

Community Links Project

Report

Community Links Project

MDAA

October 2005 – June 2006

By

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Linking with communities...

from **Africa, the Indian Subcontinent and Latin America**

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1. Community Links Project Chart

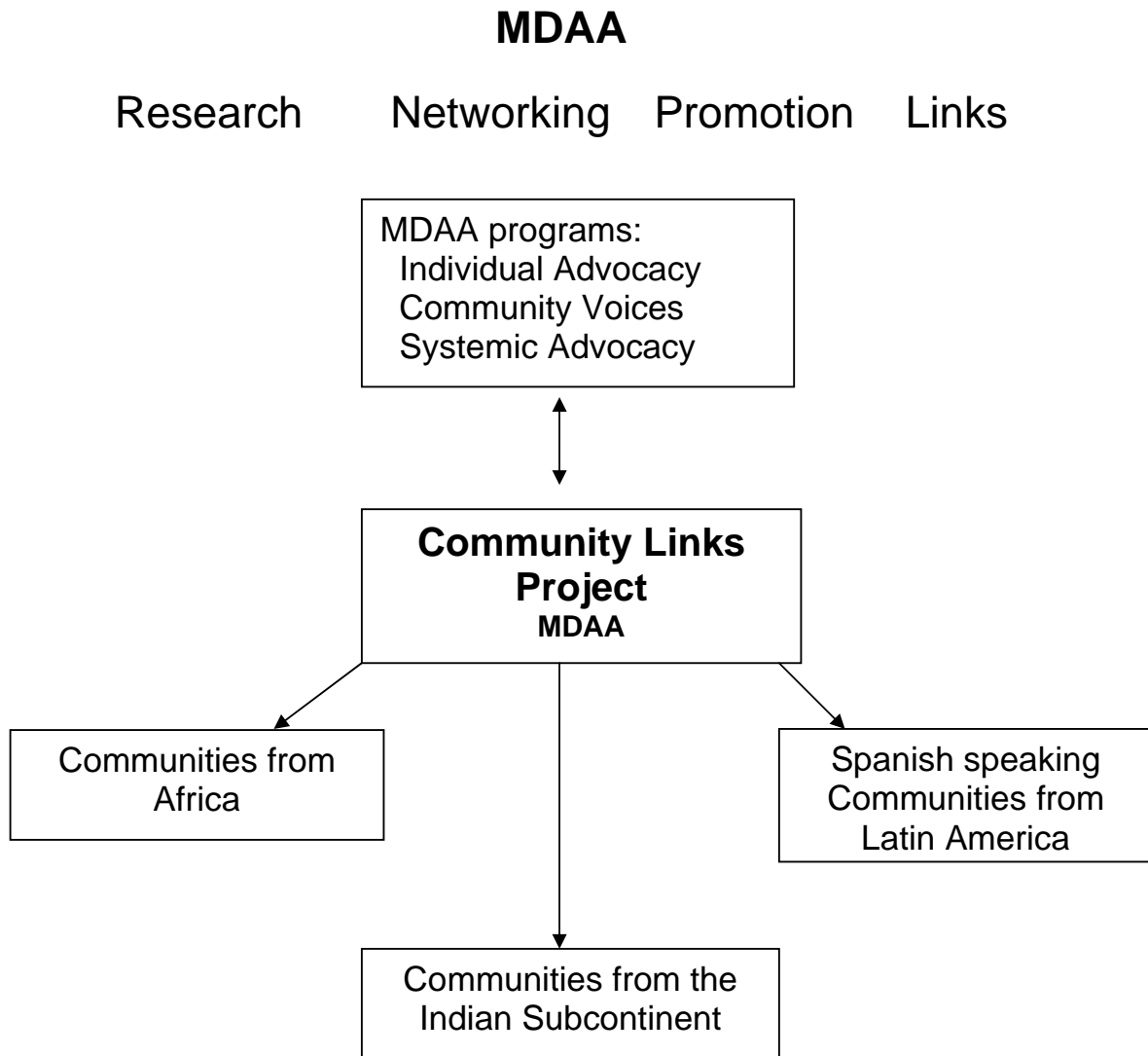


Chart: Outline, Community Links Project, MDA

2. Background information

Note: Please bear in mind, that this report is based on the work done in a period of less than 9 months' time on a 28 hours per week schedule. It was only enough time to work with a few communities from the target groups. As a result you'll find some of the communities from those three target groups have not been mentioned in the report.

