



EDAC

Ethnic Disability Advocacy Centre

Productivity Commission Inquiry into Disability Care and Support

*Creating a scheme inclusive of people with a disability from a culturally
and linguistically diverse background*

2010

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Preamble

The role of public policy institutions within Western Liberal democracies, such as Australia, is to provide its citizens with the social, political and economic means to engage in public life with respect and dignity.¹ If Australia is to meet its obligations and responsibilities towards its citizenry with disabilities (as enshrined within international law via the UNCRPD), then notions of citizenship, underpinned by the liberal democratic framework to which Australia subscribes, are paramount in any discussions, deliberations and consultations surrounding the development of a broad ranging disability support and care scheme. Even though disability support and care largely falls within the private realm and can therefore be positioned as outside the public realm, as recently recognised with the international ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), government funded disability supports is pivotal to ensure that the participation of people with disabilities within public life, and critical to ensure disabled people's participation on par with their able-bodied counterparts. Social institutions play a vital role in our quest to reach our full capacity as human beings, and for people with disabilities, especially those from ethnic minority backgrounds, the right to effective, appropriate and inclusive support is crucial for this realisation. Thus, the central underlying principle of the proposed new system should provide disabled people with the 'social bases for self-respect and non-humiliation'² and enable people with disabilities active engagement within the polity. We propose that the central concept of 'citizenship', as articulated within the Western Liberal social contract, be the core principle of operation. Such an approach would therefore shift the fundamental basis of the suggested scheme as currently outlined within the consultation document, from a paternalistic citizenship framework of 'care', to that of active representation, non-discrimination and participation, and thus, have the potentiality to realise disabled people's rights to participation and inclusion across all spheres of the polity.³

¹ See Rawls (1999) *A theory of Justice*. 2nd edn. Harvard University Press: Cambridge.
Sen, A (2009) *The idea of justice*. Penguin: London.

² Nussbaum (2004) *Hiding from humanity: Shame, disgust and the law*. Princeton University Press: Princeton, p. 283.

³ Nussbaum, M. (2006) *Frontiers of Justice*. Harvard University Press: Cambridge.

About EDAC

The Ethnic Disability Advocacy Centre (EDAC) is Western Australia's peak not-for-profit organisation which advocates for the rights and interests of people from Culturally and Linguistically Diverse (CaLD) backgrounds with a disability (and their family carers) and a member of the National Ethnic Disability Alliance (NEDA).

The current system of disability services has resulted in numerous examples of systemic disadvantage for our client group which we have addressed in previous state and federal consultations. EDAC welcomes the federal government's initiative of rethinking the way disability services are governed, funded and provided. In particular, EDAC appreciates the opportunity the Productivity Commission has availed to all Australians to provide feedback towards the Inquiry into Long Term Disability Care and Support. EDAC has undertaken a number of consultations with clients and service providers to obtain guidance of issues and solutions to address in this submission.

Disability in CaLD communities

CaLD is often used to describe the complex multicultural nature of Australian society. It applies to people who identify as having particular cultural or linguistic affiliations due to their place of birth, ancestry/ethnic origin, religion, preferred language or languages spoken at home. CaLD communities are not homogenous, but consist of micro-communities with disparate practices and beliefs. They include independent migrants, refugees and humanitarian entrants, with the latter frequently drawn from areas of serious conflict and facing a greater risk of attaining a mental illness.

Many migrants and refugees are valued contributors to Australian society who work hard, volunteer within the community and pay taxes but are frequently excluded from basic services and support for family members who are elderly, have a disability or mental illness. These Australian residents generally have no extended family members to obtain extra support from, leaving them isolated in their caring role and depriving the person with special needs from attaining their full potential in Australian society.

A monograph prepared by Lynn Selepak⁴ has shown that:

- More than half a million Western Australians were born overseas.
- Western Australia has a higher proportion of overseas-born residents than the national average
- Western Australia is noticing a growth in Muslim communities as well as many arrivals coming from countries that lack disability services and facilitates
- A low utilization of services for people with a disability from a CaLD background

⁴ L. Selepak, Challenges Facing People with Disabilities from Culturally and Linguistically Diverse Backgrounds (CALD) Monograph, accessed 25th July, 2010; from:
<http://www.disability.wa.gov.au/DSCWR/assets/main/Report/Documents/PDF/CALD.PDF>

People from CaLD backgrounds with a disability are prone to 'triple discrimination' in society. Where they are discriminated due to:

- Their ethnicity in mainstream society
- Their disability in mainstream society
- Their disability within their own cultural community due to cultural perceptions of disability

The Equal Opportunity Commission (EOC) WA⁵ has found that racial and impairment issues have the highest incidents of reports and complaints within the last 25 years with a dramatic rise over the last year for both these issues, showing the high risk of discrimination for EDAC's client group.

