



Queensland Independent  
Disability Advocacy Network

# General Foundational Supports

To the Department of Social Services

5 December 2024

## About the Queensland Independent Disability Advocacy Network

The Queensland Independent Disability Advocacy Network (QIDAN) is a group of organisations that provide individual advocacy services to Queenslanders living with disability. These organisations are funded under the Queensland Disability Advocacy Program (QDAP).

The member organisations include Aged and Disability Advocacy; Amparo Advocacy Inc; Capricorn Citizen Advocacy; Mackay Advocacy Inc; People with Disability Australia; Queensland Advocacy for Inclusion (QAI); Rights in Action; Side by Side run by Aged and Disability Advocacy; Speaking Up For You; and TASC.

QIDAN has three aims:

- **Systemic advocacy:** coordinated action to address systemic issues experienced by people with disability,
- **Member support:** a collaborative space for the exchange of information, resources and issues affecting disability advocacy organisations, and
- **Sector advocacy:** to promote the importance and value of independent disability advocacy on a local, state, and national basis.

The members of QIDAN offer various independent disability advocacy services across Queensland, including general disability advocacy, specialised individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. QAI coordinates the Disability Pathways Hub to provide information and referrals to people with disability, their families and supporters.<sup>1</sup>

QIDAN's understanding and recommendations are grounded in the collective experiences of independent advocates.

### A note on language

Language is a powerful tool for building inclusion. We use person-first language by using the term 'people with disability' but recognise that many people with disability prefer

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<sup>1</sup> <https://disabilitypathways.org.au/>.

identity first language (i.e. a disabled person). The term 'people with lived experience' is used for people with disability, as well as their family members, carers and kin.

We use the term 'General Foundational Supports' to describe the collection of supports that include information, advice and supports aimed at helping to build the capacity of all people with disability to make decisions and advocate on issues that affect them, and to participate in the community. Where appropriate, this may also be extended to the families, carers and kin of people with disability. We acknowledge that for the purpose of this consultation, navigation supports and advocacy are not referred to as General Foundational Supports, although they are inevitably linked to the scope of the consultation, as we will explore.

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## QIDAN's recommendations

### 1. Create General Principles for General Foundational Supports<sup>2</sup>, that:

- 1.1. Are designed by and with people with disability at all stages, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, LGBTIQ+SB communities and rural and remote communities.
- 1.2. Are reflective of the Queensland *Human Rights Act 2019* (Qld) and the Convention on the Rights of Persons with Disabilities and prevent further institutionalization, end segregation and promote inclusion of people with disability in the broader society.
- 1.3. Are guided by the following key principles:
  - Inclusivity and deinstitutionalization;
  - Supported decision making;
  - Choice and control;
  - Goals and outcomes driven (determined by the person receiving supports);
  - Personalized and relational support with key contacts.
- 1.4. Have inclusive eligibility criteria that includes non-citizens and non-permanent residents, that is based on support needs and is available to all ages.
- 1.5. Embrace intersectionality, ensuring that no person with disability is left behind.
- 1.6. Include adequate funding for training and market availability, especially in regional, remote and rural areas due to lack of services, infrastructure, staffing and resources. This should include minimum standards for service providers.<sup>3</sup>
- 1.7. Include a clear, accessible and independent complaints mechanisms that enforce minimum standards and that has enforceable deadlines and processes when needed.

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<sup>2</sup> In line with our service quality and delivery recommendations made in our Targeted Foundational Supports Service Scheme [report](#), see QIDAN's submission on Targeted Foundational Supports Services System (TFSSS), recommendations 5.1.1 to 5.1.10 and 5.2.1 to 5.2.9.

<sup>3</sup> Please see recommendation 5.1.9 of our Targeted Foundational Supports Service Scheme [report](#).

- 1.8. Invest in cultural mapping and partner with Aboriginal and Torres Strait Islander Communities to ensure supports are tailored to communities' unique needs.
- 1.9. Are appropriately designed with and delivered for Culturally and Linguistically Diverse (CALD) communities, following data collection, issues mapping and analysis of barriers and needs of people from those communities.
- 1.10. Collect comprehensive data to inform service gaps, including reporting against intersectional characteristics like Aboriginal and Torres Strait Islander, culturally and linguistically diverse, LGBTIQ+SB, gender and age as a minimum standard.
- 1.11. Do not require co-contribution or fees.
- 1.12. Invest in cultural brokers and qualified interpreters to ensure supports are accessible and culturally appropriate.

