

**Response to the  
Disability Future Directions  
(15-20 years)**

**Submitted by  
Ethnic Disability Advocacy Centre (EDAC)**

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## **DISABILITY FUTURE DIRECTIONS - 2025**

### **Submission by the Ethnic Disability Advocacy Centre (EDAC)**

**Note:** The Questions posed by the Disability Services Commission (DSC) for making submission to the Disability Future Directions Plan provide a good framework for proactively addressing future trends and the issues of concern and prospects for development that may arise.

However responding to the same issues within each of the Questions involves unnecessary repetition and creates disconnection of the aspects of each item addressed. EDAC is instead making its initial submission in a more integrated fashion, mindful of the types of input requested.

### **INTRODUCTION**

Thank you for the opportunity for EDAC and the CaLD/disability community to provide input to WA Disability Future Directions to 2025.

EDAC is a peak disability advocacy service in WA for people from culturally and linguistically diverse backgrounds (CaLD) who have a disability and their families/carers and communities. EDAC is a member of the WA Disability Coalition and the National Ethnic Disability Alliance (NEDA).

EDAC commends DSC's foresight in initiating long-term planning for disability services into the future. For both consumers and service providers this should provide some welcome certainty and also effective pathways for the progressive release of a greater proportion of disability funding to directly achieving consumer-identified outcomes.

For service providers this should encourage prospective service development, investment in improvement in client-use infrastructure and increased commitment to staffing stability and standards across the sector.

For consumers and their carers/families and communities it should enhance continuous quality improvement in service design and delivery and improve the integration and stability of effective individualised client-directed services and support that each seeks to receive.

For people with disabilities generally, this can be achieved through practical commitment to their increased leadership, participation and valued inclusion in service development and delivery at all levels.

For CaLD people with disabilities in particular, there is the potential, through their leadership in effective planning and implementation, to also progressively attend to the main concern, that of closing the gap in service access through their

development of more culturally safe, appropriate and effective service design and delivery.

## **Q 1. WHAT FACTORS OR DRIVING FORCES ARE GOING TO MAKE THE BIGGEST DIFFERENCES TO SOCIETY IN WA IN THE NEXT 15-20 YEARS?**

### **LEGISLATIVE, POLICY AND PROFESSIONAL FRAMEWORKS FOR APPROPRIATE PRACTICE.**

Appropriate and effective services for CaLD people with disabilities can only be developed within an enabling legislative and policy framework, with accountable commitment to implement it on the part of the responsible government instrumentalities, with appropriate approaches of the service professions to do so, and the informed engagement of consumers in leading those processes at all levels.

There is the need for an enabling context of continuous and seamless political, administrative and practice, integrated in vision, commitment and intent, to bring into effect with individual CaLD consumers and their carers/families and communities, the desired improvements in the equity of outcomes in the quality of their daily lives.

**Protective legislation.** Legislation such as the Equal Opportunity Act and Disability Discrimination Act, for example, cannot alone radically change the fabric of a society in a short span of time. However, it can nevertheless increase the accessibility of people with disabilities of different cultures to facilities and services - such as education and employment, public buildings and shopping centres, and transport and communication. The impact of well-directed legislation in the long run can be profound and liberating. We need a Bill of Rights similar to NZ, Canada and the United States.

### **Australia's commitment to disability and to a multicultural society**

#### Implementation in disability services of the UN Draft Convention on the Rights of People with Disabilities

Australia is now signatory to the UN Draft Convention on the Rights of People with Disabilities. It is important that these principles are incorporated into our disability related legislation and policies.

#### Re-development of an appropriate contemporary multiculturalism policy and its implementation in disability services.

Unfortunately the fate of multicultural policy in Australia has been totally compromised by the attitudes and actions of the previous Federal government. The national cultural policy of mainstreaming of services had eroded cultural empowerment and self-determination. There is opportunity for this government to debate and rethink the 'next generation' national multiculturalism policy.

There is a need to encourage and support national political direction, ministerial initiative and professional and consumer influence to 'put legs on' a more acceptable social policy that the voting public expects to be demonstrable and enacted in policy and practice in all areas.