Case 1

EDAC was alerted to a situation where one young Muslim man with autism and an intellectual disability had approached a manager of a supermarket with his mother; who wears a head scarf, to enquire about a position as a stock filler. The manager told the mother that they "don't employ people like him", and left. This caused the mother to question if this obvious discrimination was due to his disability or religious background.

This mother later relayed to EDAC that she was trying to get her son involved with a boys youth camp organised by the Muslim community. The mother mentioned to the coordinator her son had a disability but is capable of being independent with occasional reminders of what he needed to do. The coordinator told the mother her son couldn't attend the camp as this was too much work for the organisation.

⁵ EOC. (2010) Discrimination Matters, January Edition, accessed 30th April, 2010; from: <http://www.equalopportunity.wa.gov.au/pdf/Discrimination%20Matters%20newsletter%20-%20January%20%202010.pdf>

Realization of human rights for CaLD people in disability services

Human Rights are concerned with equality and fairness. They recognize our freedom to make choices about our life and develop our potential as human beings. They are about living a life free from fear, harassment or discrimination.

Australia's signatory to the Convention on the Rights of Persons with a Disability (CRPD), the Optional Protocol, legislation, policies and numerous inquiries relating to disability are a testimony of the government's desire to better protect the human rights of people with disabilities, but more needs to be done to ensure adequate protection and dignity of innate rights of people from a CaLD background who have a disability.

A proposed new system of disability care and support which focuses on the principles of innate human rights, dignity, equality, respect of all people with a disability will never be realized without the significant consideration of the current barriers and systemic disadvantages which impede many CaLD people with a disability from realizing their potential.

Disability rights, service access and migration

The immigration rules and regulations which govern the immigration process of CaLD people with disability have highlighted the overarching systemic discrimination and direct conflict with Australia's Disability Discrimination Act and Equal Opportunity Act.

EDAC acknowledges the government's effort to address this discrimination through the Joint Standing Committee on Migration's; Inquiry into the Migration Treatment of Disability. EDAC believes that the recommendations of utilizing a 'cost calculation methodology' for determining if a person with a disability can migrate to Australia still falls short of adherence to the CRPD⁶ and has the potential of undermining the principles to a new disability scheme.

RECOMMENDATION 1

Immigration rules and regulations should be amended to eliminate cost calculation methodology and ensure these rules adhere to the same philosophy and principles outlined in disability service provision. These rules and regulations should not be autonomous to other policies and practices within Australia.

Discrimination faced by people from a CaLD background with disability

People who have a disability from a CaLD background (and their family carers) rarely complain to government or organisations about service access or provide feedback on ways to improve services in accordance to their human rights due to:

⁶ See Natalier, K. & Harris-Rimmer, S. (2009) Counting the cost: the social construction and human rights conceptualisation of the disabled child migrant through Australia's migration processes.
www.aph.gov.au/house/committee/mig/disability/subs/sub007.pdf

- Different concepts of what constitutes a human rights violation, depending on their country of origin or cultural practices
- Concern that complaining about their human rights will make people believe they are ungrateful for Australia accepting them entering the country.
- Fear and some experiences where complaints about a service will put them at risk of being disadvantaged.

Case 2

A Muslim woman who had a mental illness, intellectual disability and hearing impairment had contacted EDAC to obtain help to be transferred to another service provider for her support with her daily living as she felt she was being mistreated with her then current service provider. Once her current service provider found out about her intention the service provider began threatening the woman to start proceedings for them to obtain guardianship over her. This caused the woman to be fearful of making any formal complaint.

Case 3

A mother from a non-English speaking background who has a son with Autism went to get help from her Local Area Coordinator (LAC) to organise a social trainer for her son for two to three hours a week. As her English was limited the LAC had difficulty with communicating with her; the LAC didn't access an interpreter. The LAC told the mother she is too demanding and no help is available for her.

After seeking help from EDAC, the advocacy officer got in touch with the LAC and referred the client back to the LAC. The LAC then organised a social trainer for the son. The LAC told the client that she shouldn't have complained to EDAC. The incident had caused the mother to be initially fearful of returning to EDAC and after advising EDAC of the incident she felt too intimidated to make a formal complaint.

The Australian government has invested limited resources to research and document the impact of service design for people with a disability and their family carers who are from a CaLD background. EDAC recently undertaken a research project to improve the organisation's capacity to advocate for our client group who had a dual diagnosis of mental illness and disability, but was restricted by limited availability of public data and empirical research for this specific client group.

RECOMMENDATION 2

It is imperative that the Australian government puts more investment into researching and implementing programs and policies. This would reduce barriers and disadvantage for CaLD people with a disability to achieve active and fulfilling lives in BOTH mainstream and ethnic communities within Australian society.

Care and support from a CaLD perspective

Who should be eligible?