2. Ensure **General and Targeted Foundational Supports for children with developmental delay or disability, and their families, carers and kin** include the following:<sup>4</sup>

- School-based therapy teams within the natural school setting (without removing the child from the classroom)
- Age-appropriate and flexible respite programs
- Services and Lead Practitioners that are independent
- Community-based family hubs
- Intensive family support
- Peer support groups

3. **Expand the intended outcomes of General Foundational Supports** to reflect the following:<sup>5</sup>

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<sup>4</sup> In line with our early supports for children (age 0-9) with emerging development concerns and disability made in our Targeted Foundational Supports Service Scheme [report](#), see QIDAN's submission on Targeted Foundational Supports Services System (TFSSS), recommendations 9.1 – 9.6.

<sup>5</sup> Current intended outcomes are provided on page 7, of the [General Supports Consultation Paper](#).

**Improved awareness of disability rights for people with disability:** “Improved awareness of rights and the ability to advocate to ensure rights and needs are met, with an understanding that implementing disability rights is an obligation of all members of society.”

**Improved awareness of disability rights for parents, carers, families, and kin:** “Increased awareness of disability rights, combined with a comprehensive understanding that services are accountable for respecting those rights.”

**Improved awareness of disability rights for organisations, groups, and non-government entities:** “Increased awareness of disability rights and organisational obligation and accountability for ensuring they are upheld.”

**Sharing stories with consent:** “Access to services that prevent re-traumatisation by not requiring repeated disclosures, with consent.”

**Improved accessibility:** “Access to services that make people feel included and ensure supports are genuinely accessible.”

**Capacity building for leadership:** “Foster leadership within communities to ensure the disability sector is led by people with disability.”

**Economic participation and financial relief:** “Support increased economic participation and alleviate financial hardship for people with disability and their families, carers, and kin.”

**4. Improve information and referral pathways where supports and services are independent, truly exist and are available.** Information and referral pathways must be independent from service providers to avoid financial conflicts of interest. Where unavoidable, conflicts should be disclosed and reported to an independent monitoring body as soon as possible.

**5. Provide options for service delivery.** Invest in diverse service delivery formats that cater to the unique needs of individuals, their families and communities. Ensure

funding, capacity, and flexibility to address varying communication needs on each occasion. Leverage trusted community sources to enhance service delivery.

- 6. Develop easy-to-access capacity building and peer support** for people with disability and their families, carers and kin. Ensure supports are responsive to people's unique needs, with the flexibility for individuals to opt in and out based on their needs. Provide practical supports that alleviate stress and help families stay together.
- 7. Community capacity building led by people with disability.** Ensure community capacity building is led by people with disability and local communities, drawing on their expertise to increase awareness and enhance community's capacity to support people with disability.



## Introduction

Disability advocacy is a crucial part of the disability ecosystem in Queensland and Australia. As advocates, QIDAN help people with disability speak out and protect their rights, ensuring that our communities are socially just, accessible and inclusive. The benefits of advocacy are immense and are highlighted in the final report of both the Disability Royal Commission (DRC) and the National Disability Insurance Scheme Review (the NDIS Review).

During the 2023-24 financial year, QIDAN assisted 1,579 people with disability with 3,278 issues, delivering a total of 22,624 hours of assistance. The advocacy provided included:

- 39% of advocacy assistance addressed NDIS issues
- 61% of advocacy assistance addressed Mainstream issues
- 20% of people identified physical disability as their primary disability
- 17% of people identified psychosocial disability as their primary disability
- 31% of people were non-NDIS participants
- A total of 561 (or 17%) advocacy assistance were delivered to the age-group 60-80
- 15% of advocacy assistance were delivered to people who identify as Aboriginal and/ or Torres Strait Islander
- 17% of advocacy assistance were delivered to people from a culturally and/ or linguistically diverse background

In addition, during the 2023-24 financial year, our Disability Advocacy Pathways hotline received 988 enquiries from people across Queensland.<sup>6</sup> Further indicators include:

- 69% of issues were mainstream issues (non-NDIS related)
- At least 10% of people identified a risk of, or an experience of, domestic and family violence
- At least 40% of people identified experiencing financial disadvantage

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<sup>6</sup> More information about our Disability Advocacy Pathways is available here:

<https://disabilitypathways.org.au>.

