person to the completion of Part A by psychiatrist, GP, or the most appropriate clinician. If the completion of the form does not occur in this order, the person with disability will need to visit their psychiatrist, GP, or the most appropriate clinician on 2 occasions to complete the form. This not only cost the applicant more money, but it is also using valuable resources that should be used for treatment.

How often would you like to see progress against the outcomes for people with disability in the National Disability Strategy and the National Disability Insurance Scheme reported?

Every 3 months.

General comments

To enhance the clarity and simplicity of the Outcomes Framework, all consumer outcomes must be aspirational and long term. Short and medium-term outcomes provide transparency in setting out how we intend to achieve our long-term outcomes and are an essential for positive change. We recommended that they be included in the systems, program, agency, and service provision-level frameworks developed underneath this population-level framework. The outcomes should include positive impacts on the person and their communities, as well as system and provider levels. Some of the existing domains in NDS Outcomes Framework pose unique challenges for culturally diverse groups that highlight the ethnocentric nature of some of the questions and do not take into consideration the challenges of CALD communities in establishing goals and their lack of understanding of government systems. An emphasis should be given to developing and implementing strategies to address these concerns as outlined above and be able to utilize the framework in a culturally effective manner and with use of interpreters and or Bilingual workers.

We welcome further discussion on any aspects of our submission.

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