In 2003 MDAA's demographic information about consumers indicated clearly that African, Indian Subcontinent and Spanish speaking Latin American communities were under-represented and that MDAA needed to establish more effective contact with those communities. As a result, in 2004 MDAA employed three ethnic community liaison workers (ECLW) for 14 hours a week for three months to establish links with those three communities. The ECLW identified and developed a list of relevant organisations, groups and individuals within each community; provided information to the communities to increase awareness about disability and the services available to people with disability and their families; promoted MDAA's work and services; referred individuals to MDAA's individual advocacy and other services where appropriate; and developed an action plan for MDAA to progress disability issues in each community.

A TAFE student on placement at MDAA in 2004 evaluated the ECLW project and concluded that it had been useful for each of the three communities, particularly the African community. The report recommended that MDAA continue the ECLW project or employ a full-time community links worker to consolidate the links made to communities from Africa, Latin America and the Indian Subcontinent by implementing the action plans developed by the ECLW project.

MDAA decided to employ a community links project worker for 28 hours a week for 9 months (October 2005 to June 2006).

We are aware of the fact that there are at least six hundred million persons with disabilities worldwide, of whom approximately eighty per cent live in developing countries. Source: UN Enable

As I started to read about and research the beliefs and facts about disability it was surprising to find many similarities among the three target groups. Community workers and community members from those groups echoed the traditional beliefs about disability in each of the groups. This confirmed work previously done by MDAA and other organisations and workgroups.

Circumstances in the home countries of the target groups

Poverty, malnutrition, poor or non-existent public health services continue to have a great impact on the lives of people with disability and are the cause of many types of disability. Information and knowledge about disability continues to be limited and discrimination and exclusionary attitudes towards people

with disability are common. Yet there are also important improvements in all these areas in all of the countries in the target group.

“An understanding of the moral and political demands of disability is important not only because it is such a widespread and impairing feature of humanity, but also because the tragic consequences of disability can be substantially overcome with determined societal help and imaginative intervention.”
Amartya Sen, Professor at Harvard University and 1998 Nobel Laureate in economic science.

Attitudes towards people with disability are changing. In Latin America, for example, welfare services, a range of Government subsidised services and disability support pensions are becoming more accessible to people with disability. Enforceable anti-discrimination law, advocacy centres, etc have also been established to protect the rights of people with disability in a number of Spanish speaking countries in Latin America.

The situation is also changing in Bangladesh where, in the past, disability was hidden and pitied and access to employment and education by people with disability was restricted by, among other things, lack of access to public and private buildings and even to footpaths. In 1998 a disability rehabilitation program was implemented under which trained staff provide physiotherapy, counselling, support and advocacy to people with disability. Currently, people with disability are organising to promote their own social, economic and political rights for inclusion in society. The strong voices of people with disability seek to persuade the Government to fulfil their needs and rights. Examples: there is a 1% employment quota for people with disability in the civil service; and 16 people with disability have been elected as representatives in local government.

In India the Persons with Disabilities Act, passed in 1995, has been a major step in integrating people with disability into the Indian mainstream. The Act provides for 3% of places in Government educational institutions and 3% of Government jobs to be reserved for people with disability; protection against discrimination and harassment; opportunity for self-employment; and accessibility for all. The Act embodies the good *intentions* of a welfare state. The implementation of the provisions of the Act in both letter and spirit will be the key to achieving the goal of integration.