Creating a uniform approach to disability

Eligibility of support and services is dependent on definitions of disability which vary between government departments both state and federal. Disparities in definitions such as the *Disability Discrimination Act 1992* (Cth) which is broader but focuses on eligibility for complaints of discrimination while the *Disability Services Act 1993* (WA) is narrower and limited to the eligibility for services provided by the Commission, create a disability service system which is confusing and results in a labyrinth of service options which people with a disability and family carers are required to navigate through just to determine *if* they are eligible for supports.

These various definitions further disadvantage people from a CaLD background who may be eligible for one service but ineligible for another because of their visa type and/or lack of medical history. Most migrants are ineligible to access the Disability Support Pension (DSP) until they have met the ten years residence status while other legislation would recognise their disability. Others such as temporary residents would find they would be eligible to raise a complaint about disability discrimination but excluded from receiving any form of disability support services; regardless of the fact that they are also paying income tax.

Case 4

A father recently approached EDAC with concerns about his 13 year old daughter who has Spina bifida. His daughter recently obtained some urgent medical treatment and he was trying to obtain some ongoing therapy to assist his daughter with her condition.

The family is currently on a 457 visa and although the father is working and paying tax, his family and his daughter don't qualify for Medicare and are not eligible for any disability supports in Australia outside the minimal and sporadic supports within the daughters school.

Case 5

A woman who has a vision impairment reported she was told by Centerlink that she didn't qualify for the Disability Support Pension. Due to the woman's situation Centerlink did recognise that she was in definite need of financial support and subsequently put her on a Special Benefit, which required regular reporting to Centerlink about her financial situation.

The woman obtained technological assistance and support from the Association for the Blind and reported how she found it quite confusing how one service officially recognised and provided support relevant to her disability but another service officially excluded her as having a disability, putting her in a situation where she was required to fill out regular forms each fortnight and of course, the forms were not provided in alternative formats / Braille.

The above cases highlight the confusion faced by many people with a disability because they don't know if they are classified as having a disability or not. These multiple definitions of disabilities are not supportive of a 'social' construct of disability when a person needs to constantly examine their incapacities to determine who will recognise their disability to obtain support.

A more equitable manner of such determination is to enable individuals the capacity to determine if they are identified as having a disability in Australia's context, then to explore the types of support they can obtain under that broad but general definition of disability.

RECOMMENDATION 3

All federal and state legislations should refer to the broad definition of disability as defined in the United Nations Convention on the Rights of Persons with Disabilities (Article 1). Within Australian legislation the Disability Discrimination Act 1992 is the legislative definition of disability most closely aligned to the UNCRPD. The Disability Discrimination Act should have no legislative exemptions, which will require the removal of the current reference to the Migration Act 1957.

Formulating an equitable measure of eligibility of supports

Designing a Disability Care and Support scheme not only requires a universal definition of disability such as the Disability Discrimination Act, but also acknowledges that not all people who qualify as having a disability require intensive support. Disability supports are generally categorised as:

- Financial
- Medical
- Vocational
- Accommodation
- Independent living
- Social participation

This understanding would mean that all people with a disability (under the Disability Discrimination Act) would be eligible under the scheme but the type of support they would be eligible to receive and how that support is determined should be defined against each separate category of support.

The Australian social system has a number of services which are already in place to address some of the categories identified above, such as:

- Centerlink financial provision for people with a disability
- The Medicare system for medical assistance
- State Educational and employment services to assist with vocational options
- State based housing authorities

Within these categories of support, the current Australian framework has limited effective supports in the area of social participation, which is the primary area of citizenship that people with disabilities and their family carers from CaLD groups, in fact, require the most support. Focusing on the eligibility of support allocation to *independent living* and *social participation* enables better

capacity for a new support and care scheme to allocate effective governance and resources to these key areas of concern for the disability population. This being said, the scheme shouldn't be absolved from its responsibility of monitoring and providing advice on the effectiveness of other government departments who are providing disability support in other categories. These other government departments should be required to regularly report to the scheme's governing body to demonstrate how they are determining eligibility and processes to ensure effective supports, participation and inclusion can then be afforded to all people with a disability.

RECOMMENDATION 4

A Disability Care and Support authority should see that *all* people defined within the Disability Discrimination Act are eligible for disability support. Individuals can then access specific supports from the Disability Care and Support authority relating to the categories of independent living and social participation – the corner stone of disability citizenship.

Improving the System

Disability and Mental Health supports: comparing the systems in WA

The Disability Discrimination Act refers to both general (*physical, sensory, intellectual and developmental*) disabilities and mental illness, but in state service provision, such as WA these services are governed and delivered by two separate commissions, the Disability Services Commission (DSC) and the Mental Health Commission (MHC). These commissions are based on two separate paradigms of support; DSC primarily utilizes a social model of support whereas MHC is primarily based on a medical model.

