



SUBMISSION TO DISCUSSION PAPER

IMPROVING THE DELIVERY OF ADVOCACY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

The United Nations Declaration on the Rights of Indigenous Peoples sets out principles and standards that are about guaranteeing our full, free and effective participation in all aspects of public life, and our right to participate in government decision-making.

'If we think we are fragile and broken, we will live a fragile, broken life. If we believe we are strong and wise, we will live with enthusiasm and courage. The way we name ourselves, colours the way we live. Who we are is in our own eyes. We must be careful how we name ourselves.'

- Wayne Muller

About Queensland Advocacy Incorporated

Queensland Advocacy Incorporated (QAI) is an independent, community-based systems and individual advocacy organisation and a community legal service for people with disability. Our mission is to promote, protect and defend, through systems and individual advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland.

QAI has an exemplary track record of effective systems advocacy, with thirty years' experience advocating for systems change, through campaigns directed to attitudinal, law and policy reform and by supporting the development of a range of advocacy initiatives in this state.

We have provided, for almost a decade, highly in-demand individual advocacy through our three individual advocacy services – the Human Rights Legal Service, the Mental Health Legal Service and the Justice Support Program. Our expertise in providing legal and advocacy services and support for individuals within these programs has provided us with a wealth of knowledge and understanding about the challenges, issues, needs and concerns of individuals who are the focus of this inquiry.

QAI deems that all humans are equally important, unique and of intrinsic value and that all people should be seen and valued, first and foremost, as a whole person. Further, QAI believes that all communities should embrace difference and diversity, rather than aspiring to an ideal of uniformity of appearance and behaviour. Central to this, and consistent with our core values and beliefs, QAI will not perpetuate use of language that stereotypes or makes projections based on a particular feature or attribute of a person or detracts from the worth and status of a person with disability. We consider that the use of appropriate language and discourse is fundamental to protecting the rights and dignity, and elevating the status, of people with disability.

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Introduction

QAI advises DSS to engage directly to Aboriginal and Torres Strait Islander advocacy groups, such as the First Peoples' Disability Network, as well as other representative organisations, promptly. QAI also recommends direct dialogue, if possible, between an Aboriginal or Torres Strait Islander-identifying DSS employee and Aboriginal and Torres Strait Islander groups and communities. No matter who is responsible, face-to-face engagement with Aboriginal and Torres Strait Islander community elders must be a key strategy to establish a relationship of trust.

Advocacy organisations that work with Aboriginal and Torres Strait Islander people with disability will need funding to recruit staff who identify as Aboriginal or Torres Strait Islander. Recruitment of Aboriginal and Torres Strait Islander people is particularly important in regional and Far North Queensland, where Aboriginal and Torres Strait Islander people are often located in discrete communities.

1. Recommended Strategies

- An effective Aboriginal and Torres Strait Islander advocate will become a valued and credible part of Aboriginal and Torres Strait Islander communities. This will take time and any attempts to hasten this will be fraught with failure.
- In a spirit of collaboration, advocacy services will need to outreach to Local Indigenous Councils, Traditional Owners and Custodians and non-government services such as local Aboriginal Medical Services.
- In remote or regional areas, a local Aboriginal or Torres Strait Islander liaison or advocate can connect Aboriginal people with disability with legal advocacy services, and individual advocacy organisations who can assist them with their social issues or concerns.
- The credibility of indigenous advocates comes through word-of-mouth, kinship relationships and shared stories more than through qualifications or experiences with non-Aboriginal and Torres Strait Islander people, groups and institutions.
- Natural barriers like geography, distance and floods (some communities are inaccessible by road for up to six months in the wet season) compound with low population density, limited infrastructure, and recruitment challenges to increase the cost of services to rural and remote localities.
- Funding will be critical. Without funding where it is needed, these strategies will overstretch remaining services.
- It is idea to support increased awareness and training in disability needs that are specific to Aboriginal and Torres Strait Islander people and communities, but not all advocacy organisations have the means to develop specialised knowledge.
- It is a lack of advocacy availability that fails people – not a notion that everyone can deliver all types of advocacy. This is particularly true for large decentralised states such as Queensland. Any notion that individual advocacy organisations can deliver a

wide range of models of advocacy across a large geographical area without a significant funding increase will result in poor quality 'checklist' style advocacy that does not stay the distance with the issues confronting vulnerable people with disability. Furthermore this will erode the trust between people with disability and advocates and potentially expose them to further vulnerabilities, and it is likely that they would be referred to other agencies

- However Aboriginal and Torres Strait Islander advocacy is provided, Aboriginal and Torres Strait Islander advocates and advocacy organisations must be linked with systems advocacy organisations so that individual experiences and concerns can inform campaigns and action for broader change.