#### CaLD/disability and enabling legislative/policy framework.

Disability policy and objectives to CaLD people are being developed by DSC through its substantive equality commitments, as this government still recognises its WA Charter of Multiculturalism as a framework, however this does need support from the development of a contemporary multicultural policy and its expression in disability services at the state and national level. There is potential for this State to continue to take the lead and proactively assist necessary developments at the national level.

### **MIGRATION**

Since the end of World War II, over six million new settlers have arrived in Australia. Over the same period, from 1947 to 2001, the proportion of the population born overseas increased from 10% to 23%.

There are further increases in levels of immigration in Australia, in fact the immigration intakes under the planned program are at their highest level in 20 years (143,000 migrants and 14,000 humanitarian arriving in 2007). They are expected to rise substantially in the near future and exceeded by even greater number of temporary arrivals (Professor John Nieuwenhuysen. Equity Newsletter July 2008)

**Eco-refugees and migration.** With global warming being the main ecological change already starting to 'bite' in this period, it is likely that we will be impacted more from the massive displacement predicted from Bangladesh and Burma in particular. Already there is planned intake from these countries that were affected by recent flood catastrophe.

The recent floods in China are also evidence of the expected increase in 'extreme weather events' globally, so that we will be expected to increase our refugee intake as a share of other such events also.

**Refugees from increased global conflict.** With rapidly increasing competition for energy, water and food in an also rapidly populating world, the next 15-20 years is predicted to see an increase in conflict and a resulting pressure on countries like Australia to assume increasing responsibility for taking a share of those displaced. The number of people with physical disability, family/social/cultural disruption and psychological trauma are likely to increase, both in absolute and relative terms.

CaLD/disability and migration. Increasing refugee intake and migration from catastrophic natural changes and from widespread human conflicts naturally implicates disability, physical, mental and social.

There are settlement support services for newly arrived refugees and humanitarian entrants but insufficient multicultural resources and expertise to address the effects of CaLD people with disabilities. The State and Commonwealth governments need to initiate a plan approach to address this problem, in consultation with consumers, families, the ethnic communities and the Immigration Dept.

Across the sector generally, there could be benefit from improvements in non-competitive inter-agency collaboration through funding processes, supporting contained partnerships across recognised established domains of expertise and delineated accountability.

Most obvious is the need for containment and reversal of mainstreaming, through re-prioritising funding to community-based not-for profit NGO multicultural and disability service agencies.

Australia will also need to reconsider its disability screening policy and practices with a view to easing or removing those requirements. This will have positive implications in terms of proactive increase in culturally effective disability support services.

## **AGEING**

**Ageing population.** Although the initial impetus was the 'baby boom' during the 1960's, for a number of other reasons also the next 15-20 years will continue to see the rise and maintenance of a large proportion of people in the aged sector of the population. Added to this, the largest population increase among those Australian-born is among the migrant (and Indigenous) population. Hence there is increasing need for attention to diverse cultures and languages in all service development and delivery, including, but not limited to, aged-care and children's services.

**Disability and ageing.** The protracted rise in disabilities from accidents seems to have eased due to improved automobile, road, domestic and industrial safety and medical technology. The next likely decrease will be a response to the current upgrade in the anti-smoking campaign (and drinking and drug use campaigns), skin protection (anti-cancer) and healthy diet (anti-obesity) health promotions. A greater proportion of the population is now starting to live longer, into the aged care bracket, than ever before.

One impact already is that people with disabilities too are moving to the aged care sector, in numbers that the services and facilities have not been set up to cope with before. With their transition from disability to aged-care there is a growing need for disability care skills and resources in the aged-care sector as well as a review on responsibility and funding.

Secondly there is increasing incidence in emergence of disabilities, because of the ageing population. Aged care facilities are struggling to cope. With extensive privatisation the profit margins they are not with the lower income groups. For those that do provide service to them, the strain is both attracting investment funding and

maintaining shareholder returns at low profitability while maintaining care standards. This is placing increasing pressure on the effectiveness of government standards monitoring (which has also been increasingly privatised).

