MDAA

NSW Parliament Inquiry into foundational and disability supports for children and young people in NSW

Hearing: 30th May 2025

Questions taken on notice:

1. ***Can you explain to the Committee why disability advocacy is so important, how that interacts with a true co-designed process and what we should be looking for here?***

Advocacy is essential in ensuring that the rights of individuals and communities are upheld and their voices are heard by those with power to make decisions which progress the wellbeing and livelihood of all. Disability advocacy is incredibly important as it guides individuals and families through the bureaucracy attached to having full access to these rights and can be incredibly powerful in building the capacity of people with disability, their families, and carers to be empowered to fight and advocate for themselves. The role advocacy services play in building one's capacity means they will have to rely less on others and be confident that they can and will be heard. This often means the difference between securing appropriate NDIS funding or not.

Disability advocacy services work with individuals, families, and carers, and this framework is extended to all projects and research through the co-design method. A true co-design process takes time, over multiple sessions with people with lived experience, industry experts, and services. It is essential that young people and children remain centred within discussions and development together with their parents and/or carers as the interest of the committee is in supports directly affecting them.

2. ***It has been suggested that in some CALD communities there's a stigma associated with identifying that your child may have a disability, and this then presents a barrier to them accessing services. I wonder whether your organisation has a view about what needs to be done to try to address those questions around how we overcome that hesitancy that might be there in some CALD communities***

Working with grassroots organisations to increase awareness and education on screening – what it means, pros and cons of identifying if a child has a disability, how families and children can benefit from a diagnosis. Trust needs to be built to be heard by the CaLD communities. Many are very family oriented and involved in community, religious institutions, centres and libraries. Libraries are an essential gateway to CaLD communities, frequented by many new immigrants, refugees, and others as they are trusted and safe spaces. Many seek out libraries to find information about their community and the services available to them, including information in languages other than English. Programs such as school holiday programs at libraries and English classes can all be tapped into to help decrease the stigma we see about identifying if a child has a disability and has the potential to open the conversation.

Additionally, perhaps not framing it in a way which says, ‘your child has a disability’, but rather ‘your child may need some extra support or help in … ‘. For example, MDAA promotes ‘Education Advocacy’ – advocacy for children with disability and their parents/carers who need support in school. NSW Government could take a similar approach, as such different wording could be received better by CaLD communities. This approach would begin to reshape the idea of disability within cultural communities, from being seen in a negative light, to an acceptable way of life.

Additionally, information services and supports to families and carers in schools is one of MDAAs recommendations, highlighted in the organisations submitted paper:

> *Incorporating foundational supports or service assisting families and carers in service connection into NSW schools can help streamline access to supports for families and children with disability allowing connections to specialised allied health supports, and giving families and carers tools and information needed to support their children. To ensure that children with disability receive the support they need, schools must first be equipped with the tools and information required to carry out their duty of care. Most of a child’s life is spent in schooling, making schools a main point of contact for families and carers. For this reason, MDAA recommends that foundational supports, including access to appropriate tools, resources, and information, be integrated into NSW schools to better support students with disability.*

The above recommendation can be further streamlined through pre-existing community hubs in schools. The introduction of more community hubs across NSW has a greater potential to bring such foundational supports into fruition. It is in MDAAs experience working alongside community hubs to deliver trauma informed workshops and information on disability services, that community hubs are an invaluable asset to the community. The hubs bring together parents from all backgrounds, including new immigrants, people with refugee status, and those form non-English speaking backgrounds and provides a safe space to learn about their community, services, and English skills. Further, the engagement of families through these community hubs has significantly contributed to an improved quality of life and provides a sense of belonging for those otherwise experiencing feelings of loneliness or isolation. Through the above endeavours we can collectively hope to effectively break down some of the stigma associated with disability and in identifying that a child may have a disability.

3. ***Earlier it was raised that around 20 or 30 per cent of children are having health screening and early development checks. Do you have any suggestions on how better to engage the CALD community to increase the number of families and children that are having checks?***
   AND
4. ***One of the recommendations in your submission is about further investment in culturally appropriate services and supports. Could you give an example of the types of supports that are needed to improve engagement with CALD community?***

MDAA would encourage the engagement of parents and carers through schools to better engage CaLD community to have health screening checks. Using the already established community networks that exist in some primary schools, it can be the best and most effective way to engage parents as many of those who attend have an already established trust with the networks and the people involved making it an effective tool.

Reducing stigma around disability is essential, we could achieve this by engaging community leaders, churches, mosques, temples, and others to increase awareness of what a screening means, what benefits it could have to the child and parents and would help break down the barriers between services and community.

The community will not seek services if they do not know that they exist or that they can cater or work for them. This means that services built through a cultural humility lens would be preferred as it understands the varying experiences and complexities of CaLD people and aims to work with them by meeting them at where they are. Including information in suitable languages, staff who speak a language other than English, the correct and appropriate use of interpreters.

- Correct and appropriate use of interpreters means that the service does not assume that the individual or unit requires an interpreter but rather ensures that the individual is asked of their preference, the service talks directly to the individual and not the interpreter. An interpreter does not speak on behalf of the client, their role is to simply bridge the communication and language gap between service and service user, they are an external tool. Service must not act in behaviours which can seem condescending i.e. Speaking louder and more slowly thinking that the individual will suddenly understand their language or speak to an adult or young person in a childlike fashion. This is disrespectful and strips the individual of dignity and power. Individuals who require an interpreter are not less intelligent than the service provider, they are simply in need of language support.

Industry training on working with CaLD communities and cultural competency and humility are essential to service provision. Services must be given the opportunity to develop this knowledge and skills to engage effectively with CaLD communities. Working with organisations such as MDAA who provide specialised industry training would be the most effective and efficient way to increase practice knowledge and education.