2. Key Practices

Quick Facts

- In metropolitan *and* in rural and remote areas, disability advocacy is underutilised by Aboriginal and Torres Strait Islander people.
- Many Indigenous languages do not have a specific word for disability.
- Many Indigenous people with disability do not identify as such.¹
- Funded disability support services have an uneven footprint in rural and remote Queensland.
- LAC support often goes to people who do not have formal support.

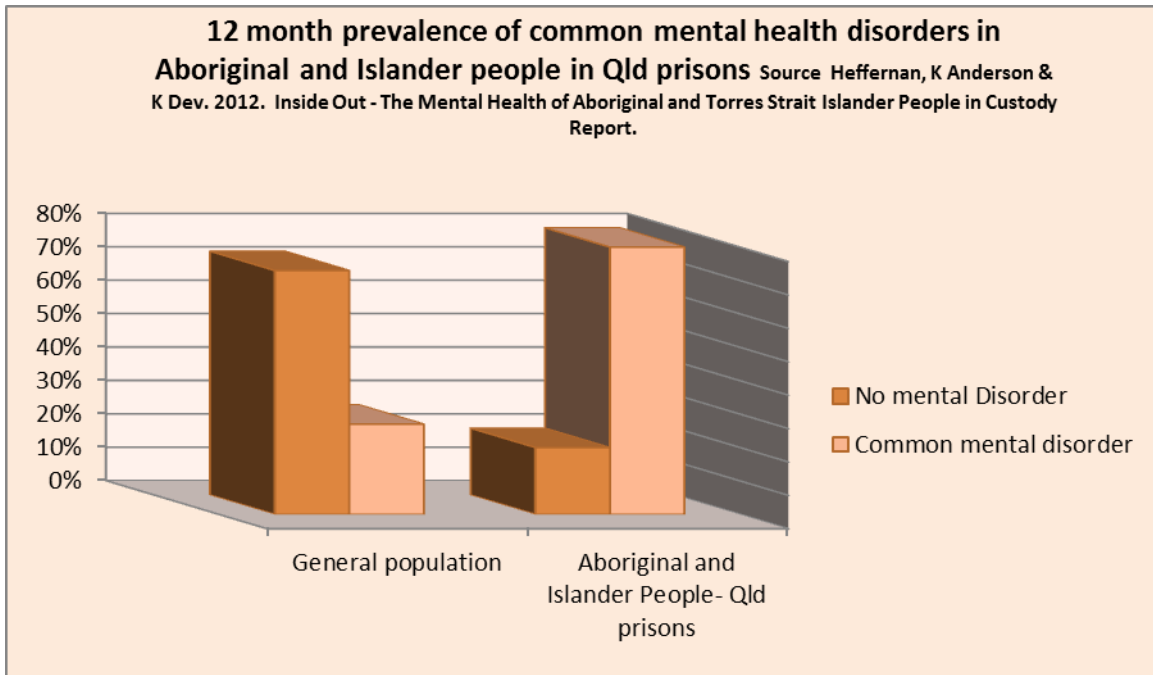
Key elements of effective practice in individual advocacy for Aboriginal and Torres Strait Islander peoples include:

- building partnership approaches and encouraging collaboration between advocacy services and Aboriginal and Torres Strait Islander organisations
- developing trusting relationships
- establishing mechanisms to involve Elders or community leaders in governance and decision-making
- recognising and respecting cultural differences in approaches to doing things and using practices and funding models that accommodate the complexities of dealing with cultural differences and/or multiple and complex disadvantages
- raising awareness of Aboriginal worldviews.
- the focus must be on the human rights of the person with disability and their individual needs, rather than a generic or uniform approach.

3. Aboriginal and Torres Strait Islander people and the Criminal Justice System

It is a well-established fact that people with disability and Aboriginal and Torres Strait Islander people are overrepresented in the criminal justice system. Many prisoners belong to both groups and many believe that identification with disability as opposed to Aboriginal identification is not in their interest. In prison, for example, disability identification can result in segregation.