- At least 15% of people identified a risk of, or an experience of, homelessness.

Our views and recommendations provided in this submission reflect our advocacy experience assisting Queenslanders with disability. In drafting this submission, QIDAN held a consultation with advocates, to seek input and feedback on questions included in the consultation paper.

We also note that in June 2024, QIDAN provided advice to the Queensland Government on the development of a disability Targeted Foundational Supports Service System (TFSSS). We believe the recommendations provided in this advice ([TFSSS final report](#)) are directly relevant to the development and implementation of General Foundational Supports. More relevantly, please see **Recommendation 1 and 2**, which reiterate our recommendations in sections 5 and 9 of that report as a response to the additional consultation paper on Foundational Supports for children aged under 9 with developmental concern, delay and/or disability and their families, carers and kin.<sup>7</sup> It is important to note that since we submitted our TFSSS report, the NDIS legislation has changed, which resulted in children's NDIS eligibility being reassessed. The changes have also impacted on the types of supports that are and are not available to children, widening the gap between NDIS supports and mainstream services, increasing the need for Foundational Supports.<sup>8</sup>

QIDAN believe that the effective development and implementation of a “unified disability support ecosystem”, envisioned by the NDIS Review Panel, must consider the essential nature of advocacy services, navigational support, mainstream services, NDIS access and supports, and an update of the Applied Principles and Tables of Support to Determine Responsibilities (APTOS).<sup>9</sup> We acknowledge that more consultation on these points will be undertaken, however, QIDAN has identified these as critical elements to be considered with our advice.

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<sup>7</sup> <https://engage.dss.gov.au/wp-content/uploads/2024/10/Foundational-Supports-Consultation-Paper.pdf>

<sup>8</sup> QIDAN provided a submission in response to the consultation open at the time the legislation was introduced ([link](#)).

<sup>9</sup> Working together to deliver the NDIS. NDIS Review: Final Report, relevantly Action 1.5, Recommendation 2, Action 2.6, Recommendation 4 and Action 4.1.

## Response to consultation paper questions

We have addressed the relevant questions from the consultation paper based on QIDAN's expertise and experience, as outlined below.

### **A. Is the broad focus and scope of information, advice and capacity building supports aligned to what you would expect? Are there any gaps?**

Assistance to find and access disability-specific services should be available to all people with disability regardless of their age. The NDIS Review noted that people aged over 65 will likely benefit from foundational supports such as information and advice, however the scope of the consultation paper excludes people over 65.

The provision of General Foundational Supports should be available beyond the age of 65, given that age related supports can be different from disability related supports. Not providing trusted information about disability, rights and services to empower people with disability over the age of 65 is discriminatory. A current practical example of the intersectionality between age related needs and disability needs is ADA Link which is a care finder service that provides individual support to seniors experiencing vulnerability to access care and services in the community.<sup>10</sup>

Furthermore, we reiterate our recommendations regarding service quality and service delivery of Foundational Supports that were provided to the Queensland Government, as per **Recommendation 1**.<sup>11</sup>

### **B. Are the intended outcomes the right ones? Are there any gaps? How would you measure them or like to see progress and improvements measured?**

QIDAN advocates generally support the intended outcomes of the General Foundational Supports, however the feedback indicates that these outcomes are too generic and should be more specific with tangible outcomes.<sup>12</sup> Recommendations for improvement are

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<sup>10</sup> <https://adaaustralia.com.au/care-finder/>

<sup>11</sup> [QIDAN's submission on Targeted Foundational Supports Services System \(TFSSS\)](#), recommendations 5.1.1 to 5.1.10 and 5.2.1 to 5.2.8.

<sup>12</sup> General Supports consultation paper, page 7.

outlined in **Recommendation 3**.

Improved awareness of the rights of people with disability was identified by advocates as a crucial outcome, requiring investments at the grassroots level. Existing community hubs such as schools, neighbourhood centres, libraries and health care networks should be leveraged to promote the rights of people with disability. However, advocates stress that awareness efforts must go beyond typical methods such as delivering workshops, distributing flyers, QR codes with information and petitions. Awareness must be accompanied by practical actions and tangible outcomes that people experience in their daily lives, such as information in formats that meet accessibility requirements. People with disability have reported to us they frequently receive information about their rights, but they feel discouraged when these rights are not upheld in everyday situations, leading to a sense of disillusionment and lack of trust in their ability to exercise those rights.