People with mental illness are generally only provided meaningful support when their condition has attained a critical level where they are hospitalized, medicated and provided short term intensive support to overcome the crisis. The individuals are then generally left to their own devices to integrate back into society with minimal supports from non-government mental health services that tend to have long waiting lists.

The results of having no support for rehabilitation once an individual is faced with the transitional stage of moving from an institutional environment to general society has the adverse effect of creating extreme stress and exacerbating their condition where the individual faces the risk of repeating the cycle of being readmitted to hospital.

In 2005 Western Australia launched the Act-Belong-Commit Campaign; <<http://www.actbelongcommit.org.au>>. This campaign, although primarily a promotion campaign to encourage people with mental illness to get more involved in society, shows a welcoming slow shift from the medical model of mental illness, but more work is needed to ensure individuals obtain better *supports* to integrate back into society.

The medical model of MHC's mental health care is a sharp contrast to the social model found within DSC; where support is determined by the type of disability (*primarily intellectual or developmental*) and what an individual needs to be active, valued participants in society.

An individual will usually find that after they have obtained a diagnosis of a disability they are able to immediately access local support from a Local Area Coordinator (LAC); funded by DSC, who can help them to navigate through the myriad of government and non-government services. Their LAC can also assist with advocacy relating to promoting and developing their community to be more accessible for people with a disability.

DSC also provides individualized funding to help assist individuals be as independent in society as practical. This assistance is provided through individualized funding which includes accommodation support, intensive family support, community living options, alternative to employment programs and post school options. This individualized support, although limited due to issues such as insufficient funding and critical need criteria has the ability for the individual with a disability to choose what they need and how it should be provided.

RECOMMENDATION 5

Considering intellectual, developmental and psychological conditions are clearly identified as disabilities under the Disability Discrimination Act. EDAC believes that the federal government and states work within a social paradigm of mental health service delivery, and be clearly identified within a new disability service scheme.

Accessible options for people from a non-English speaking background

One of the greatest barriers for people from a non-English speaking background accessing disability support is related to their inability to speak and read English. Service providers and government agencies have started to address this issue by developing translated brochures and documents in alternative languages, but this information is still inaccessible to many people with a disability and their family carers who haven't acquired written skills in their own language.

Case 6

EDAC has been alerted to two cases from a TAFE college who were enrolled in the Adult Migrant English Program (AMEP). These students have a hearing impairment and have learnt some basic communication in Auslan. The students requested the TAFE to bring in an Auslan interpreter to help assist them with learning to sign in English while also learning to read and write English. This request was automatically refused which has in turn excluded the students from advancing their skills in Australia⁷.

⁷ Feedback received regarding this case had shown that this issue isn't limited to one educational provider but is impacting a number of people with hearing impairment who are within the AMEP showing a shortage of Auslan interpreters for those institutions who have funds to pay for interpreters and the Department of Immigration and Citizenship denying responsibility to fund such assistance.

EDAC's consultations with consumers have frequently identified a need to include the options of audio and video recordings of information with the current translated information.

Some service providers have shown to be unresponsive to the needs of people from non-English backgrounds and avoid accessing interpreter services or obtaining translated information even when funded. EDAC has found that many services are eager to obtain suitable language resources for their consumers but are highly limited because they don't have allocated funding to acquire interpreters/translators or the resources to train their staff on how to access interpreters.

Obtaining translated or interpreted information for all information in 200 plus viable languages are an unrealistic requirement. With that being said, EDAC does see that more needs to be done to better accommodate for these consumers needs by ensuring that there is a uniformed response to funding provisions to better equip service providers to access these resources when needed.

RECOMMENDATION 6

A new scheme should ensure adequate provisions of information in alternative language formats such as interpreters, translators and provision of information in audio/video format. The scheme should implement a costing method which utilizes the Australian statistics of people from a non-English speaking background who have a disability. These funds should be then filtered directly down to the consumers who need to access such services.

Better collaboration between mental health and disability services

Research has shown an interconnection between mental illness and disabilities. The Department of Families and Communities (DFC) of South Australia acknowledges that *"20 and 35 per cent of people with intellectual disability will at some point in their life experience mental illness. This is a higher rate than the general population⁸."*

Alternatively, there is substantial research which demonstrates a critical link to poor health outcomes for people with a mental illness, which if left unchecked results in long term disabilities. The New South Wales Department of Health acknowledges that people with mental illness have a

"Reduced life expectancy and are diagnosed with, or have an increased risk of developing, serious health issues, such as heart disease, diabetes, cancer and obesity. Factors that contribute to the range of illnesses and conditions consumers suffer include smoking, alcohol

⁸ DFC. (2008) Intellectual Disability and Mental Illness (Dual Disability); accessed on 4th August 2010 from: [http://www.sa.gov.au/upload/franchise/Community%20Support/Disability/Information%20sheets%20-%20Disability%20SA/Intellectual%20disability%20-%20mental%20illness-dual%20disability%20\(PDF%20140kb\).pdf](http://www.sa.gov.au/upload/franchise/Community%20Support/Disability/Information%20sheets%20-%20Disability%20SA/Intellectual%20disability%20-%20mental%20illness-dual%20disability%20(PDF%20140kb).pdf)

consumption and other drug use, poor diet, lack of exercise, regular use of psychotropic medication and high risk behaviours⁹.”