A 2012 Queensland study by Queensland's Forensic Mental Health Service spoke to all but a few of Queensland's imprisoned Aboriginal and Torres Strait Islander people, in nine prisons, and revealed that a staggering 72.8 percent of Aboriginal and Torres Strait Islander men and 86.1 percent of Aboriginal and Torres Strait Islander women had at least one mental health episode in the preceding twelve months, against a 20 percent rate in the general community.¹ The remand sample was even higher - 84.4 percent compared with 70.4 percent overall. The graphs below show the respective 12 month prevalence of anxiety, psychotic, depressive and substance misuse disorders experienced by the general population and by Queensland Indigenous prisoners.²



4. Additional Pressures in Queensland

The decision to direct state government funding for independent advocacy to the NDIS is likely to have serious unintended consequences, particularly given that the Commonwealth government has shown no intention of making up this serious shortfall in advocacy funding here in Queensland. A number of wholly and partly state-funded advocacy services will have to cease operation in 2019. It is unlikely that these agencies will find funding from other

¹ Queensland Forensic Mental Health Service. 2013.

² E Heffernan, K Andersen, A Dev, S Kinner. 2012. 'Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons'. *Medical Journal of Australia*. 197(1):37-41.

government sources, and private philanthropy does not offer the kind of consistent and recurrent funding that disability advocacy needs.

These services may have to shut down or reduce activities when the NDIS fully rolls out here in Queensland, leaving hundreds without a voice through which they can express their most basic needs and rights. Many of these will be Aboriginal and Torres Strait Islander people in cities, and in rural and remote communities. It bears noting that access to disability advocacy remains an issue not only in rural and remote areas but also within metropolitan areas.

5. QAI Responses to ‘Next Step Questions’

6.1 Of the possible strategies provided, what do you consider to be the most important?

Strategy #3 ‘Aboriginal and Torres Strait Islander – run NDAP agencies and Strategy #2 ‘Population-based Identified Positions’ are the only ones consistent with QAI’s not-negotiable ingredients for Aboriginal and Torres Strait Islander disability advocacy. It is not absolutely necessary, in our view, to have Aboriginal and Torres Strait Islander-only services, because that model would be cost-prohibitive if applied equitably across the country, but it is necessary to have Aboriginal and Torres Strait Islander advocates. The history of colonization and dispossession underpins a profound mistrust of non-indigenous motives, and individual disability advocacy requires high levels of trust for it to work effectively.

6.2 Do you consider the possible strategies to be feasible? Can you identify any problems?

#1 Cultural competence is a necessary but not a sufficient strategy. Cultural competence, and Reconciliation Action Plans, no matter how well-implemented, can still be tokenistic, and will not be enough to encourage all potential Aboriginal and Torres Strait Islander clients through the doors of an advocacy agency.

#4 Separate approaches for Central Australia and the Top End are likewise necessary but not sufficient. A glance at the map supplied confirms the fact that the majority of Aboriginal and Torres Strait Islander people are urbanizing, living in coastal metropolitan areas where those strategies will not reach.

#5 ‘Human Rights Literacy’ is a long term project that will have little impact in meeting urgent Aboriginal and Torres Strait Islander needs. As we note above, many Indigenous languages do not have a specific word for disability, and many Indigenous people with disability do not identify as such. Human rights education is far down the list of urgently needed strategies, particularly as cultural competence of non-Aboriginal and Torres Strait Islander services is generally so low.

#6 ‘Aboriginal and Torres Strait Islander Coordinator/Liaison Officer’ is a sound strategy, but again, not one that will have much immediate impact in meeting the support, referral, and capacity needs of Aboriginal and Torres Strait Islander people on the ground.

6.3 Are there important strategies or options we have missed when it comes to providing advocacy to Aboriginal and Torres Strait Islander people with disability and the families and communities?

QAI recommends direct engagement, if possible, between an Aboriginal or Torres Strait Islander-identifying DSS employee and Aboriginal and Torres Strait Islander groups and communities. No matter who is responsible, face-to-face engagement with Aboriginal and Torres Strait Islander community elders must be a key strategy to establish a relationship of trust, and those relationships, and that trust must happen at the highest levels as the grassroots.

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