Therefore, we recommend that the intended outcome of “increased and improved awareness of rights” is extended to reflect meaningful and genuine inclusion in a society that upholds and is held accountable for respecting the rights of people with disability. Advocates also highlighted the importance of preventing re-traumatisation as an intended outcome. In QIDAN’s experience, people with disability would benefit from integrated, holistic supports where, with consent, their stories can be saved and shared between relevant services to prevent repetitive retelling and the associated trauma.<sup>13</sup>

Ensuring accessibility is another key outcome identified by advocates, not only for organisations but also for people with disability, their families, carers and kin. Article 9 of the CRPD requires equal access to information, communication and other services for people with disability. Recent amendments to the Queensland *Anti-Discrimination Act (1991)* now impose a positive duty to prevent discrimination. It is crucial that disability advocates, community legal services and the Queensland Human Rights Commission are resourced to promote compliance with these duties, so the responsibility does not fall solely on people with disability. The effectiveness of this outcome can be measured by

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<sup>13</sup> Please see the example of “[Domestic and family violence information sharing guidelines 2023—Practical guidance document](#)”.

collecting information as to whether people with disability felt that the services or supports they engaged with made them feel more included in society and through monitoring by regulatory bodies.

Capacity building for leadership within organisations, groups and non-government entities servicing the community is another crucial outcome. For QIDAN, it is essential that the work in our community is led by people with lived experience. Therefore, General Foundational Supports should focus on developing leaders within community who can offer solutions from an experienced point of view.

QIDAN advocates suggest that increasing economic participation should be an intended outcome for people with disability and their families, carers or kin. Financial and social disadvantage is a reality for many, and support to build resilience, knowledge and skills to engage in work opportunities can alleviate some of the stress. Enhancing employment outcomes for people with disability and their families, carers and kin could be a valuable metric for success.

### **C. Information, advice and referral: What can be done to make finding the right supports easier for people with disability?**

Independent disability advocates are well placed to help people with disability find the right supports without financial conflicts of interest. A core role of independent advocacy is in supporting people with disability and other cohorts made vulnerable, their families, carers and kin to gain the services and supports they require through the provision of specific and accessible information, advice and referrals. QIDAN advocates provide this support daily across Queensland.

Given advocates extensive involvement in the sector as well as their expertise navigating complex systems, they can assist build individual's confidence, resilience, and self-advocacy skills, while providing valuable resources, information, advice and referrals. In many instances, advocates are engaged to assist people with disability with a particular issue, such as NDIS-related matters, but their involvement extends to identifying other needs, such as carer burnout, and connecting individuals to relevant services like Carers

Gateway.

Independent advocacy is also well placed to deliver information, advice and referrals as advocates typically have no financial stakes that could compromise their judgement or actions when assisting people with disability, minimising advocates conflicts of interest. Government systems currently in place to assist with provision of information and advice, like the Local Area Coordinators (LACs), often refer people with disability to QIDAN organisations. This reflects that advocacy is a trusted source of independent support, free from conflict of interest and experienced in supporting and empowering the diverse needs of people with disability.

Unfortunately, in some cases, providers make referrals that serve their own financial interests. This highlights the need for General Foundational Supports that are independent from fee-for-service services, ensuring that people with disability can access genuine supports free from private interests. Where conflicts of interest are unavoidable, QIDAN recommends that these should be disclosed and reported to an independent monitoring body as soon as possible.

Advocates also raised concerns about the risk of linking people with information or referrals with services or supports that are either unavailable, have no capacity, are inappropriate for their needs, or that they cannot afford or are not eligible for. General Foundational Supports must ensure that referrals are meaningful and consider the capacity of services to meet the needs of people with disability. Given the current limited availability of services, we recommend ongoing mapping of disability supports to enhance the efficiency and sustainability of General Foundational Supports.

Access to information should be flexible, allowing people with disability to choose how they want to communicate and receive information. In our experience, people are currently offered limited options online or via telephone, with few face-to-face alternatives.