While disability and mental illness have been shown to have a definite link the outcomes of service provision for individuals with a dual diagnosis of mental illness and disability are still quite fragmented, especially in Western Australia where mental health and disability services are provided by separate commissions, governed by separate Acts which haven’t obtained a consensus on how to better assist individuals with a dual diagnosis.

In the context of people who are from a CaLD background, this need for a consensus is vitally important as many refugees or humanitarian entrants will find they experience varying forms of mental illness such as Post Traumatic Stress which is readily diagnosed; but are not provided the resources or opportunities to investigate the possibility of other disabilities such as Autism or intellectual disability which behaviours may manifest as similar to mental illness or may be hidden behind the incident of trauma.

Alternatively people who have a disability although provided with some specialized support relating to a mental illness within the Disability Services Commission tend to find this support quite limiting and hard to access.

Case 7

A young woman who was registered with the Disability Services Commission under their highest level of disability support requirements had developed a mental illness. Her Local Area Coordinator (local support provided by the Disability Services Commission) didn’t know where to send her to obtain support for her mental illness. This client was sent to a number of other disability services who were unable to help her and eventually referred to EDAC for support.

EDAC referred the client to the hospital registrar for support but was subsequently told “This person has an intellectual disability, we can’t take her”. After months of advocating for the client she ended up developing a psychosis and required intensive support. This psychosis could have been avoided if there was a better collaboration between mental health services and disability.

RECOMMENDATION 7

Better collaboration between mental health service and disability service providers to ensure individuals with a dual diagnosis obtain professional and timely supports. This collaboration should be in the form of researching treatment and support needs of people with a dual diagnosis and training for staff. In the case of WA’s separate commissions for disability and mental health services the federal government should require a memorandum of agreement to be established which identifies how those supports will be allocated between the departments.

⁹ NSW Dept Health. (2009) Linking physical and mental health care... it makes sense; accessed on 4th August 2010 from: http://www.health.nsw.gov.au/resources/mhdao/pdf/080130_phmh_mhs.pdf

Dual layered exploitation of CaLD support.

The parameters set out in this inquiry focusing on identifying a suitable scheme to address the growing unmet needs of people with a disability has placed great emphasis on what people with a disability need, how it should be funded and delivered. EDAC believes that a scheme should also explore issues relating to employees who are required to deliver such support, primarily the support workers.

Low pay rates for disability support workers and high employee turn-over has created a growing trend of people from a CaLD background being employed within the sector. This trend is foreseen to intensify with a proposed new scheme which shall meet current unmet needs of people with a disability.

People from a CaLD background are more resistant to complain about working conditions due to experiences of difficulties obtaining employment which is related to discrimination or not having their previous qualifications recognised in Australia. Frequently such employees don't have opportunities for career advancement, are not provided effective training on how to provide effective support or occupational and health safety which puts them at a greater risk of being exploited and acquiring disabilities themselves.

Support workers should be provided appropriate resources, training, supports and encouragements to ensure they have the capacity and motivation to deliver the best supports for the person they are caring for.

RECOMMENDATION 8

The minimum wage for disability support workers should be elevated under a 'disability support award wage'. Support workers should also be required to have a minimum certificate IV qualification and the opportunity to advance to supervisors or managers within the disability support sector. Regulation of this system can then be undertaken via an organisation's external audit of their service provision under the Disability Services Standards.

What services are needed and how should it be delivered?

Independent living and social/recreational supports

Equitable services promoting self value and participation

Assertive independent living and social interaction are highly dependent on fluctuating elements such as environmental resources, natural relationships and capacity for self-determination. 'Synthetic supports' are another key element of independent living and social interaction which comprises of support workers, social trainers, consultants for support design, advocacy, respite and professional support such as psychologists or counsellors. These synthetic supports help to bridge the gaps when the other elements are missing or inadequate. Each person with a disability will find

the level of synthetic support required will fluctuate over time and be relatively different in implementation compared to others with a disability.

A Disability Care and Support scheme should ensure these synthetic supports are readily available and recognise these varying needs for support and enable individuals to design a support system according to their individual situation and the capacity to improve the opportunities of the person with disabilities. Allocation of funds and approval of supports designs come from a local level which understands the 'grass roots' of issues impacting people with disabilities and resources available in their region.

