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Tuesday, May 31, 2011

**Submission to:
A National Quality Framework for services to people experiencing homelessness**

Dear Julie,

The National Ethnic Disability Alliance (NEDA) is the national peak organisation representing the rights and interests of people from non-English speaking background (NESB) with disability, their families and carers throughout Australia. NEDA is funded by the Commonwealth Department of Families, Housing Community Services and Indigenous Affairs (FaHCSIA) to provide policy advice to the Australian Government and other agencies on national issues affecting people from NESB with disability, their families and carers.

NEDA actively promotes the equal participation of people from NESB with disability in all aspects of Australian society. It manages a range of projects relating to NESB and disability communities and works closely with its state and territory members to ensure that its policy advice reflects the lived experiences of people from NESB with disability. In states and territories where no NESB-disability advocacy agency exists NEDA undertakes development work to establish a structure that can support people from NESB with disability, their families and carers.

This submission is based on consolidated knowledge and research work conducted by NEDA over the past fifteen years. We believe that the points raised in this submission are critical for any consideration of quality service provision and social inclusion. We hope that your inquiry will give favourable attention to the recommendations in this submission.

If further information is required on this submission, please contact Sibylle Kaczorek on 0407 878 933 or email to office@neda.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sibylle Kaczorek', written in a cursive style.

Sibylle Kaczorek
Executive Officer

NEDA Submission to: A National Quality Framework for services to people experiencing homelessness

The National Ethnic Disability Alliance (NEDA) appreciated the opportunity to participate in the public workshop on the National Quality Framework held in February 2011 in Melbourne. This submission restates and elaborates on points raised during the workshop.

Some general observations

NEDA supports the development of a National Quality Framework and congratulates the Government on its commitment of developing such framework.

A key failure of the current framework discussion is the inclusion of people from a non English speaking background (NESB) and people with disability. NEDA's constituency is people from NESB with disability thus the intersection of lived experience of ethnicity and disability are the basis of analysis in this submission.

At this point NEDA recommends that the NQF be broadened and embrace key principles on human rights for people with disability as articulated through the UN Convention on the Rights of Persons with Disabilities (UNCRPD). In particular four key principles need to be reflected if indeed inclusion is to be achieved.

- **Principle 1:** Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity (Article 3 (d) UN CRPD)
- **Principle 2:** All persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law (Article 5 (1) UN CRPD).
- **Principle 3:** Prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds (Article 5 (2) UN CRPD).
- **Principle 4:** Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture (Article 30 (4) UN CRPD).

The assumption underlying the discussion paper is that the Standards, Charter and National Quality Framework (NQF) are applicable to anyone. NEDA suggests that while these should be applicable to all, this requires benchmarks and articulation of strategies on process and outcomes. Without such articulation, services are not reminded that one size does not fit all. This in turn presents a continuation of the reality which is documented through existing research; that is people from NESB are less likely to access homelessness services and therefore are less likely to benefit from intervention. At this stage, people with disability are largely excluded from the homelessness service system altogether.

Many homeless people from NESB with disability take up residence with friends or family, where the accommodation is not only inaccessible but also overcrowded and unsuitable due to for instance poor maintenance, poverty. Those who do seek short term or medium term housing often refuse the service as it is not culturally and disability sensitive and thus simply not capable of meeting their needs. Poor cultural competence of crisis accommodation services will create serious challenges for some homeless people from NESB, for example women from NESB seeking refuge from violence and abuse.¹

Available data, while limited, is available to support the argument of exclusion. The 2011 *Productivity Commission Report on Government Services* identifies people born in a non English Speaking Country compared to those born in English speaking Countries; for the period 2008-09 financial year. The services reported on are those funded under the now expired Commonwealth State Territory Disability Agreement (CSTDA) and replaced by the National Disability Agreement (NDA).

¹ http://www.scoa.org.au/resources/261541_72752_Points%20of%20Departure-%20DiscussionpaperFinal11March2009.pdf

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With regards to accommodation services for people with disability the data demonstrates an under-utilisation of 1 in 4 when comparing people born in non English speaking and English speaking countries.²

The report on the Supported Accommodation Assistance Program by the Australian Institute of Health and Welfare 2008/2009 identifies that 12.1% of service users were born in non English speaking country, again a significant underrepresentation of NESB people.³

Despite a number of thematic reports produced by the SAAP National Data Collection Agency, no reports were produced for people from NESB. This illustrates that this large cohort of potential service users remains silent in the current approach to service delivery.