Communication needs can vary widely, and it's crucial to ask individuals and their families about preferred formats, ensuring that funding is available to meet those needs. This requires a great investment in technology and people. It is important that there are no assumptions that everyone has access to email or the skills to use it effectively. For people

with disability in regional, remote and rural areas service delivery models must account for limited or no access to technology. A closer assessment of unique community needs is required to identify effective communication formats and language. This may include an assertive outreach model or approach to ensure isolated cohorts have equal access to information.

Existing community connections and trusted services can be a valuable channel for delivering information, advice and referral, especially in areas where other forms of communication may not reach the community effectively.

In summary, all people with disability should be able to easily access and understand information that is relevant to them. This means that all data and reporting mechanisms across the disability ecosystem must begin collecting, reporting and publishing against intersectional characteristics including Aboriginal and Torres Strait Island, culturally and linguistically diverse, LGBTIQ+SB, gender and age as a minimum standard.

Please see **Recommendations 1.10, 4 and 5** on this point.

### **Information, advice and referral in practice**

The below is a real example of information, advice and referral being delivered by QIDAN member, ADA Australia, which reflects what General Foundational Supports may look like in practice.

#### **Background**

In 2024, ADA Australia's (ADA) disability advocacy service experienced a large increase in the number of requests by people with disability for support to access funding, services and supports, namely, the NDIS. It was recognised that some people requesting support had potential capacity to progress this independently on some level with just some targeted information, referral and guidance rather than requiring more intensive one on one, individual advocacy support.

#### **What it looked like**

ADA commenced provision of monthly clinics in various locations within Southeast

Queensland specifically to provide information and advice and build capacity of people with disability and their families to understand and navigate the processes to access the NDIS.

### **Who was involved and how it was delivered**

Clinic attendees spend up to 1.5 hours with an advocate to discuss and identify their needs and goals, make a plan to reach these goals and then gain accessible and targeted information and resources on how to take the next steps in the process. The information provided is accessible and targeted to specific needs. Supports such as downloading forms, visiting websites and making calls to services also occur during the clinic appointments.

For some attendees the initial session is enough to enable them to complete the process independently. Other attendees have re-attended clinic in subsequent months as they are supported to progress along a stepped process. Pace and frequency of clinic support is guided by the person with disability. Those who require more intensive support are transferred to individual advocacy.

### **Tom's story\***

- Tom attended an ADA advocacy clinic at Southport Community Centre in November 2024. Tom is on the Disability Support Pension (DSP), has mobility issues, arthritis and diverticulitis. He reported that his mobility and pain issues are getting worse.
- Tom is also the carer for his elderly mother who has Parkinsons disease, assisting with tasks such as shopping and cooking. However, his mobility issues are impacting on his ability to continue this support. Tom's mother does have access to some supports via a Home Care Package level 1 but these are now inadequate.
- During the clinic session Tom was provided with information regarding how to access the NDIS and what evidence would be required. Advocates discussed which health professionals Tom has contact with and which ones could be



approached to provide evidence. This included brainstorming what other supports or past records Tom could access for these reports given the long wait times for some specialist appointments.

- Tom was provided with application forms, resources, a tasks list to complete and information regarding a local pain clinic. Tom was also provided with information and referrals to assist with his mother's care such as Carer's Gateway, Wellways, Meals on Wheels and aged care advocacy to support his mother to apply for a higher package.
- Tom has booked himself into the February 2025 clinic to progress this process.

#### **Janice's story\***

- Janice, mother of two young children, all 3 living with the same genetic condition, attended ADA's Logan clinic for NDIS access support. During the clinic Janice reported that she had decided to move her family to Townsville.
- During the clinic appointment, the advocate was able to provide resources and assist Janice to make linking calls to support services such as Early Childhood Early Intervention (ECEI) partners in the Community for her children. Janice was also linked to the Local Area Coordinator Partner in the Community (LAC PITC) to book in her Community Connections and Access meeting for when she arrived in Townsville.
- The advocate was able to provide face to face document completion support and next steps to Janice so that she had the language and skills to ask her medical professionals for evidence of function and treatments. The advocate also provided NDIS access forms for Janice to get signed off by her GP as well as supported her to go through the list of functional impairments that she experienced with her activities of daily living. The advocate emailed a copy of the carers impact statement template provided by the Assessment and Referral Team (ART) for Janice and her husband to complete together to

assist the applications.