CaLD/disability and ageing. The experience of a CaLD family having a member with disability living into old age, and family members living longer and suffering increase age-related disability, imposes new and increased strain on family care and resources. CaLD experience with aged care facilities is less than satisfactory. Whilst there are some improvements in culture-specific and multicultural aged care facilities and services, and cultural sensitivity of some mainstream services, there is increasing pressure to redress the level of unsatisfactory aged care provision for CaLD people with disabilities transferring to aged care.

There are particular needs that arise with CaLD people as they aged, such as regression to their first language, cultural security and cultural care practices. They require culturally involved services – such as interpreting and translation and engagement of extended family and cultural care practices. Accordingly improved provision for multicultural care for the aged will need to also consider those with pre-existing as well as age-emergent disabilities.

## **CULTURALLY, SOCIALLY AND ECONOMICALLY DISPLACED PERSONS**

**Credit Risk Refugees.** Although Australia is currently enjoying unprecedented prosperity on the back of the resources boom, largely fuelled by the rising development of China, there are signs that the developed economies will experience some contraction over this next period. Australians, having the highest personal debt in the developed world due to extensive property development on mortgages and associated credit spending, may enter a period of difficulty where there is substantial internal dislocation.

This means that there is likely to be increasingly severe financial strain on families in caring for their elderly, and less time available to provide care due to increased need to work to meet their pre-committed lifestyles and liabilities from this period of affluence (from which there will be decreasing opportunities – and limited motivation - to retrench).

Migrant families, often starting again from a very limited family economic base, particularly those displaced within and from their own countries, are likely to be hard hit due to their reliance on personal credit to begin to develop their lives again here in Australia. Already characterised by higher levels of under-employment and family poverty, many do not have access to backup resources to sustain financial resilience through periods of economic downturn.

CaLD/disability and credit risk. For CaLD families who also have the added commitment of care for a member who has a disability, access to financial support for that purpose is critical. Improvement such as carer payments for family support

has eased this risk somewhat. However such families will be overall, at greater risk of poverty in times of credit pressure, which can impact on the quality of disability care unless the support needs of families with disability care responsibilities are broadly attended. Creative initiatives in the credit sector are possibilities for their financial protection and support.

**Cultural Care for Migrants and Refugees: Professionalised and individualised services.** People from diverse cultural and language backgrounds generally come from societies where there are still active family and community cultural care values and practices. Although in reference to disability, these are often less than desirable. However, there is potential for families and their communities to adopt positive responsibility in disability support and care through greater exposure and access to culture sensitive disability services. The professionalised nature of services in western societies tends to hijack these processes of responsibility from families and communities rather than strengthen and support them and assist their transition to application in ways appropriate to contemporary society.

The same applies to individualisation of services in western cultures. Whilst individual rights and self determination are paramount and valuable aspects, it can also have corrosive, excluding, alienating and excusing effects in the absence of collective family involvement especially with CaLD families where community cultural care and practices are valued. The consequence could result in neglect and non-participation of the person with disability.

Rooted through our professional and legal systems back to the UN Declaration of Human Rights, the rights and responsibilities of families and communities have been negated, opening the door to the replacement of their functions by government and privatised professional services to individuals. There is a need to assist families and communities to reclaim their roles, responsibilities and processes, reconceptualised appropriate to the contemporary context but at the same time respecting individual rights and responsibilities.

CaLD/disability and cultural care. Many migrant families are staying away from culturally inappropriate professional care. Disability services themselves will need to be much more supportive of retaining family and community care responsibilities and practices and also become more culturally safe for CaLD consumers and their families/carers and communities.

## **Employment**

Although we have moved into a period of unprecedented affluence and low unemployment, those disadvantaged are mainly older persons, migrants and refugees and those with disabilities.

In the last decade or so government and corporate employment priorities across the board has shifted in favour of younger people, enabling considerable cost-saving in

salary levels. This also co-incident with a substantial move to contract employment giving flexibility to respond to short term changes in the market and maintain immediate profitably, with cost savings on salaries and employee-responsible overheads and through Individual Workplace Agreements. Although there has been a recent change in Federal government, there are still previous and ongoing effects on employment for people well before becoming 'aged' or reaching usual retirement. This has put strain on post-employment services for middle-aged and older persons.

