

# **FEEDBACK ON THE REFORM PLAN**

*Enhancing the National Disability Advocacy Program*  
**FACSIA Consultation Paper**

**Ethnic Disability Advocacy Centre  
WA**

**October 2006**

## **WILL THE REFORM PLAN HELP TO IMPROVE THE EFFECTIVENESS AND EFFICIENCY OF THE PROGRAM?**

### **Our essential concern is that the Reform Plan prioritise maintaining independent cultural advocacy services**

People with disabilities who are from CaLD backgrounds and their families/carers and cultural communities, like Aboriginal people also, tend to under-use mainstream disability and other services. For people with disabilities from CaLD backgrounds, for example, their service uptake/access rate is around 2.8% whereas they comprise 14% of the Australian population with disabilities.

Secondly, the effectiveness and client satisfaction with mainstream services is low, evidenced by both non-access and persistent chronic health and wellbeing status of both of those populations. In terms of both duty of care and health economics, this current situation continues to be untenable. With further increasing mainstreaming, disability services, like others, will continue to be under-utilized, unsatisfactory, and ineffectual for CaLD and Aboriginal peoples.

While funding smaller culturally responsive advocacy agencies (one for each State) is a little (!) more costly in the short term, in the longer term if combined with resourcing for more proactive systemic activities (promotion, information and training) working with both ethnic communities and service providers, this would be massively offset ethically and financially, in terms of duty of care, reduced welfare costs and increased productivity. Improved disability service access by CaLD people, and their engagement more effectively and self-reliantly in the economic and social life of their communities, would reduce welfare and support costs across the field in the long term. It is not possible to sustain an argument for cost savings through mainstreaming advocacy services for CaLD people with disabilities when the evidence for that initiative points strongly to increased social and welfare support costs, indefinitely.

EDAC is recognized as a peak agency advocating, developing and promoting *best practice* in disability services for people with disabilities who are from culturally and linguistically diverse backgrounds (CaLD). The Reform Plan will increase the effectiveness and efficiency of those services for the CaLD sector of the disability population only to the extent that the existence of independent multicultural services is protected and their resourcing improved.

The key elements, detailed in the question following, are demonstrated to be:

#### **1. Maintaining independent multicultural advocacy**

- Exemption from competitive mainstream funding
- Exemption from the pre-tendering selection/registration process
- Requirement for multicultural community control/content.

2. **Achieving advocacy service access and substantive equality of outcomes through cultural engagement**
  - Individual advocacy prioritizing cultural care processes
  - Systemic advocacy support for participatory representation in advocacy services, disability services and for generally promoting inclusion of CaLD people with disabilities in multicultural society.
3. **Enhancing systemic advocacy – from reactive crisis intervention to proactive leadership in duty of care and economic efficiency**
  - Promotion, information and training components of pro-active systemic advocacy – with both cultural communities and service providers.

## **WHAT OTHER THINGS CAN BE DONE?**

1. **It is essential that the Reform Plan prioritise an independent and multicultural disability advocacy service be maintained in each state, networked nationally, for/by CaLD people with disabilities.**

Independent means community-based.

[The same is required, separately, for Aboriginal people].

Essential to enabling this is **increasing the proportion of growth funds that flow to service agencies**, with

- **exemption of all funding for CaLD purposes from competition with the mainstream sector;**  
and, associated with this,
- **exemption from the pre-tendering selection/registration process;**  
and, as is the case for EDAC; and
- **requiring multicultural community control/content** – that is, agency and program management, board, core staffing and consumer/carer reference groups to be made up representatively from the multicultural population of people with disabilities who are of CaLD background, as a contractual condition for receiving funding to provide services to CaLD clients.

The right to do so, and in fact the necessity, is mandated in national Equal Opportunity legislation and WA Citizenship Strategy as the right to cultural security/protection and self-determination within the framework of broader Australian community.