- Janice was supported to contact the relevant organisations in her new locality to allow continuation of support rather than having to go without supports on relocation.

\*Names have been changed

#### **D. What type of supports are needed to help people with disability, their families, carers and kin build their capacity building?**

QIDAN advocates discussed the types of capacity building supports that can assist people with disability and their families, carers and kin to increase their capability to support people with disability. This is reflected in **Recommendation 6**.

Capacity building supports should be community-based, easy to access, and peer-driven, with opportunities for engagement with trained professionals. It's essential to collect data to better understand community needs and eliminate wait times, reducing the need for crisis interventions. Supports should foster a sense of belonging and disability pride within community. Practical assistance, including financial, emotional, and educational support, should be available in a timely manner, extending beyond typical business hours to accommodate communities.

In QIDAN's experience, accessing practical and capacity building community services can be difficult given the waiting times associated with that service.<sup>14</sup> We have heard that parents, carers and kin often reach out when they are at breaking point, but by the time the service has capacity to assist them, the assistance is no longer needed.

The previous Commonwealth Carer Respite and Carelink Services (CCRC) functioned well in some regions.<sup>15</sup> The CCRC provided essential services, such as information and advice to carers, practical support like access to household items for families in need and a "brokerage agreement" for short-term emergency support. Additionally, it facilitated

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<sup>14</sup> <https://www.carergateway.gov.au/>

<sup>15</sup> <https://www.qld.gov.au/community/women/support-for-women/find-a-support-service/view?title=Commonwealth%20Carer%20Respite%20and%20Carelink%20Services>

support and peer groups, many of which were in-person, a model that is increasingly rare as most groups have moved online. Workers would travel to meet carers in person and operated an on-call support after hours. While this approach may not suit all families, it was invaluable for those who required assistance navigating barriers and provides an opportunity for General Foundational Supports to learn from.

Other local community capacity building that our advocates have identified that are effective but limited by funding and capacity include:

- Inala Wangarra: First Nations community-controlled organisation that provide support to access social, health and human services.<sup>16</sup>
- Mackay All Abilities: provide childcare program and a community aids and equipment library.<sup>17</sup>
- Live Well Logan: have low cost and free activities for all community members but the numbers are limited, and registration is not always available.<sup>18</sup>
- Art from the Margins: provide weekly workshops and a variety of specialised workshops focusing on skills development, professional development and artist support.<sup>19</sup>
- Open Doors Youth Service: hold weekly social groups for LGBTIG+SB young people to provide a safe space to make connections, build support networks and develop a sense of belonging.<sup>20</sup>

### **Capacity building and peer support for individuals and families in practice**

The below is a real example of capacity building for individuals and families being delivered by QIDAN member, AMPARO Advocacy, which reflects what General Foundational Supports may look like in practice.

<sup>16</sup> <https://inalawangarra.com.au/>

<sup>17</sup> <https://www.allabilitiesmackay.org.au/>

<sup>18</sup> [https://lcc-consult.objective.com/public/community\\_services\\_1/community\\_libraries\\_cultural\\_services/community\\_services/live\\_well\\_logan/lwlp](https://lcc-consult.objective.com/public/community_services_1/community_libraries_cultural_services/community_services/live_well_logan/lwlp)

<sup>19</sup> <https://magsq.com.au/museum-gallery/art-from-the-margins/>

<sup>20</sup> <https://www.opendoors.net.au/what-we-do/>

## **Background**

AMPARO recognised there was an under representation of program referrals from the Somali community given the size of this community in Brisbane. The Somali community is a very organised and supportive community due to their leadership. Over the course of a few meetings, the Information Linkages and Capacity Building (ILC) project coordinator established a trusting relationship with the Somali leader. Additionally, one of the ILC Multicultural Engagement workers (MEW) had previously provided effective support to a community member with disability, that had been referred to AMPARO by the community's leader.

## **Who was involved**

The community leader recommended the project coordinator, and the Multicultural Engagement Workers (MEW) to facilitate a community information session for people identified as living with disability and their families. It was also recommended that a community member, who is highly trusted, provided language support on the day. AMPARO suggested that having a person with disability from the African community, share their story of living a better life after receiving support from AMPARO, may go some way in reducing the stigma of disclosing disability in the Somali community.

The community leader contacted the people who he thought would benefit from attending and AMPARO provided a translated flyer in Somali to be distributed by the leader. He organized transport for anyone who required it.