Only as recently as this year, a research study looked at the intersection of mental health, homelessness and ethnicity.⁴

This study noted;

‘A person from a culturally and linguistically diverse (CALD) background with a mental illness who is homeless is particularly vulnerable. An already difficult situation is accentuated by language difficulties, unfamiliarity with service systems, social dislocation due to migration, alienation from culture and community, grief related to experiences of torture, trauma and separation, and limited culturally appropriate service options.’

One of the key findings of the research was the lack of consistency in describing, and therefore identifying, the cohort of people from NESB, calling for a more consistent approach to collecting data. The need for better data has been repeatedly documented through NEDA’s publications and submissions. In *What does the data say*, NEDA argues that ‘the combination of the country of birth and ancestry approach of the Census is considered as most useful as it also captures people born in Australia but being raised in a NESB family context’⁵.

Quality Framework Models are often culturally blind, assuming a one size fits all approach. This can only be addressed through inclusion of a cultural competence approach as an integral part of the NQF. This in turn requires dedicated methods of reporting, including targets, measures and strategies.

For instance, working across languages and with family, cultural groups may require more time than Anglo based individual casework but will produce effective and lasting outcomes. Unless a National Quality Framework can accommodate such cultural awareness and develop competence it will exclude the NESB community.

Finally, the NQF, Charter and Standards fail to recognize the need for independent advocacy for service users and thus continue to allow service providers to be the advocates for service users; this is a situation of conflict of interest and will remain a barrier for the achievement of human rights for homeless people.

Standards

This submission supports the concern on the existence of multiple standards on state and federal levels. National standards ought to be recognised across jurisdictions, in particular to avoid duplication on reporting of standards. Further, the implementation of standards requires dedicated resources to support their implementation. It is suggested here that such resources are not effective if they are allocated through one off funding. Rather, recurrent funding is required to ensure ongoing improvement as part of a continuing quality assurance approach.

² http://www.pc.gov.au/_data/assets/pdf_file/0016/105352/068-chapter14-chapter.pdf

³ <http://www.aihw.gov.au/publication-detail/?id=6442468356&tab=2>

⁴ <http://www.dhi.gov.au/Multicultural-Mental-Health-Australia/Resources-and-Translations/Publications/default.aspx>

⁵ http://www.neda.org.au/files/what_does_the_data_say_final_report.pdf

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The Multicultural Disability Advocacy Association (MDAA) have developed a cultural competent guide for service provider to respond appropriately to specific, individual needs in a culturally diverse environment⁶. Examples such as the MDAA guide would go a long way towards ensuring that the national homelessness standards are culturally competent.

There are two approaches towards the inclusion of NESB/CALD specific standards, either as a stand alone, in addition to articulated standards or all standards explicitly addressing the NESB population group. Not including NESB specific standards will continue the under-utilisation of services by the NESB homelessness population ultimately widening a gap in life outcomes for this cohort of people, further exacerbated for those people from NESB with disability.

NEDA recommends the removal of 'case management' from the standards. Case management is a particular service delivery model that may not be appropriate in all circumstances for all people. Inclusion of a particular model elevates the model in a way that could be counter-productive to inclusive service delivery.

Some accommodation service models are notorious for their inability to cope with different cultural perspectives. For example they do not take into account the cultural and religious perspectives of people; this means that people from NESB who are in supported accommodation may be isolated from opportunities to be part of their families or cultural groups, have little control over diet and activity, and face discrimination on a daily basis.

NEDA supports flexible service models that are able to deliver the support wanted by people allowing them to be part of their communities, maintain strong links to families, and achieve independence and empowerment. By necessity this requires a more tailored approach, with greater control given to service users in terms of choice and decision making on the basis of what is best for them.

Further, NEDA recommends the inclusion of accessibility as an articulated service standard, in particular with respect to information and facilities. Inaccessible information and facilities by definition excludes people with disability. This exclusion is a clear breach of the UN Convention on the Rights of Persons with Disabilities and thus does not meet Australian's international human rights obligations.

The Charter

The Charter needs to be plain English and rights focused; it ought to be visionary and full of aspiration. NEDA recommends the inclusion of critical rights for people from NESB with disability;

- The right to communicate in the language of choice
- The right to receive information in accessible format
- The right to be visible and to receive culturally competent services

NEDA argues against the inclusion of responsibilities in the Charter as this individualises homelessness as an issue. While services may have rights and responsibility agreements with their service users, that is significantly different to the articulation of housing as a human right in the form of a Charter.

Extensive research is available that identifies homelessness as a result of a myriad of circumstances and a combination of life events including poverty, violence and mental health. A rights based focus must therefore mitigate against a confusion of causes, both for service users and service providers.

⁶ <http://www.mdaa.org.au/archive/03/mdaa-BuildingCulturalCompetency.pdf>