2. **Achieving service access and substantive equality of outcomes through cultural engagement.**

**Individual advocacy prioritizing cultural care processes in disability services.**

For people with disabilities who are of CaLD background to be prepared to access disability and community services, including advocacy on disability issues – means to be satisfied with culturally responsive practices and outcomes. Not only both the organization and its staff need to be culturally suitable.

Also, the nature of services and how they are delivered needs to be culturally responsive – through engaging and utilizing cultural values and practices as core process; and

Associated with this, apart from direct engagement in promoting service improvement on a wide range of issues with agencies, EDAC is also frequently called upon to facilitate representation of CaLD people with disabilities in government inquiries and reviews and policy development. To achieve this appropriately, it has developed a Consumer Reference Group and Carers Group, with associated information and capacity building training, to facilitate articulation of informed consultation of CaLD consumers and carers to maximize inclusion and the usefulness and validity of feedback and guidance provided.

**Systemic advocacy support for participatory representation in advocacy services, disability services and for generally promoting inclusion of CaLD people with disabilities in multicultural society.**

Also, there needs to be inclusion of consumers, CaLD people with disabilities and their families/carers and cultural communities, in all of the agencies operations. This needs to be informed and capable participation in the organization e.g. EDAC's Consumer Reference Group.

EDAC has demonstrated in its recent independent Quality Review to the Disability Services Standards and in its analysis published in its recent Annual Report 2005-6 of client statistics from its database, that it is readily accessed directly by a wide range of ethnic communities, by consumers and carers with a wide range of types of disability and on a wide range of issues.

Also EDAC readily receives referrals from its extensive active networking with both the multicultural and migrant services sectors and the disability and community services sectors.

Both consumers/carers and referral agencies continue to express a high level of satisfaction with the culturally responsive way EDAC services are provided and with the effectiveness and sustainability of the outcomes.

**3. Enhancing systemic advocacy – from reactive crisis intervention to proactive leadership in duty of care and economic efficiency**

While it is essential for EDAC as an advocacy service to retain its core individual advocacy client case-work function, it has been proving that many of the issues attended to at an individual level also open opportunities for addressing the

issues at a systemic level so that all other consumers are subsequently advantaged by service improvements. In this way EDAC actively participated with professional leadership in contributing in practical and direct ways to the Continuous Quality Improvement (CQI) of the Disability Services Sector in meeting the Disability Services Standards in ways satisfactory and effective for CaLD clients with disabilities and their families and communities.

**Promotion, information and training components of pro-active systemic advocacy – with both cultural communities and service providers.**

Promotion. The promotion of services for cultural communities is effectively achieved through personal and community engagement and networking and the development of reputation and trust – based on demonstrated satisfaction and effectiveness with the cultural engagement of consumers, families/carers and cultural communities in both service processes and targeting outcomes. This can be supplemented but not replaced by media promotion, however this also needs to be multicultural – e.g. EDAC's regular *Ethnicability* radio program for CaLD people with disabilities and their families and communities and service providers.

Information. Proactive advocacy can engage the diversity of ethnic communities, especially early in their settlement process, to inform them how disability is understood and supported with culturally responsive services in this country, how they can access those services and exercise their right to participate in informed and respectful engagement and inclusion of their cultural care processes in the nature and delivery of services.

Training. Associated with its advocacy function EDAC is also called upon to assist agencies and staff across the disability sector to provide for consumer/carer rights to culturally responsive disability services by appropriately trained staff across all types of agencies. To meet this need, EDAC has been expanding its training commitments through project grants and collaboration with recipient agencies.

In this it has demonstrated that as an independent community-based multicultural advocacy service for CaLD people it is ideally placed to have a broad and in-depth knowledge of disability service issues across the multicultural population, disability types, and service areas – and can respond accordingly, engaging both disability and community service agencies and CaLD consumer/carer populations in informed inclusive ways.

One example of translating this CaLD consumer/carer voice into a practical and continuing tool to assist the service development of agencies in the disability sector has been the *CaLD Perspective on the Disability Services Standards 2006*, a companion document to the Disability Services Standards to guide agencies in their work with CaLD clients and their families and communities.