CaLD/disability and employment. While relatively full employment did engage many CaLD people and people with disabilities who would otherwise be disproportionately represented among the unemployed, they still tend to be the 'last on and first off'. Unbridled economic profitability drives corporate concerns such that social responsibility in terms of extra support for a person with disability, in terms of resources, time or flexibility tends to be overshadowed as 'un-economical'. Commonwealth disability employment support initiatives must have had some impact over the last decade, but the ethics of increasingly global corporate capitalism, now affecting the financial managerialism of governments increasingly driven by their 'business plans', precludes any substantial or wholesale developmental support and uptake of CaLD people with disability in employment.

These socio-ethical trends have seen persisting difficulties of CaLD people, and particularly CaLD people with disabilities, accessing meaningful levels of employment, and their poor retention beyond the duration of any initial incentive funding and workplace support. Although migrant and disability employment is a Commonwealth matter, it impacts on service demand provided by the States. This relationship needs to be one of ongoing concern in the CSTDA negotiations, with collaborative focus on improving the welfare and quality of life of the people who are the consumers, not on competitive financial managerialism, focussing on service costs and saving opportunities.

## **Education.**

CaLD/disability and education. Professional language support for refugees, migrants, and for people with disabilities impacting communication skills, in advanced education and as employment support, has been negligible and not improved beyond the survival and entry levels. This continues to doubly impact CaLD people with disabilities in terms of both tertiary and employment survival.

Mainstreaming of secondary schooling and super-sizing with large impersonal classes has meant lack of personalised support for them to advance to anywhere near their individual potential, causing high drop-out rates, low achievement levels and poor self-esteem, low self-actualisation and negative impacts on mental health. This is compromising the push to build capacity for independent living, the outcome being the human costs to those individuals and their families and continuing financial social support cost. The country also continues to suffer from considerable

'opportunity cost' by limiting access of CaLD people with disabilities to making an effective contribution to the economy and culture as they have the potential to be involved and included.

**Family refugees.** There is a growing incidence of family breakdown in western society, de-facto and otherwise, including Australia. This is shown for example by the rates of homelessness. Among those displaced a significant proportion suffers from disability and many are placed in institutional care. There is considerable pressure on families in Australia to become nuclear in structure and function, maintaining lifestyle expectations and demands resulting in increasing consumer liabilities and cost which is difficult to meet. Youth and the elderly are frequently the casualties of family pressure, conflict and breakdown, as they cease to be cared for in the home.

CaLD/disability and families. There is a growing number of culturally mixed families in Australia, and among them a high incidence of family separation. There is also a high incidence of family breakdown in CaLD families where there is a child or partner with a disability.

Marriage and family life for different cultures adapting to the Australian context, and especially cross-cultural marriage and families, is a diverse and complex endeavour. When this includes a member with a disability, the issues are much more so, given the quite different cultural expectations and practices that accompany that responsibility.

These are issues that are likely to increase rather than decrease as the composition of the Australia population is increasingly reflective of global trend in breakdown of national barriers to cultural diversity. This means an increasing demand to assist families with a CaLD member with a disability to manage care in ways that would strengthen rather than reduce family functioning together. Such a responsibility has the potential to bring families together rather than drive them apart, and as a disability services sector we have the opportunity to assist, in everyone's interest.

**Community refugees.** Community and neighbourhood, like homes in any old-fashioned sense, have largely become social realities of the past. People lead a more mobile existence and find only temporarily respite from work-oriented lives in their house in 'dormitory suburbs' or socialise and play in ways that do not amount to community or neighbourhood events. It is unlikely that this trend will turn around in the near future in our highly individualised society, although there is a trend in urban planning and estate development to foster sense of place and community.

CaLD/disability and community. Some migrants and refugees to Australia come from village and community backgrounds and have left relatives and friends behind. They find it difficult to adjust to the alienated urban life here, and frequently interpret and feel this disconnection as rejection and racist. While this may be so to some extent it is also a normal way of life between Australians themselves. These settlement strains are exacerbated even further when the family has a member with a disability.