## **What it looked like**

Approximately 15 people, including those living with disability and their support person/family members, attended the information session at the community hall one Saturday morning. The session began with an African man sharing his story which was interpreted into Somali. The MEW gave examples of the type of support she could provide for those living with disability. The community members were highly engaged and asked relevant questions of both the person with lived experience and

the MEW.

### **Outcomes**

Following the community information session, AMPARO received a referral for a family with 5 children including young adults living with disability. The MEW was able to effectively work with this family, with all children and young people with disability experiencing many positive outcomes, including successfully accessing the NDIS, receiving increased levels of support through NDIS reviews and supporting access to NDIS services, allied health services and other supports.

Through this event, AMPARO was able to develop a stronger relationship with the broader Somali community, based on mutual trust and respect. As a result, there has been a significant increase in the number of referrals from Somali community members. The ILC project has made a difference in destigmatising disability in this community and will continue to work with the community and individuals to build their capacity.

### **E. What could help to improve the capacity building of communities?**

Recommendations to improve community services to be more inclusive, accessible and welcoming for people with disability are made in **Recommendation 7**.

In QIDAN's experience, community-based activities that are open to everyone are the best way to build community and individual capacity, and to promote inclusion. These environments offer natural opportunities for exchanging experiences, preventing the separation of the "disabled world" from the rest of the society.

Communities hold valuable knowledge to improve awareness of disability rights. Funding should focus on community-driven inclusion and awareness, investing in local knowledge rather than external providers. This is particularly important for Aboriginal and Torres Strait Islander communities, in instances where online support is inadequate, and diversity must be considered when interpreting and presenting information. Communities must be supported to keep the local culture and language alive and taught to the next generation.

## **Community capacity building in practice**

The below is a real example of community capacity building being delivered by QIDAN member, Queensland Advocacy for Inclusion (QAI), which reflects what General Foundational Supports may look like in practice.

### **Background**

QAI received funding to provide disability discrimination advice and assistance to people affected by the 2022 Queensland floods, and who were still dealing with the related impacts. QAI created the Natural Disaster Disability Advocacy program and held a couple of disaster resilience events to assist people with disability in preparing for future floods or climate change related disasters.

### **What it looked like**

The short-term program was designed to assist Queenslanders with disability who had been affected by the floods in early 2022. The program had two core components:

- to provide disability discrimination advice and assistance to people affected by the floods, and
- to assist people with disability to develop inclusive emergency response plans with their landlords to ensure no one is left behind in any future disasters

Given the likelihood of climate related disasters happening more frequently, this type of program should be funded long-term and as preventative measures, rather than short-term and in response to disasters that already happened.

### **Who was involved and how it was delivered**

QAI contacted more than 35 organisations, distributed flyers with information about the program. Stakeholders' meetings included local advocacy organisations, community legal centres, neighbourhood centres and Tenants QLD.

QAI attended a total of seven events in various locations across Queensland, as follows:

- Disaster preparedness – hosted by QCOSS (20 attendees)

- Inclusive Disaster Resilience Event – hosted by QDN (30 attendees)
- National Disaster Network Meeting - CLC's Australia (15 attendees)
- Lockyer Valley Service Providers' Interagency (30 attendees)
- Disability Sector High Risk Weather Season Preparedness Briefing (100+ attendees)
- Lockyer Youth Agency Network – hosted by Lockyer Valley Council (20 attendees)
- National Disaster Resilience Network – hosted by CLC's Australia (20 attendees)

The events offered information and education on the discriminatory impacts climate related disasters have on people with disability. That included:

- Safe and accessible housing and servicing
- Emergency plans and disaster kit packing
- Connecting to support and services after an event

### **Advice to clients**

In addition to the community events, QAI also reached out to existing clients to provide information and advice about their rights in situations of climate related disasters.

## **Conclusion**

QIDAN would like to thank the Department of Social Service and The Social Deck for the opportunity to collaborate with the advocacy sector in Queensland in shaping the development of General Foundational Supports, including General and Targeted Foundational Supports for children with developmental delay or disability, and their families, carers and kin. We are happy to provide further information or clarification of any of the aspects covered in this report upon request.

We look forward to seeing QIDAN's recommendations embedded in the design and framework of disability foundational supports.