## **ARE THE REFINEMENTS TO THE DISABILITY SERVICES STANDARDS AND NEW KEY PERFORMANCE INDICATORS RIGHT?**

### **Uniform standards**

In Western Australia the Disability Services Standards adopted are the first 8, then 12 is 9 here. Both 10 and 11 are subsumed within other standards i.e. 11 within 8 Service Management and 10 within 3 Decision Making and Choice. In an area like Disability Services it would seem unnecessary that the Standards not be uniform.

### **Revision**

The Disability Services Standards are no longer in touch with contemporary social policy on individual and cultural rights and strengthening families. Human rights includes cultural rights, citizenship involves inclusion of cultural differences, and multiculturalism involves respect and protection of cultural diversity.

For example, there is a need for the key focus on the individual throughout the Standards, and especially in Standard 2 Individual Needs, to be complemented by guidance to services to work also with family and cultural care processes, not simply linking individuals to services in ways that neglect inclusion of family and cultural care responsibilities, values and protocols – otherwise disability services will be implicated in furthering family breakdown and cultural assimilation, while other services are committed to their strengthening in balance with individual rights, as the basis of a multicultural Australian society (Human Rights – Disability Services Commission WA, *Standard 9 Training Manual*; Office of Premier and Cabinet, *WA Citizenship Strategy*; Office of Multicultural Interests, *WA Charter of Multiculturalism*).

The Ministerial Statement of June 1999 requiring a re-focussing to include families is welcomed but needs to be expressed throughout the Disability Services Standards - EDAC has done this for CaLD families in the *CaLD Perspectives on the the Disability Services Standards 2006*.

### **Cultural guidelines**

To assist service providers in this regard to deliver culturally responsive services, and to assist the ethnic community to respond in an informed way, EDAC obtained a Service Improvement Grant from the Disability Services Commission in WA and worked with CaLD consumers and carers and service providers to produce *CaLD Perspectives on the the Disability Services Standards 2006*. As a companion document to the Disability Services Standards it serves as a practical guide to assist agencies to apply the Standards in culturally responsive ways with CaLD consumers and their families/carers and cultural communities. On this

basis EDAC provides training to both disability service providers and ethnic communities to help bridge the persistent gap in disability services access by CaLD people.

## **Restructure**

EDAC will now need to revisit the *CaLD Perspectives* with consumers, families/carers and disability service providers to CaLD people, to restructure the supporting standards within the proposed Key Performance Indicators. It will need to seek a small funding grant to do so. EDAC would be very pleased if the CaLD Perspectives, in principle and as they are at present, are taken up as best practice at a national level, to be replaced when available by an updated version accommodating the proposed Key Performance Indicators restructure.

## **Retaining the Supporting Standards within the KPIs as practical guidelines**

In developing the *CaLD Perspectives on the The Disability Services Standards 2006* both consumers/carers and service providers recognised that a large number of SSs would be unwieldy, so the guidelines were structured a way similar to the KPI initiative. The equivalent of the KPIs were essential requirements of agencies by consumers/carers and under each were listed practical suggestions of how those requirements could be met.

This leads us to suggest that the 101 SSs, rather than be replaced, could be more usefully be subsumed within the lesser number of KPIs written in the form of practical guidelines to agencies on how they might consider achieving each KPI.

Our experience is that we were concerned to bridge the 'implementation gap' between the KPIs as principles and 'how to' in practice. This has transformed the Standards into a readily useable self-appraisal tool for agencies to guide their capability to demonstrate Standards compliance and to promote continued best practice development planned by their service. EDAC has also found it extremely useful as a training tool to assist agencies on their working to the Standards with CaLD clients, and as a basis for informing the ethnic communities of their rights to culturally responsive services and to build their commitment and capacity for constructive engagement with disability services.

EDAC has also obtained DSC funding on an associated initiative to bridge the 'implementation gap' with working to the Standards with CaLD clients, by following the usual training session(s) with agencies on the *CaLD Perspectives on the The Disability Services Standards 2006* with a period of agency-based 'supported implementation' using the practical guidelines under each agency requirement (read KPI).