Many such families already feel a sense of separateness and stigma, and this can be inadvertently exacerbated by coming into contact with the Australian lifestyle.

Cultural community is also a problematic expectation for migrants and refugees as Australia tends to draw its intake from conflicted sectors of other countries, making unlikely their interest and effectiveness in trust, cooperation and mutual support here.

## **MENTAL HEALTH AND DISABILITY**

Mental health problems in the community are continually rising, largely as a response to people living longer and dementia becoming an issue, and also to substantially escalating pressures and complexities of contemporary lifestyle and living. Depression and anxiety and stress disorders being those most implicated.

CaLD/disability and mental health. The two 'special needs groups' having the most increasing difficulty to adjust and adapt to these life pressures are people with disabilities and people who are displaced from other cultures through conflict or displacement migration. Torture and trauma and physical debility are increasing due to the increase in violent global conflicts from where many of these people come. Frequently new arrivals suffer from a 'triple jeopardy' of culture, disability and mental health. Arrival and settlement services are beginning to develop disability and mental health awareness in these areas, to facilitate early referral to specialist support agencies, however there are some concerns about appropriate role separation between settlement support and specialised therapeutic services.

The mainstreaming agenda has seen the progressive disbandment of transcultural mental health services in WA. Although there have been some initiatives in migrant mental health services to improve the access of CaLD people to mainstream agencies and the beginnings of multicultural mental health services. The specialised intersection of culture, disability and mental health has yet to be determined.

## **STRAPPED HEALTH CARE SECTOR**

With an ageing population there is a substantially growing burden on a badly run-down health system. Increasing demand is out of phase with a lagging capacity. It will take gradually affect recovery to levels of being a health system with a capability sufficient to cope with these and projected increases in demand.

CaLD/disability and health services. Government recruiting response to the chronic shortage of doctors, nurses and care support staff has seen a marked influx of health professionals from other countries and non-western cultures under 457 visa category. There is capacity to recruit CaLD disability support workers from this pool by providing additional professional education and training in aspects of disability health care.

**Limits to privatisation.** Although aged health care has been largely privatised and is increasingly funded from private health insurance and superannuation, the

projections for a tightened economy suggest decreasing ability of families to afford rising premiums and health care costs and an increasing reliance on Medicare and the public sector. With predicted increase in pressure on contracting family disposable income, especially but not only in the lower income sector, there will be increased demand for government support to both consumers and service providers.

CaLD/disability and privatisation. With the CaLD/disability population at greater risk of serious vulnerability in times of financial downturn or crisis, through poverty, underemployment, and paucity of resources and support, there will need to be effective planning in place to expand public services to meet their needs. They are likely to be among the first to miss out on accessing adequate disability health support through the private health sector. This will place added requirement on the public health sector to build the capacity for culturally appropriate health services to CaLD people with disability.

**Supported family home-based care.** As the population continues to age the HACC and CACP programs in particular will need expansion and further inclusion of disability support services to prevent return to unnecessary and unwanted levels of institutionalised care.

Also there are issues with suitability of both public and private rental housing for people with a disability, including provisions for necessary alterations to facilitate safe independent living.

CaLD/disability and HACC. Family migration and ethnic families continue to contribute to Australia's population increase (and subsequently contribute most to the nation's birth rate). CaLD families have a cultural expectation and preference for caring for their own, whether disabled, aged or both. The HACC and CACP programs have significant potential for supporting CaLD family based care in culturally safe ways, and warrant support in planning appropriate training and management to do so over the coming decade.

CaLD families are disproportionately represented in public and private rental housing due to lower financial resources, particularly among the first generation arrivals and those of humanitarian/refugee status. Most housing is inadequate for extended family living and also very little of it is suitable for people with disabilities. In this way CaLD families with disability are double disadvantaged in the public and private rental housing market.

**Institutional care and alternatives.** There is already pressure and some initiative to remove younger people with disabilities from inappropriate housing in aged care facilities. There is also expressed need for improved disability-related infrastructure and services in residential care. Dedicated residential facilities for people with disabilities generally has remained at an unacceptably minimal level with overcrowding, room sharing and inadequate staffing.

