



Kin Advocacy Submission to the Department of Social Services DSS April 2023.

About Kin Disability Advocacy (formerly EDAC):

Kin Disability Advocacy formerly (EDAC) is Western Australia's peak not-for-profit organisation advocating for the rights of people with a disability, from a Culturally and Linguistically Diverse (CALD) background and their family and carers.

Kin Disability Advocacy is a member of the National Ethnic Disability Alliance (NEDA).

Kin Disability Advocacy currently receives recurrent funding from the Australian Department of Social Services (DSS) and the WA Department of Communities Disability Services (DS).

Kin Disability Advocacy delivers individual and systemic advocacy services in the metropolitan, regional and remote areas of WA. This includes state-wide CALD advocacy services and individual generalist advocacy to WA's North-West region (Kimberley and Pilbara).

Additional project funding is used to deliver human rights-based self-advocacy training for people with disability and their families/carers.

Kin Disability Advocacy runs DSS funded Digital Communication Project where issues of disability and ethnicity are discussed in terms of new and existing services, policies, legislation, etc.

Kin Disability Advocacy also generates extra income from its cultural competency training for the disability services sector. This training is delivered in line with the National Disability Services Standards.

Kin Disability Advocacy appreciates the Department of Social Services the opportunity to provide comments in response to the Early Years Strategies.

It is very important to provide opportunities to young children maximize their potentials and develop a foundation for future success in learning.

The vision of realizing that all children on equal basis have the best start in life and enhance creation of brighter future for themselves and for the nation is commendable.

Developing the physical, emotional, social and cognitive health of our children is an important consideration.



The process of identifying, developing early intervention for issues of concern for children whatever backgrounds, significantly shapes their future growth and development. Therefore, it is our responsibility to better care and coordinate the health welfare and education of our children by equitably supporting and sharing the resources and include everyone in the society.

In our submission, Kin Advocacy endeavor to address the questions raised in the consultation paper and provide feedback from collective responses from CaLD and our indigenous communities living both in Metropolitan and regional Western Australia.

Q1. Do you have any comments on the proposed structure of the strategy?

- Needs to recognise specific vulnerable groups and their unique barriers.
- Person centred and inclusive of all children including new arrivals (refugee and migrants), those with disabilities etc.
- Must include practical input from service users especially family, carers, people with disabilities etc.
- All service delivery needs to focus on a bottom up approach – how does the strategy best work with the children, their family and community.

To encourage participation obstacles need to be addressed these include: cost, availability and organisational arrangements; inflexible opening hours and bureaucratic enrolment procedures waiting lists, access information, lack of trust in professional education and care, especially when provision does not align with a family's cultural childrearing practices.

Develop a stronger focus on proactive identification, assessment, and management of risk.

Q2. What vision should our nation have for Australia's youngest children?

We acknowledge that raising children is the prime responsibility of families, parents and carers who have the most powerful influence on their child's life and development.

- Governments and stakeholders must heavily influence any strategy around the early years of a child's life.
- Every child should have access to support services and early childhood education. Communities, families, non-government agencies and government collectively



shape the physical, emotional, social, and cognitive development of young children. This strategy will be integral in helping to ensure that all children, regardless of background, can develop the competencies that they need for success.

Q3. What mix of outcome are the most important to include in the strategy?

- Quantitative outcomes: data around what services are provided to children in which areas, amongst which demographics and what outcomes have been achieved.
- Qualitative outcomes: Feedback from all levels included professional, providers, families and if possible children around what challenges, risks and rewards they have experienced whilst involved with the strategy.

Q4. What specific areas/policy priorities should be included in the strategy and why?

- Family structure: Recognition needs to be given to how family structures impact outcomes or create unique needs. For instance children with disabilities who also have a parent with a disability may require a greater degree of support to best benefit the child. Or parents from a CALD background as opposed to families with English speaking parents.
- Education support for children with disabilities: School funding restrictions disadvantage children with disabilities leaving schools unable to provide the facilities and services needed. There should be flexible and transparent funding for schools to better understand what families can access. This includes issues with NDIS and the Education system around funding assistive technology for children. Unclear boundaries can leave families without support for prolonged periods. Case example: a child living in regional and remote purchased hearing aids through NDIS fund, but the only school wants child leave the aid at school.

Boundary restrictions also affect families with parents having limited choice around where they can educate their children. Also impacts transport for children most significant for newly arrived families with no other support or means of transporting young children.