## ADDRESSING SPECIFIC ISSUES RAISED IN THE DISCUSSION PAPER

Consultation Paper ISSUES	Ethnic Disability Advocacy Centre COMMENTS
Funding of \$12M.	There has been no growth funding <b>passed on</b> to advocacy <b>(and other) services in the disability sector.</b>
Funding of smaller agencies is not enough to meet infrastructure costs and reporting requirements; does not match the population distribution of people with disabilities, <b>especially CaLD.</b>	<p>Agree, from knowledge agencies don't receive more than \$120 per program (e.g. individual advocacy).</p> <p>Efficiency dividend saw agencies taking a reduction of funding some years ago.</p> <p>The overall funding should be increased given the salary levels, the cost of operations, e.g. rental and other areas.</p> <p>How to define small? Obviously if you look at agencies providing a range of other direct services (e.g. legal services or Red Cross, Mission Australia) it is understandable that they would have a much bigger budget.</p>
A valuable and much needed program and needs improvements.	Agree in general. Improvements should not just be accountability <b>to existing services and standards</b> but new initiatives in proactive activities <b>such as</b> developmental and systemic advocacy. <b>Especially, initiatives in the engagement of CaLD consumers to bridge the large 'access gap'.</b>
Profound and severe disability	Yes, but lack of language and coming from a different cultural background (with isolation and absence of family support) could compound the extent and severity of the disability. Their vulnerability and deprivation could be equal or greater <b>and both of these additional factors requires culturally appropriate support.</b>
DSS improved by replacing 101 supporting standards with a small no. of KPI	<p><b>See comments above for details.</b></p> <p><b>Suggest incorporating the SSs rewritten as practical implementation guidelines under each KPI - as for the <i>CaLD Perspectives on the the Disability Services Standards 2006.</i></b></p> <p><b>Recognition of the need for a companion document such as that – adopted as a national initiative.</b></p> <p><b>(Recognise this as a suitable initiative for parallel development with/for Aboriginal people with disabilities).</b></p>
Recording and	Needs to be compatible with state and include CaLD profile.

reporting, data	Need for ABS, Centrelink and DSC data compatibility on CaLD to facilitate sector accountability 'health check'. (Refer: EDAC Carers Project Report)
Scope, priority and specialisation	Besides psychiatric and Indigenous, priority should also include CaLD.
Currently advocacy services are crisis-driven	Agree, because of limited funding, agencies can only address immediate demands and crisis situations. Could focus on advocacy development e.g. leadership training, self advocacy and promotion of rights - which EDAC currently does ad hoc on project funding – should be included in increased scope/funding for proactive systemic advocacy, to achieve longer term social gains (independence and inclusion) and economic welfare costs savings and national productivity.
Geographical coverage and the hub and spokes model	This is a regional model approach and will work only when the centralised organisation is committed and knowledgeable in the specialised disability areas, including cultural service delivery.  Multicultural disability services state-wide, including advocacy, should also be resourced to cover the regional areas as they already have the cultural expertise resource, knowledge and networks. (Refer: EDAC evaluation and proposal).  (The same applies to the Indigenous communities).
Mainstreaming	Mainstreaming as a service ideology is not effective as it is contrary to fundamental human rights to inclusion of one's culture within all aspects of life, not right to culture as a matter separate from the services one receives. Access to generic services is not an acceptable service outcome (for advocacy and all other services) for CaLD (and Indigenous) people with disabilities.  That is, advocacy and all other disability (and other) services need to be culturally responsive in the sense of agencies working with clients as CaLD people. This means respecting and including their cultural values, ways and understanding, as central in all aspects of service design and delivery. The 'cultural rights' cost of service access should not be one-way assimilation in the interests of administrative convenience and economic costing. Explicitly, if not implicitly, that is thankfully a rejected government policy of an unfortunately racialised past.  Also cultural relations are naturally dynamic and subject to a constantly ongoing process of flexibly negotiated change and influence both ways between arriving and host cultures, while at the same time protecting core values and practices integral to preserving cultural identity and psychosocial wellbeing of all