Being timely and responsive with support provisions

Disability service provision in Western Australia under DSC is a valuable framework to maintain. Although there are a number of areas which need improvement EDAC believes this model is primarily holistic in addressing the needs of people with a disability.

In particular, our consultations for this inquiry have shown that consumers experience a major gap in 'natural' social opportunities, information and support. While people with disability do value the support obtained from Local Area Coordinators, they find the support isn't timely or resourced enough to provide intermittent social interaction when required.

Consumers had expressed they required 'local community drop-in centres' which are available 24 hours a day where individuals can obtain information about services, meet other people in similar situations over coffee and obtain advice from a counsellor to help them manage an urgent situation. It was expressed that this centre shouldn't just be open to people with a disability, but available to the whole community. The centre should be a joint initiative of government departments from federal state and a local level.

The Disability Care and Support scheme (federal and state scheme authorities) should liaise with other state and local government bodies towards initiating opportunities toward the development of 'community drop-in centres'

RECOMMENDATION 9

The Disability Care and Support scheme should be a centralized register for people with disabilities which also promote self-determination enabling individuals opportunities to design the supports they require which improve their capacity for independence and social interaction. These support designs are allocated funding and approved on a local level and may consist of registered service providers or involve more creative arrangements, depending on the local resources available. This support should also provide extra resources to help in the development and maintenance of local community drop-in centres.

Monitoring and providing advice on other categories of support

As previously mentioned, the governing authority of the Disability Care and Support scheme should not be absolved from their requirement of ensuring that other government departments adhere to

practical solutions of support. This should require better collaboration, advocating and monitoring by the governing authority of the scheme to ensure other departments improve their capacity to achieve supports as defined under their relative categories. Some of the areas which require review include:

Vocational Supports for people from a non-English background

Communicating in English is a critical requirement for many employment positions. The Adult Migrant English Program (AMEP) is a valuable resource to assist migrants and refugees to learn English so they can settle better in Australia and improve their work prospects. This program enables migrants and refugees the opportunity to obtain free English tuition for 510 hours and is available throughout the country, which are traditionally within a formal education environment.

While many people have found this course to be extremely valuable, EDAC has found that people with disability and/or mental illness are not being granted their full potential from the program due to the rigidity of the course, which does not meet the learning requirements of people with a disability or mental illness.

People with an intellectual disability or mental illness require extra time and learning techniques to ensure effective outcomes in a learning environment. Their short attention spans and resilience to acquiring long-term memories requires more time learning and implementation of visual and sensory techniques. Some people with a disability would also find the requirement of learning to read and write English too complex for their disability and report that they become frustrated with the classes due to the requirement of reading and writing English, these individuals have reported their preference to put more effort into spoken English which is more practical to their everyday living needs and running smaller classes to enable better interaction and individual approaches to the learning environment.

Case 8

A man from Burma with a disability enrolled into an AMEP course, this man reported in his country of origin that he never used a pen before and utilized learning via practical skills. This man, although absent in formal education had obtained previous work experience in Burma as a manual labourer (builder) and felt displaced in the AMEP class because of their expectation that he practice reading and writing English.

This man requested for the course to be adaptable to his individual needs of spending a greater proportion of the time learning to speak English and the course would assist in teaching some of the common words used for him to pursue a career in building. This option was denied to the man and the man subsequently found that after completing the 510 hours available for him on the course that he still wasn't able to acquire enough English to have general conversations with others or to pursue his career in a building trade.

Other programs are also in place to help support people with a disability from a CaLD background access employment but are usually incompatible to an individual's disability or cultural/language needs. The Department of Education, Employment and Workplace Relations run the Disability

Employment Network and the WA Department of Training and Workforce Development run Employment Directions Network which has specific multicultural and migrant access point services. These employment agencies generally are ill-equipped to understand the complex issues impacting on CaLD people with a disability which in turn has limited their capacity to provide equitable service provisions for this client group.

EDAC believes these service providers need specialized training to understand these complex issues which would also require a collaborative approach to working with such consumers.

RECOMMENDATION 10

A proposed new disability services scheme should liaise with other government employment agencies to provide information and advice on how to be more responsive to the needs of people from CaLD backgrounds that have a disability. Extra training opportunities should be implemented to assist individuals with a disability learn English in an environment which is relative to their disability learning needs.

Financial Support

Not all people with a disability, as defined by the Disability Discrimination Act would require intensive financial support such as the Disability Support Pension. But many people would find that a minimal assistance in financial burden can alleviate a good proportion of the stress and anguish in providing for their daily needs. Centerlink Health Care card has become a valuable resource to obtain subsidies and discounts on a range of community services, health services, financial assistance such as short term loans and utility subsidies. ***All people with a disability should obtain minimum financial support via Centerlink Health Care Card to help reduce social barriers which impede independence and financial stability.***

The Disability Services Standards are also a valuable tool to not only guide service providers towards a 'best practice' model of disability service provision, but have developed into a set of *disability rights* for people with a disability. These standards promote the value of inclusion of people with a disability in all aspects of society including employment in mainstream society. While these standards are a valuable tool for people with a disability to realise an inclusive lifestyle should not only limited to disability services.