As families into the future may well face problems in providing for a member with a disability, and fewer intact families to do so, there will be continuing need and probably increased need for alternative housing if by default returning to unnecessary levels of institutional care. This needs to be safeguarded. There needs to be an increase in the range of choice of living circumstances that are suitable for people with disabilities, including those from CaLD backgrounds. There will, for example, need to be increased involvement in provision of cluster housing with disability support services, and other supported independent and group living alternatives.

CaLD/disability and institutional care. There is a known natural and inevitable tendency for older persons of CaLD background to progressively return to their language and practices of their culture of origin resulting in expectations of regular family presence and involvement in their care. Most disability and aged care facilities in the community however are poorly set up to cater for more than minimal family involvement, and this significantly compromises the cultural quality of care. Some of the more established ethnic populations of Australia have actively and successfully pursued the development of culture/language-specific residential care for their elderly members, perhaps less so for younger disabled people.

For the health and wellbeing of all CaLD people, accommodation outside the home should be supported by the family and community for inclusion of cultural activities. Therefore apart from being physically suitable for a person with a disability and linked to necessary disability support services, alternative accommodation needs to support cultural aspects of the person's lifestyle.

## **GENDER**

Gender roles and opportunities in Australian society are continually. It is expected that trends toward improved equalities will continue and will be reflected increasingly in areas from family care to occupational roles.

CaLD/disability and gender. Adjustment to these gender realities in this culture, especially for people with disabilities and their family carers is frequently an issue of concern, anxiety and conflict for individuals, families and communities from different cultures, particularly between generations and in social life. Managing and supporting a child with a disability to adulthood in this context involves gender-related concerns such as sexuality and relationships and also differential cultural expectations and values relating to occupation and career development and family care roles and responsibilities.

Gender issues, particularly cultural differences and gendered cultural inter-relationships and contrasting roles and expectations, are not addressed adequately in most disability training and support services, yet are of concern to most CaLD families and especially where it concerns a member with a disability.

## **TECHNOLOGY**

Australia is experiencing increased computerisation of production, increasing transition to a services economy and expanding IT uptake in education and training. This requires people to be increasingly computer skilled in order to cope with everyday life as well as to engage in education and employment.

Also there is increasing application of advanced technology in support aids for people with disabilities. Although costs are always initially a prohibitive factor, it is expected that new supportive technologies for disabled people will become increasingly within their reach. However it is recommended that part of futures planning must be to facilitate this process of development and affordability.

CaLD/disability and technology. Many migrants come from circumstances of limited technological infrastructure and have little exposure to computer use and to accessing computer-based systems in their daily lives. A significant contribution to settlement and achievement can be made by extending support services beyond survival levels of language and living skills to include confidence and competence with digital technologies. This is especially so for CaLD people with disabilities who are in the main able minded as it opens significant avenues for life competence and independent achievement not impacted by disability.

Similarly most CaLD families with a member with a disability are not financially well resourced and will be unable to access improvements in technological disability support unless there is forward commitment and planning to subsidise accessibility.

## **EMPLOYMENT IN TECHNOLOGY**

There will be increasing involvement into the future of IT in all types of employment, with increasingly reduced call for manual labour. Also we can expect further increase in part-time and casual employment, improved flexibility in family/work arrangements and increases in home-office work.

CaLD/disability and employment. Automation, IT and the reduced physical nature of work will each be to the advantage of many people with disabilities. Similarly improved technological support at home and in the workplace will enhance the capacity of people with disabilities to engage in more meaningful levels of work. Many CaLD people however start from a disadvantage not only with language but also from limited exposure to technology. It is recommended that this disadvantage be recognised and made an item of planning for targeted development to reduce the employment opportunity gap.

There has been an increase in funding over recent years for enabling employment agencies to support people with disabilities to become job-ready and access employment. It is important that this be continued in forward planning as an ongoing commitment, with regular review of outcomes to address issues arising.

Cultural considerations need to be part of effectively achieving employment readiness and sustainability and therefore CaLD/disability support to clients, their families and employment agencies and employers included as a factor in forward planning.