	<p>concerned.</p> <p>Given therefore - the complexity of the many different cultural backgrounds, and, also the wide range of changing cultural exchange and mutual adaptation and influence that makes up the valued richness of contemporary Australian multicultural society - working effectively with this dual aspect of cultural diversity must be a key aspect of all services, including those for people with disabilities. It is known to affect readiness to access services, the effectiveness of outcomes, and consumer satisfaction.</p> <p>Employing CaLD people in service design and delivery is essential but effective only where they are encouraged, skilled, resourced and systemically supported to enable cultural responsiveness. CaLD people (or anyone else) delivering mainstream services in mainstream ways to CaLD people, unless that is their explicit choice, is both tokenistic and assimilationist, apart from being an ineffective use of public finance and an illegal breach of human rights.</p>
<p>Better connections between services and effective use of services and whether the individuals can advocate for themselves</p>	<p>This is achievable through resourcing developmental systemic advocacy – leadership training, mentoring, self advocacy training and supporting agencies in meeting the needs of people with disabilities, especially CaLD.</p>
<p>Awareness of services by consumers</p>	<p>Currently the under-utilisation of services appears to be in the CaLD and Indigenous areas. Much work is required to promote to these groups and this can be effective only by working through their own communities.</p> <p>The history of disability services will reveal that there has been a slight increase for CaLD communities, from 1% to 2.8% in WA . It is through the efforts of funded ethnic disability services. Most states don't have direct disability services (e.g. employment, recreational etc) targeting the ethnic communities. Reducing ethnic disability advocacy will result in further reduction of utilisation rates by the ethnic disability groups. The protection of their human rights and interests is best achieved through a committed multi-ethnic disability advocacy agency.</p> <p>Funding is required for example, for EDAC's active promotion to the CaLD communities of the culturally responsive disability services it is assisting to be developed within mainstream</p>

	(requiring EDAC training funding also).
<p>What would a better advocacy program look like?</p> <ul style="list-style-type: none"> <li>▪ How to provide quality services.</li> <li>▪ In areas most needed.</li> <li>▪ Priorities of work.</li> </ul>	<p>Development of an overall <u>human rights framework</u> for quality disability services and advocacy. From its work on Standard 9 <i>Human Rights and Freedom from Abuse and Neglect</i>, EDAC has proposed in its <i>CaLD Perspective on the Disability Services Standards 2006</i> that cultural rights, as a part of human rights generally, be applied through the whole of the <i>Disability Services Standards</i> as an overarching Standard, not tacked on the end as (in WA) with abuse and neglect a separate and last consideration. EDAC has achieved this within the <i>CaLD Perspective</i> guidelines for each Standard but suggests the overall structure be upgraded to prioritise Human Rights up front and as being included through all Standards. Also the <i>CaLD Perspective</i> sets the Standards within a policy framework and guides service agencies by addressing those policies in practical ways throughout.</p> <p>Development and resourcing a <u>proactive developmental systemic advocacy model</u>. For the need for advocacy casework to reduce and change from continual urgent crisis intervention, agencies need to be resourced to develop problem solving responses to classes of issues identified in casework as affecting people generally, and not perpetuate individual advocacy demand and costs. Further, advocacy agencies are well placed to initiate proactive preventive and early intervention initiatives through information and training that can drive best practice service improvements. This is especially the case in the multicultural area, and EDAC has demonstrated its capability for leadership in the ethnic disability services development area.</p> <p><u>Regional and remote access</u> easily across Australia? Most issues have a substantial local component and need local intervention within the overall Standards framework. This applies particularly to ethnic (and Indigenous) populations in those areas. The <i>CaLD Perspective on the Disability Services Standards 2006</i> developed by EDAC offers practical suggestions on processes on inclusion of local cultural communities in service design and delivery, and EDAC has conducted prior research across the State to develop possible ways that this could be supported, if resourced to do so.</p> <p><u>Standards compliance</u>. "Is there evidence that advocacy (and other) services are meeting funding requirements? If not they</p>