Disability Support Pension (DSP) objectives have traditionally been a tool for temporary financial relief for people to help them get back into the work force by providing minimal finances to discourage dependency.

The 2010 Federal Budget's announcement of 'better and fairer assessments' for people with a disability can be seen as a welcome relief to alleviate the distress experienced by people with a disability who are clearly eligible for the support and provide better support to access employment.

EDAC believes that these initiatives cannot be achieved under the current eligibility criteria of "*not able to work for 15 hours or more per week at or above the relevant minimum wage*".

The 2009 minimum wage identified by Fair Work Ombudsman¹⁰ is \$15 per hour. At this wage an individual who has worked 16 hours a week would only get \$240 a week. This wage; although it is acknowledged an individual may be eligible for some extra small supplements, is not enough to promote independence and inclusion into society as promoted within the disability services standards.

The maximum work requirement also doesn't take into account the extra supports (formal and informal) an individual needs to utilize to be independent outside a working environment, an individual may be capable of doing more than 15 hours of work a week, but the stress and management of their disability during their employment may impact on other aspects of their personal life.

This conflict in disability rights principles for people accessing financial support from Centerlink is one of the many barriers to helping people realize their capacity of being valued and active members of society.

Case 9

A young man with autism, intellectual disability and psychological illness lives by himself with daily support from family and support workers, he gets financial assistance from the Disability Support Pension and has begun a traineeship, Certificate II in Retail with his employer at McDonalds which requires him to work 20 hours a week. Previously he was only working eight hours a week and has found he can achieve his job descriptions without assistance of disability support.

The young man was advised by Centerlink that he would lose his pension if he continued working twenty hours a week. This caused great stress for the young man who wouldn't be able to maintain his financial independence without the assistance of the pension.

EDAC's advocate investigated the situation and discovered that the young man enjoyed his new responsibilities at work but had cancelled social activities as the new hours made him extremely tired and had also made him less capable of meeting daily living requirements and obtaining assistive technology which he was capable of achieving before undertaking this traineeship.

RECOMMENDATION 11

The government authority for the scheme should ensure that the Disability Service Standards to be applicable to all public services, non-government organisations and business. This would require Centerlink to amend the current 15 hour maximum work requirements and take into consideration the impact that employment has on other aspects of the lives of people with a disability. These standards will also help employers to appreciate the value of including people with disability as staff members and help people with a disability to feel as valued participants in society.

¹⁰ Fair Work Ombudsman. (2009) Minimum Wages; Accessed on 5th August 2010 from:
<http://www.fairwork.gov.au/Fact-sheets-tools/Documents/FWO-fact-sheet-Minimum-wages-1.pdf>

Provision of advocacy support within the scheme

Disability advocacy support has the key function of ensuring people with disabilities are afforded equitable rights to supports and services through a range of advocacy designs. *All* people with a disability should be allocated the right to have access to advocacy services, as defined by the Disability Discrimination Act. These advocacy programs should also be seen as a separate service from independent living and social support where governance is monitored via key performance indicators.

RECOMMENDATION 12

The governing authority for the Disability Care and Support scheme should allocate a separate advocacy service program for *all* people with a disability and be the guiding agency for other categories of service provision. This authority should monitor and support other agencies to adhere to a support standard which promotes the capacities of people with disabilities.

Who gets the power?

Allocating ultimate power of a service delivery to one entity creates higher risks of misuse and ineffective safeguards for people with disabilities. Each federal, state, local and individual should have a separate role to play in the decision making process, which complements and flows from each other, but acknowledging that the individual should have the greatest power of determining what they need and how they need it, by utilizing the *person-centred approach within a family and community context*.

The current centralised model of determining supports has not only shown to be an ineffective reactive approach to service delivery but is frequently unresponsive to the needs and issues faced by many people from a CaLD background. EDAC is supportive of a localised model of decision making which can break down these barriers by:

- Moving towards a proactive, linguistic and culturally responsive approach to service delivery
- Enables incorporating local knowledge of issues and resources, especially impacting marginalized groups, such as CaLD.
- Provides opportunities for applicants to personally narrate their case, especially valid for people from a non-English background or those with complex cases.
- Promotes individualised service options

A localised model of decision making from a *localized Disability Care and Support panel* should incorporate a range of 'experts' from that local area including a representative from a local organisation, representative from the State's Disability Care and Support authority e.g. Western Australia's model of Local Area Coordinators, a council member, a resident, person with disabilities and a carer. To ensure transparency and effective safeguards this model would require strong governance and monitoring via the state authority, with effective appeal mechanisms with support of advocates if required and the capacity to encourage narration of issues by consumers and or their family carers.