## **EDUCATION**

Educational qualifications are becoming increasingly necessary for employment in Australian society. There is a trend toward improved vocational education for both youth and adults and a corresponding demand for tertiary qualifications. There is also a growing concern to raise literacy and numeracy levels across the board and an increase in competency-based programs linked to practical employment skills demands.

CaLD/disability and education. In schools there has been a move to integration in the education and training of children with disabilities with 'special needs' teachers available to all classrooms rather than separate 'special classes'. Technical and tertiary education institutions similarly now tend to have a professional disability support person available across all programs and faculties. Additional language support however is another matter and even in professional university programs rarely extends beyond basic academic entrance level. Cultural adjustment in learning styles and to different academic systems and protocols is in place in few instances.

There is still considerable potential for improved support for CaLD people with disabilities in education at all levels from pre-school to professional and postgraduate training. This includes assistance to academic and support staff as well as to the students themselves and their families. A special large group that warrants attention and support are CaLD professionals who are endeavouring to continue or re-enter their career in Australia. Those who have come with or acquired a disability or are endeavouring to support their family that includes a member with disability, are particularly unlikely to succeed without dedicated assistance.

## **RECREATION AND SOCIAL LIFE**

Recreation and social engagement are essential ingredients to a healthy and balanced life for everyone. With increasing work demands they are becoming important requirements for a healthy lifestyle, both physically and mentally.

CaLD/disability and recreation and social life. Important parts of the successful settlement of migrants into Australian life are their engagement in the recreation and social activities of the community like everyone else. There are language, disability and cultural barriers to doing so that need to be overcome on both sides.

## **Q 2. HOW DO YOU THINK EACH OF THESE FACTORS WILL SHAPE AND IMPACT ON THE LIVES OF PEOPLE WITH DISABILITIES, THEIR FAMILIES AND CARERS?**

- Without support for meaningful involvement in Australian society, sensitivity to cultural differences and individual circumstances, acceptance of disability, and equitable opportunities there will be marginalisation of CaLD people with a disability as a disadvantaged minority group.
- The prevailing definitions and perceptions of disability must be changed, and diverse cultural interpretations addressed, in order for CaLD people with disabilities to get fully integrated.
- Empowerment, self-determination and leadership. The direct experience of being a CaLD person with a disability must shape, determine and direct the services that are developed for and with others who are from CaLD backgrounds and have a disability. This must replace direction, control and governance based on the experience of mainstream able-bodied people. In the absence of such experience themselves they are, by default rather than by design, frequently too eager to reinforce medical and administrative approaches to disability care for CaLD people. With the attitude of generous benefactors to welfare dependants, they tend to strictly 'ration' access to mainstream health, social, educational, housing, transport, recreational and other services that are anyway largely ineffective for CaLD people with disabilities. This upside-down dichotomy of views, perceptions and control creates a gulf between the disabled and non-disabled, and multicultural and mainstream society, which widens critically in situations of scarcity of resources. There is a need to acknowledge that people who live the experience are the only experts in CaLD/disability and what is best for them, and need to be able to provide leadership, beyond consultation and involvement, in the planning and implementation of disability services to CaLD people.

As recommended previously in the Disability Sector Health Check there is a need for the Commission to commit to and plan progressive targets to employ a substantial proportion of people with disabilities in leadership positions at all levels, and the same applies to employing CaLD people with disabilities in development and managing disability services for CaLD people.

## **Q 3. WHAT ARE THE TYPES OF LIVES YOU HOPE PEOPLE WITH DISABILITIES WILL BE LIVING IN 15-20?**

Full citizenship in an inclusive society and a sense of belonging for CaLD people with disabilities (shared values, identity and commitment)

Absence of racism and discrimination

Directing their own lives and services with confidence and capability.

Achieving aspirations and not just meeting essential needs- equal participation and engagement in structure and systems

Mutually strengthening, adapting and integrating their cultural values, identities and practices, including disability care, with those of the wider Australian culture.