	<p>should not be funded”. To ensure effective use of (advocacy and) disability service funding for CaLD people, EDAC has commenced working with the Standards Monitoring staff of DSC recommending that the <i>CaLD Perspective on the Disability Services Standards 2006</i> be mandated for use as an accompanying guide to the Disability Services Standards where agencies receive funding for providing any type of services to CaLD people with disabilities. It is recommended that it not be use so much as a compliance tool (in the last resort) but rather as more as a service development guide to assist agencies to progress with developing best practice as a condition of funding. This is part of EDAC’s systemic advocacy responsibilities and a good example of leadership in working to a positive proactive systemic advocacy model.</p> <p><u>Holistic advocacy model: types of advocacy and priority issues and groups</u> are all concerns that require continual ongoing attention in the bigger picture with funding and resourcing to ensure a ‘no gaps’ approach to advocacy services in disability, especially for the CaLD population. (The WA Aboriginal Health Strategy similarly, for example prioritises holistic health services and cultural security). Disability advocacy planning and funding allocation requires accepting the responsibility, at all levels, for provision of the resourced capability of addressing all types of issues for all types of people (e.g. including CaLD) with all types of disabilities anywhere at any time. At the service monitoring level this must provide agencies to have the means to be able to demonstrate demographic accountability, accountability in addressing disability issues as they arise for clients across all sectors, and in casework plans that show that disability service needs are holistically identified and addressed (directly or by referral).</p> <p><u>Resourcing advocacy beyond crisis response.</u> With current under-resourcing at service delivery level, including advocacy to CaLD disability consumers, the target number funded to be met is achieved mostly from crisis issues and urgent demand. This is the main determining factor on work priorities within individual and systemic advocacy funding. EDAC, for example, achieves its other developmental systemic advocacy priorities through one-off ad hoc project funding.</p>
Under-utilisation of disability services	There is a serious persistent gap in service uptake for CaLD people with disabilities, identified and reported to DSC some time ago ( <i>EDAC Carers Project</i> ). It is of concern that in

	<p>addition to the current unmet need for people with disability in general, the participation rate in disability services of people with disability from CaLD backgrounds does not reflect that of the general population. This is still around 2.8% in WA in 2005 despite CaLD people continuing to make up around 14% of the disabled population.</p>
<p>Measurable goals and objectives</p>	<p>Not just quantification - include <b>qualitative</b> consumer/carer feedback on effectiveness and satisfaction, not just \$ and process/activities reporting. <b>This is essential in the CaLD area where the 'cultural responsiveness' quality of services determines service engagement (access rates) and 'value for money' in terms of effective and sustainable outcomes for CaLD clients.</b></p> <p><b>This is an important consideration in the definition and demonstrable achievement of 'sustainable equality' of access and outcomes for CaLD people with disabilities. EDAC is importantly engaged with the DSC and State Government working party on this matter as part of its leadership commitment to proactive developmental systemic advocacy.</b></p>
<p>Priority table as a condition of funding? Directed at those in needs of assistance.</p>	<p>How are cases determined? As to issues of priority groups based on disability types or priority groups e.g Aboriginality, CaLD, psychiatric or multiple disabilities, <b>and those in rural regions.</b></p> <p><b>We suggest that with the service gap for CaLD people with disabilities, that they be identified as a priority special needs group for all agencies funded to provide disability services.</b></p> <p><b>Secondly, to make this realistic and achievable, that EDAC, in this State, be funded as a lead agency to continue its training with both service providers and ethnic communities to bridge this gap – as detailed above.</b></p>
<p>Focusing on individual and family advocacy, less in systemic and citizen <b>advocacy</b></p>	<p><b>The funding distribution in the Consultation Paper indicates that the majority of advocacy funding already goes to individual and family (62%).</b></p> <ul style="list-style-type: none"> <li>- 20% systemic advocacy should remain.</li> <li>- self <b>advocacy</b> and citizen <b>advocacy</b> should fall under individual advocacy, although there are distinct differences in the ways advocacy is delivered (so <b>too in</b> family advocacy). <b>This would</b> will bring individual advocacy to 83%.</li> </ul> <p><b>Throughout however, we have been arguing for substantial increase in systemic advocacy. The components we have</b></p>

