

CONSULTATION REPORT

COMMUNITY CONSULTATION ON WORKFORCE CAPABILITY FOR THE NATIONAL DISABILITY INSURANCE SCHEME

TOOWOOMBA 26 APRIL 2018

BACKGROUND

PURPOSE OF THE CONSULTATION

The purpose of the consultation was to gather evidence to support the Council's role in providing the Minister for Multicultural Affairs with advice about how services and programs funded by the Queensland Government can be responsive to the needs of people from diverse backgrounds, such as through the roll out of the National Disability Insurance Scheme (NDIS); and to identify opportunities for people from culturally diverse backgrounds to work in the NDIS, including becoming a NDIS service provider.

Twenty eight participants attended including representatives from multicultural support services, employment and training programs and people from culturally diverse backgrounds.

STRUCTURE

Consultation participants were divided across four tables in small groups. Within these groups, participants had approximately an hour for discussion around a number of consultation questions (Appendix 1).

Members of the Multicultural Queensland Advisory Council facilitated each table discussion and staff from Multicultural Affairs Queensland recorded participants' responses.

KEY RESPONSES

The key themes arising from the community consultation were:

- lack of qualified interpreters in regional areas
- difficulties understanding and accessing the system
- gaps in service delivery
- improving cultural capability amongst service providers, and
- building a diverse workforce.

THE DETAIL

IDENTIFYING AND ENGAGING PEOPLE IN THE NDIS

INTERPRETING

Across all the tables, interpreting was discussed as an issue for service providers, participants and advocates. The biggest concern in Toowoomba was the lack of local interpreters who could provide face to face interpreting in the region. This is particularly compounded for new and emerging languages where qualified interpreters may not exist. It also results in the use of unqualified interpreters, such as family and friends.

The alternative provided is often telephone interpreting which is not always appropriate, as meaning can get lost by missing non-verbal cues. It was suggested that a better use of visual media technologies where people



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could see the interpreter and vice versa would be a benefit. Use of this technology could also address privacy concerns in small regional communities where people know each other.

Another concern raised was the lack of awareness by health professionals and other service providers of their possible entitlement to access fee-free interpreting through TIS National. Information about the Free Interpreting Service is available at www.tisnational.gov.au

There were some suggestions to attract more qualified interpreters to the region and/or provide traineeships to interested language speakers already living in the region, to work on the job while getting qualified as the costs of accreditation can be expensive and the process difficult. It was suggested that interpreters also need training about disability and the terminology used for different types of disabilities.

UNDERSTANDING AND ACCESSING THE SYSTEM

Many participants raised possible reasons for the lower than anticipated take up of the NDIS by people from culturally diverse backgrounds. This may be due to a lack of understanding of what disability services are and what support is available to people, particularly if people are from countries where government funding for such services is not common. The concept of disability is also new to some people, including the need to develop a plan and knowing where they should go for help.

It was acknowledged around the tables that there is a difficulty identifying and reaching people who are not currently receiving disability support. Participants noted that there was a lot of misinformation in the community and it was difficult to find the right information.

Another barrier to accessing the system is fear that seeking help may impact on an individual's visa; as well as the stigma surrounding disability in some cultures. Others may not recognise some things as a disability, such as mental health. Some providers are also delivering other "stigmatised" services, such as child protection, and previous poor experiences may impact on people's willingness to access the services of these providers. Stigma can be compounded for people living in rural communities as many people know each other.

The NDIS is a complex and difficult system even for people proficient in English to understand. There is a lot of information available, which can be daunting, and confusing. Accessing the right information is even more difficult for people not literate in their own language.

Trust was raised as another important issue. There was some discussion from service providers that there have been community information sessions in different languages but there was a poor response rate.

Some solutions suggested to engaging people from culturally diverse backgrounds in the NDIS include:

- Developing simple information that can be easily shared, in easy to understand language, no jargon, and translated into different languages. It was mentioned that currently translated resources are only available in 10 languages none of which are new and emerging languages. Translated resources may not always be appropriate as people may be illiterate in their first language. Other formats, such as videos, were identified as ways to explain and engage people especially in areas with no interpreters.
- Strategies to promote and distribute information, such as through libraries and social media; partnering with organisations that are already working with people most in need (e.g. settlement agencies); engaging with and informing community leaders and people from culturally diverse backgrounds already working in the sector to pass on information to their communities.
- Providing face to face support to assist people to access the NDIS.

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DIAGNOSIS

One of the key concerns raised during the consultation was the time it takes to get a diagnosis. For example, one participant mentioned it took eight months before they found out they were not eligible. This waiting time may in some part be due to waiting lists in the public health system. The alternative of accessing the private system is out of reach for some (one participant mentioned \$900 for intellectual disability assessment). Obtaining a diagnosis can be even more difficult when there is no documentation, such is the case for some migrants and refugees, and there is limited help provided to get assessments. It was also mentioned that some GPs weren't familiar with the process for NDIS.

GAPS IN SERVICE DELIVERY

There was some discussion about segments of the population who weren't eligible for the NDIS, such as New Zealand citizens arriving via the Trans-Tasman Travel Arrangement and asylum seekers. According to the 2016 Census, the most common country of birth for Queenslanders, other than Australia, was New Zealand. This includes people from Pacific islands, such as Samoa, who come to Australia via New Zealand. This is a significant group who are unable to access the NDIS.