Level 1 support – basic eligibility with a disability

All people who believe they have a disability have the opportunity to apply to their state or territory authority Disability Care and Support e.g. DSC, via a written or verbal description of their disability and a referring letter from a medical official, (where the medical officer *shouldn't* be required to continually review long-term/permanent disabilities) to apply to be registered as having a disability. Support for this application can be made available via local supports such as Western Australia's model of Local Area Coordinators.

Once a state authority has verified they have a disability in accordance with the Disability Discrimination Act the state or territory authority should contact the individual to advise them of their decision and where to access supports within each category and how to access a support design consultant (if required). This information would then be transferable throughout Australia.

The state or territory authority has an added responsibility to monitor disability access compliance for other state or territory departments and local authorities, monitor the objectiveness of people on the *local Disability Care and Support Panel* and ensure that all costing of individual plans by the panel is reported appropriately. The process utilized by the state authority to monitor departments and panel should require a regular reporting process to the Federal authority.

Level 2 support – developing a service design.

Upon an individual being in receipt of disability eligibility an individual has the opportunity to either design their model of service support or employ a consultant to help them with their service design.

This support design should take into consideration all the categories of support which may be required and current 'natural' and local resources they can utilize. A plan would then be developed to begin implementing and applying for specific supports such as the Disability Support Pension, psychologists, alternative accommodation, Social participation, independent living supports and Pensioner card (where this card is utilized for all benefits and supports such as utilities, Medicare, companion card system, disable parking scheme etc).

Level 3 support – applying for independent living and social/recreational supports

Local Disability Care and Support panels have the critical role of evaluating and approving support designs. While many people with a disability will find they will not need to apply for Level 3 supports and can manage with the natural supports around them, those who do require synthetic supports can make an application to the panel.

This application can be in the form of a written statement which outlines their support needs or a verbal interview. This interview process should be informal to relieve stress on individuals and having the opportunity for individuals to utilize interpreters. The panel would be required to ensure that:

- Only individuals who qualify as having a disability are able to obtain supports,
- Evaluate the effectiveness of the design to ensure an individual's capacities are encouraged and promoted
- Ensure that local resources are utilized to their full potential; in accordance to the individual's design objective
- Provide a costing of the support plan if approved (the costing would be via a table of intensity and hours of support required as identified by the federal authority)
- Provide options or alternatives if an individual support design is refused.

The panel would be required to report to the state authority all plans which have been approved and their relevant costing.

Individuals who have had their application for independent living and social supports declined by the panel would have the opportunity to appeal the decision at a state government level and be supported by an advocate if required.

People with disabilities also have the opportunity to amend their service design and reapply to the panel at any time, such as when their situation changes or if they find they are not happy with the effectiveness of the support design.

Level 4 support – implementing independent living and social support.

Approval from the panel enables an individual to start implementing their support plan. These individuals can then identify the exact people or organisations which can provide the support according to their plan, where payment of the service supplied would be through the state authority.

RECOMMENDATION 13

The power of decision making for a Disability Care and Support scheme should primarily be left to the person with a disability, but shouldn't rule out the role of federal, state and local resources which can help provide the guidance and safeguards which enhance the decision making capacity. This should be done via 4 levels of support.

Funding the new scheme

EDAC is supportive of the federal government moving away from the current centralised system of funding that allocates funds according to criticality. The principles behind obtaining funds for a scheme which better supports people with a disability should be promoted under a human rights principle where "the social responsibility of investing in disability supports will enrich peoples' lives today and in the future".

Funding via an insurance model generally requires individuals to pay premiums according to the risks associated with loss and/or damage of the item being insured.

Life insurance schemes require individuals to pay a premium according to their probability of acquiring a permanent injury or death, where people at higher risk are required to pay higher premiums and some items where the risk is too high will not be covered in the policy such as suicide.

Alternatively Australia's health insurance scheme determines premiums according to an individual's risk of needing medical treatment, where the elderly who are more prone to require medical treatment are required to pay higher premiums.

In theory, a Disability Care and Support insurance scheme would base premiums on the probability specific groups in society would attain a disability, which relate to factors such as lifestyle, career or health. People from low socioeconomic backgrounds would be seen as having the higher probability of disability; such a people from indigenous or CaLD backgrounds. Factors such as manual labour, poor health care, higher stress levels adapting to a new society. These factors could be seen as the dominant factors which would require them to pay higher premiums.

RECOMMENDATION 14

EDAC believes a more equitable approach to funding a Disability Care and Support Scheme would be via a federal Care and Support taxation system where all Australian residents would be required to pay a percentage of their wage according to their gross income, after exceeding the tax free threshold.