	<p>identified may instead be able to be met from information, promotions and training budgets. It is clear that it must be met for the CaLD sector of disability services and driven by CaLD disability advocacy service(s) diversifying into working with service providers and ethnic communities in a training and service development capacity.</p>
<p>Meeting benchmarks</p>	<p>Not just in numbers but also measuring effectiveness and quality of services with consumer feedback – but also cultural benchmarks for CaLD clients e.g. also addressing core inclusion of cultural care protocols and practices negotiated with all concerned and appropriate to the contemporary Australian multicultural context and culturally responsive supportive agency services.</p> <p>Benchmarks to be Achievement Targets timelined in each agency’s service development plans, according to their particular role and function, against the Disability Services Standards KPI. Agencies servicing CaLD clients with disabilities, to use the <b>proposed KPI revision of the CaLD Perspective on the Disability Services Standards 2006.</b></p>
<p>Re-balance funding</p>	<p>Needs better indicators than just population – look at overall service provision and geographical distance – a much more holistic view. Suggest starting from the perspective of the consumer and their rights to service – i.e.set the planning target to achieve <b>substantive equality</b> wherever the client and whatever the type of service need – and whatever their culture, age or gender. The funding provision in each case will vary according to the principle of having to approach each differently, with different costing, to achieve equality of outcomes for all.</p>
<p>Centralised referral service</p>	<p>An Abuse hotline already exists – would like to see evidence its working properly - our information is that it received no requests from the CaLD community (and imagine it’s the same with the Aboriginal community).</p> <p>As a centralised <b>CaLD disability advocacy service</b> for WA EDAC is appropriately an independent entity. It has active links to community-based consumer, carer and service provider groups and networks, providing a conduit for CaLD disability advocacy information and promotions as well as referrals.</p> <p>For CaLD (and Aboriginal communities), promotion and</p>

	<p>service access is most effectively achieved through funded initiatives targeting <b>local communities</b> through their <b>active referral networks across regions</b>, links that also serve as a basis for <b>mutual service promotion, development and support</b>.</p> <p>Within both the CaLD and Aboriginal communities, referral and service promotion is through <b>personalised community based cultural relationship networks</b>, tied to <b>local relevance</b>, and <b>linked across cultural regions</b>. Other media can support this but is not effective by itself.</p> <p>The <b>CaLD Disability Network</b> proposed appropriately as <u>an EDAC developmental systemic advocacy initiative</u>, for example, would link disability service providers to CaLD consumers and their families/carers and communities across the State, and (like the re-structured <b>Aboriginal Disability Network</b>) will comprise a CaLD Disability Service Provider Referral Group and a CaLD Disability Consumer Reference Group and a CaLD Disability Carers Support Group as the key membership, along with secondary supporting mainstream stakeholders. It is proposed that the CaLD Disability Network would be encouraged in other States and linked Nationally (as existing for the Aboriginal Disability Network).</p> <p>It is also important that this is an <b>independent community-based organisation</b>, not government. To preserve its groundedness, and work in balanced partnership with government, but retain independence of voice for consumers, carers and service providers to CaLD people with disabilities.</p> <p>This initiative will need to be funded from project initiative funding or from a proposed increase to EDAC funding for the extensive developmental systemic advocacy it is achieving mainly from it's ad hoc project funding.</p>
<p>Improve assurance system and introduce KPI and external auditing and minimum qualifications for paid advocates</p>	<p>The following applies to all disability services for CaLD people, including CaLD disability advocacy services, recognising the special leadership role that such a service like EDAC has taken to develop to facilitate this process in other agencies across the sector on behalf of CaLD clients.</p> <p>It is important that <b>Quality Assurance</b> process adopts <b>Continuous Quality Improvement principles</b> so that there is ongoing active engagement is service development progressively evolves towards better (c.f. best) practices and</p>

is always adapting to the continual changes in disability service needs. In the CaLD sector this is critical due to the constantly changing cultural areas from which we draw refugee and humanitarian immigration.