**Q 4. WHAT ARE SOME OF THE THINGS THAT WILL HELP TO ACHIEVE YOUR FUTURE VISION FOR PEOPLE WITH DISABILITIES, THEIR FAMILIES AND CARERS?**

Integrated Federal and State legislative and policy frameworks for disability and a contemporary multiculturalism.

Supporting transition to CaLD/disability consumer leadership and inclusion in policy and practice.

Continuing development of best practice disability services for CaLD people based on the *CaLD Perspectives on the Disability Services Standards*.

Continuing proactive systemic advocacy with and on behalf of CaLD consumers and their carers/families and communities.

Increased disability awareness within Australia's diverse multicultural population and improved avenues for leadership, inclusion and participation in disability services at all levels.

**Q 5. WHAT ARE SOME OF THE FEARS OR CONCERNS FOR PEOPLE WITH DISABILITIES (SIMILAR TO THOSE PEOPLE YOU CURRENTLY KNOW OR SUPPORT) IN THE NEXT 15-20 YEARS?**

Continuation of not achieving the above – more rhetoric, research, policy and recommendations but still no substantive outcomes in the lives of CaLD people with disabilities.

**Q 6. WHAT IS THE MOST IMPORTANT THING YOU WOULD LIKE TO TELL PEOPLE WHO ARE DEVELOPING FUTURE DIRECTIONS FOR DISABILITY?**

**Act now to address current issues – closing the gap in service uptake.**

The opportunity for longer-term planning should provide an occasion for greater stability in responsiveness to both social policy principles, while maintaining flexibility in addressing the realities of changing consumer needs and aspirations over time.

An outcome should be improved CaLD/disability leadership, inclusion, and

transparent accountability, resilience and consistency in demonstrably meeting actual CaLD/disability needs. New directions need to seek to go beyond the uncertainties of political cycles and internal administration and government interests. This is the primary concern of the CaLD/disability sector in WA.

In particular, in WA has the highest proportion of overseas born people compared to other states in Australia. Its population is extremely diverse in ethnicity, language, religion and culture. Mainstream and disability services have been unable to adequately reflect or respond to this cultural diversity.

For service usage, across the board there is an under-representation of those people with a disability who are from a CALD background. The CSDA interim report (1996) cited the ABS survey of 1993 which showed that of the 18% of the population had a disability of some kind, 15.4% were people with disabilities from a CaLD background (NESB) yet only 4.3% were using disability services.

A number of factors have been suggested as contributing to the under-utilisation of available disability services and general community access and inclusion of CALD people (e.g. ADEC 1992, Burdekin 1994). They were and still largely continue to be:

- a reluctance to use disability services and to access community activities due to language and cultural differences and understanding and attitudes
- need for improved disability awareness, access and inclusion provisions by organisations and service providers
- experience of pre-migration and trauma
- barriers to accessing services, such as information not available in community languages
- lack of culturally appropriate service practices and staffing
- inadequate use (and misuse) of interpreters by service agencies
- lack of satisfactory consultation and inclusion of CaLD people with disabilities, families/carers and their communities at all levels
- lack of appropriately trained staff to work with people with disabilities from CaLD backgrounds.

EDAC's 2007 submission to the *Sector Health Check* provided details of the continuing nature of these concerns and practical strategies for addressing them, for attention of the Disability Services Minister.

EDAC has continued to make similar submissions throughout its 10 years of operation, raising issues and making informed suggestions for responsible action, with and on behalf of the CaLD/disability sector (EDAC Annual Reports). Although in response there has been significant uptake and improvements, by and large the main issue remains an inadequate level of engagement and implementation. Some of the many reasons have been suggested above, together with recommendations for actually beginning to address them, at all levels, and beginning now. The issue is one of not delaying action through adjourning these opportunities into a future plan. The request is to use the plan to organise ongoing strategic action on all issues at all levels, but that it needs to commence immediately, with the goal of demonstrating

progressive outcomes during that time in the actual lives of CaLD people with disabilities.

Continuing progress in addressing the continually outstanding inequity in disability service uptake, through developing appropriate services, needs to be demonstrated progressively within the 15 year plan with the objective that it will be overcome well before that time.