The availability of services in regional Queensland, especially in rural and remote areas, was also raised as a concern. For people in these communities, even if they are successful in obtaining a package there may be limited services available.

Transport was also a concern raised, whether it was support to assist people to gain their licence and become more independent; or accessing public transport.

WORKFORCE CAPABILITY AND EMPLOYMENT OPPORTUNITIES

IMPROVING CULTURAL CAPABILITY AMONGST SERVICE PROVIDERS

There was mixed response to questions regarding the cultural capability of service providers. One participant mentioned that service providers do not need cultural competence training to work with people from diverse backgrounds and another participant said they usually learnt on the job or asked someone. Other participants acknowledged that cultural understanding was important as some cultural expectations can work against the service provider, for example in some cultures the elderly expect to be looked after by their own children and not someone from outside the family.

Most tables acknowledged that formal cultural capability training would assist in getting the most out of interactions with culturally diverse clients. Other training including discrimination and unconscious bias were also mentioned.

There were ways, other than formal training, discussed to develop service providers' skills. Some participants talked about working with cultural groups to increase skills and promote information about jobs available and employing cultural support workers that speak the languages of clients. Bi-cultural workers can be critical in talking to community members and organisations. They can also assist the organisation become more culturally capable. It was suggested that service providers should consider specific recruitment strategies and policies to support the recruitment of a diverse workforce (e.g. identified positions).

Other suggestions to improve workforce capability included:

- Sponsoring local community events as a way of making contact with communities.
- Developing relevant policies and procedures to guide staff, such as working with interpreters.
- Partnering with community organisations to discuss challenges and exchange ideas.

BUILDING A DIVERSE WORKFORCE

Some participants mentioned that the NDIS Roadshow was very successful in matching employees to employers, out of 10 people, 3 got jobs.

It was also suggested that current courses could be modified for bi-cultural workers. For example the literacy and English language skills may not be as important if workers are working with clients from the same cultural and/or language background.

It was also suggested that young people should be encouraged to consider disability services as a career option and that finding the people with the right skills sets was important.

There was much said about a disconnect between training and gaining employment in the sector. A number of participants spoke about migrants and refugees encouraged into vocational courses that don't support outcomes e.g. many have completed a Cert III but still unable to get a job.

Building employability into courses was suggested as a possible solution. Work placements, practical work tips on how to write a CV and apply for a job, interview techniques, and even who to give your resume to and how to cold call would support people from training into employment.

It was suggested that a targeted CALD recruitment strategy for the NDIS be developed, including engaging with employers and training organisations. This could include incentives for employers and guaranteed jobs for people if they undergo training.

There was a suggestion that more promotion about the opportunities available was needed, and that it is not only disability support workers who are required. Other opportunities include support co-ordination, helping people learn to drive a car, planners, garden maintenance, home maintenance, physiotherapists, podiatrists, other allied health workers, nutritionists, and personal trainers.

One of the barriers raised was the time taken for people to get their Yellow Card which is required to work in the disability sector in Queensland. Thirteen weeks was discussed as the delay experienced by some people. This is making it difficult for people getting jobs in the sector if they do not already have industry experience.

Other barriers to employment discussed included:

- The requirement for some jobs to have a drivers licence and own a vehicle, as well as hold a Cert III/IV. This can be difficult for some migrants and refugees.
- English language proficiency.
- Concern around job security as most jobs are casual and uncertainty about the longevity of the NDIS. It was discussed that this will likely change over time as employers become more confident and increase the permanency of positions.

CONSULTATION QUESTIONS

TOPIC	QUESTIONS
Identifying and engaging people with disability from CALD backgrounds in the NDIS	<ol style="list-style-type: none"> 1. What are the barriers for migrants and refugees accessing the NDIS? (possible conversation prompt – stigma associated with disability within some communities, lack of awareness) 2. How difficult/easy has it been to obtain a diagnosis or the evidence required to access the NDIS? 3. What assistance do people with disability from CALD backgrounds need to prepare for the planning stage? (e.g. assistance with considering and articulating their goals) 4. How can the NDIS plan and materials be made more relevant, meaningful and implementable for the CALD community? 5. Since the roll out of the NDIS in Toowoomba, what (if any) gaps or short falls in service delivery have you experienced?
Workforce capability issues in servicing the needs of people with disability from CALD backgrounds	<ol style="list-style-type: none"> 1. As a participant, what has been your experience in accessing the NDIS, developing plans, and/or accessing the services you need? 2. As a service provider/worker, how culturally competent do you feel? 3. As a service provider/worker, how easy/difficult has it been for you to engage interpreters when working with participants who speak a language other than English? 4. As a service provider/worker, what do you feel are the gaps, hindrances or shortfalls in the system for meeting the needs of CALD clients?
Taking advantage of the employment opportunities within the NDIS and/or becoming a NDIS service provider	<ol style="list-style-type: none"> 1. As well as disability support workers, what other employment opportunities relating to the NDIS exist in Toowoomba? (possible conversation prompts – occupational/speech therapist, physiotherapist, qualified interpreters, bicultural workers, cultural capability trainers, community development roles, other supporting services)