It is important that **Quality and Standards requirements are integrated** so that they are not two separate processes with redundant requirements.

These Quality/Standards expectations need to be, as they generally are, included as a commitment to quality process requirements under all **funding contracts**.

The demonstration of meeting these requirements should remain primarily **agency self-appraisal**. This should require informed **consumer/carer involvement**.

It is important that the disability services sector have a **practical tool** to use in self-appraisal against the Disability Services Standards - which EDAC has produced for their use with CaLD consumers and regarding which EDAC also offers training and supported implementation process - see above the EDAC proposal to re-structure the *CaLD Perspective on the Disability Services Standards 2006* to address the required KPI.

Resourcing should be available for agencies to access **training and service development support** on any issues they identify through their self-appraisal as priorities for service development.

Agencies also should be encouraged/facilitated to link in mutual support for sharing service development purposes - particularly **sharing and dissemination of** implementation across the sector of successful **best practice development** initiatives. As mentioned, the proposed CaLD Disability Service Provider Referral Network would be a vehicle for expediting such arrangements and significantly enhancing the 'value for money' aspects of funded initiatives.

It is critical that there also continues to be a process **external auditing**. It is essential that auditing staff who attend agencies with CaLD clients work with the same culturally responsive tools and processes, and are themselves experienced personally and professionally with CaLD disability services. EDAC is working with the DSC Standards Monitorig



	those sectors and be required to obtain consumer/carer input on all items.
<p><b>July 2007 –</b></p> <ul style="list-style-type: none"> <li>• National freecall no. and referral services</li> <li>▪ Standardised operating policies and procedures</li> <li>▪ Exposure draft for competitive funding round release</li> <li>▪ Performance review against their six months of operation under new agreements</li> </ul>	<p>How much resources will be allocated and where from? The abuse hotline was not very effective as it did not receive many calls and none from people with disabilities from CaLD backgrounds (or Aboriginal).</p> <p>First, agreement on the <b>scope and functions of Disability Advocacy Australia</b> - see previous section above.</p> <p><b>Disability Advocacy Australia</b> itself to be established as an <b>independent organisation</b> by membership not contracted out through competitive funding to any existing organisation.</p> <p>It is <b>absolutely essential</b> that in future disability advocacy funding that identified CaLD (and Aboriginal) advocacy services be <b>EXEMPTED</b> from mainstream competitive funding and any preliminary organisational qualifying registration for such - see Page 1 above.</p> <p>New agreements and performance reviews must incorporate recognition of the preservation of the organisational independence and specificity of operations of existing disability advocacy agencies. This is especially necessary for those specialising in disability advocacy services to CaLD (and Aboriginal) consumers.</p>
<b>Sept 2007 –</b> competitive funding round	
<b>Feb 2008 –</b> results of competitive funding	
<b>July 2008 –</b> on line client management system	<p>EDAC has an existing client management system and data base effective for its particular type of operations and the requirements of current funding bodies.</p> <p>It will seek to integrate with that proposed, in a way that</p>

	provides for identification of CaLD (and Aboriginal) disability advocacy clients/cases, toward a usefully integrated national database..
<b>July 2009 –</b> independently certified as Quality Services  Minimum qualifications for paid advocates	See detailed above - Quality/Standards monitoring for disability advocacy services provided to CaLD (and Aboriginal) consumers must necessarily involve culturally responsive Quality/Standards, processes and staffing, to preserve the cultural aspects of the human rights of all consumers of CaLD background.