- Communication: also a significant an issue, especially for CALD and new migrant families who are not being provided interpreters, translated documents or other means of communicating with schools and educators. This prevents the family from better understanding challenges and needs their child has and how best to work with schools to support them.



Early Years Strategy Submission

- **Health:** Extensive wait lists for assessments such as Autism are leaving families without support. Many paediatric services are unable to take on new clients and many waiting list are now more than 2 years in Western Australia. This has extended to private practitioners as well with many unable to accept new clients or referrals.
- Families of CaLD communities cannot access various early intervention services such as NDIS without medical assessment documents. This is also limiting for families who cannot access NDIS or state disability services due to residency reasons. Services like the Child Development service can provide therapies however they are currently limited in duration and wait times.
- In regional areas there is often a lack of communication between local communities and health providers. This needs to be addressed to better support children in these areas, one example is lack of birth nurse visits to new mothers in regional communities. With better delivery of this service vulnerable children could be recognised at an earlier stage and families better supported to get the best outcome for their child.
- Unique barriers with new entrant families often leave children with ‘invisible disabilities’ unrecognised and unsupported. First, such families receive no prior quality assessment from their home country and secondly experience delay for timely assessment when they arrive Australia.

Additionally, these families are often referred when experiencing their own trauma. Thus, lack of external support can mean that these children never benefit from early intervention. Furthermore often overseas documents are either not accepted, recognised or require translation posing extra challenges for refugee and migrant families.

- **Welfare:** Many families with a child/children with a disability rely on a parent to care for them. This can lead to financial struggle. Many services are unaware that family can access Carers Payment or Allowance as welfare support. The strategy should focus on how services can educate and support families through this process.
- **Culture Awareness**

In regional WA, families fear that the department of child protection creates reasons to take children from indigenous parents. Considering the inter generational trauma that Indigenous families and communities live with this can be a barrier to accessing supports for children

There is also a need to recognise that families may have their own understanding of their child’s disabilities, needs etc. which is informed by their culture and family practice.



Services, agencies and professionals need to be able to better understand this and assess what benefit or risk this may pose to the child. Often cultural or family knowledge is dismissed by some Gov agencies and this can leave the family feeling disrespected or disengaged from the service. This can also cause racial disparity between clients accessing the service and limit the outcomes for the strategy.

Q5. What could commonwealth do to improve outcome for children-particularly born and raised in more vulnerable and/or disadvantaged circumstances?

- Needs to recognise specific vulnerable groups i.e. CALD, new arrivals, people with disabilities. Service delivery must be tailored to address unique barriers they experience across all systems.
- Barriers to communication specifically with CALD groups from antenatal to 5 years; how is information being translated/conveyed for these groups, is it accessible, do they understand how to access the system, what their rights are etc.
- Settlement and New Entrant health service – to provide more detailed health assessments for humanitarian entrants. Many new arrivals with no medical information struggle to access appropriate services for themselves or their children i.e., NDIS, ,Education support etc.
- Logistical issues with migrants being settled in suburbs far from the. general population and services. This raises another barrier in them navigating services for their children and accessing appropriate support.
- Lack of communication with parents, across all services. Clear understanding of issues, possible solutions, how to support themselves or their children especially in relation to disability.
- Inappropriate communication channels for CALD people; lack of use for interpreters, translated documents, face to face contact etc.
- Transparency around individuals’ rights, what they can access especially funding for education support, disability services, carer support etc.
- Inclusion of regional community to assess their unique needs, barriers to services etc.



Q6. What areas do you think the commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

Greater inclusion of local services that work directly with children and families. This includes advocacy, disability, education, family support and health services. Cultural groups or organizations that support their community should also be consulted as they have a unique understanding into families that may either not know how or wish not to access formal services.

Q7. What principles should be included into the strategy?

- Prioritizing the involvement of families and parents.
- Inclusion of children's voice in strategy
- Responsive systems that recognize the needs and unique barriers of families and children.
- Cultural awareness and inclusion
- Person centered, empowering strengths based focus for the strategy.

Q8. Are there gaps in the existing framework or other research or evidence that need to be considered for the development of the strategy?

- Inclusion of cultural understandings and community fear around services, policies etc.
- Clearer process for referral to and articulation in services particular for CALD clients.
- Greater education amongst professionals and providers around other services that clients may interact with and how best to support families holistically.
- Support for families and carers as this directly affects outcomes for children.