“You take nothing for granted if you are disabled. You must fight for everything and only then will people respect you.” Bourama Traore, Mali, West Africa

Today the countries of origin of the members of the target groups are beginning to recognise that people with disability have fundamental human rights to an independent life, equal opportunities and dignity. Nevertheless, a lot remains to be done to eliminate discrimination against and exclusion of people with disability.

Target communities in NSW

African communities

Recently there has been a significant increase in the number of refugees from Africa settling in Australia. African refugees in Australia come mainly from Burundi, Congo, Ethiopia, Eritrea, Liberia, Rwanda, Sierra Leone, Somalia and Sudan. Although there are many common health issues among these groups, they are not homogenous. Language, religion, cultural and health practices vary greatly.

African refugees may suffer from a myriad of mental and physical health issues. Some have been combatants in war; others have been imprisoned and/or tortured because of their role as community leaders, activists or professionals. A small number of boys have been child soldiers or have arrived as unaccompanied minors.

The Department of Immigration and Multicultural Affairs website indicates that the number of refugee visas granted to people from Africa rose from 1,552 in 1998-9 to 8,353 in 2003-4. The top 10 countries of birth for refugee visas granted in 2003-4 include 6 African countries, with people from Sudan topping the list.

People born in Sudan represent one of the fastest growing communities in Australia. The 2001 Census recorded 4,911 people born in Sudan in Australia, an increase of 105% over 1996. In 2001 there were 2,216 Sudan-born persons in NSW (*Appendix-3*) and more have settled in NSW in the past five years. Some Sudanese refugees experience post-traumatic symptoms and mental health problems. Adults may feel disorientated and have an intense need for guidance and support together with access to community services, disability services and respite services.

African community members in the Illawarra include women and children whose husbands and fathers were killed during civil war and conflict in their home countries. (*Profile of African Communities in Illawarra, 2005, Illawarra Multicultural Services*). Many Sudanese women refugees feel isolated and alone.

Spanish speaking Latin American communities

Spanish speaking Latin American communities in New South Wales come from culturally and socially diverse backgrounds. There are 23 countries throughout the world in which Spanish is the official language and migration from these countries to Australia has occurred at different times starting in the early 1960's and continuing to the 1990's. According to the Australian Bureau of Statistics 2001 Census, the total numbers of Spanish speakers in NSW is 49,315. We estimate that there are 8,889 Spanish-speaking people with disability in NSW.

Some of the issues faced by Spanish speakers with disability in NSW are lack of appropriate access to information and respite services; financial issues;

language barriers and difficulties in requesting assistance. (Source: Report, Disability Council of NSW and NSW Ombudsman)

Indian Subcontinent communities

India is often referred to as a 'sub-continent' because of the enormous diversity of languages, cultures and religions. Hindi is the national language and first language of 30% of the people. Other official languages include: Bengali, Telugu, Marathi, Tamil, Urdu, Gujarati, Malayalam, Kannada, Oriya, Punjabi, Assamese, Kashmiri, Sindhi, Sanskrit, Hindustani.

Religion plays a very important part in Indian life, with deep historical roots. Hinduism, the oldest of the world's religions, originated in India. Most people practise Hinduism, with Islam a distant second. In 1991, 82% of Indians were Hindus. Other religions practised in India include Islam, Christianity, Zoroastrianism and Sikhism.

Migration from the Indian subcontinent to Australia began in the early 1800s, with the first group of free settlers arriving in Sydney in 1816. From 1860 an increasing number of people arrived, with agricultural workers, mainly Sikhs and Muslims from the Punjab, settling in small rural areas including the north coast of NSW. Permanent Sikh and Muslim communities have been long established in that area. Indian migration stopped with the passage of the Immigration Restriction Act in 1901, when the Indian population was about 800. Significant Anglo-Indian migration to Australia started again in the late 1940s, following the establishment of the two states of India and Pakistan. By the end of WW II, the Indian population in Australia stood at approximately 8,000.

The 1950s and 1960s saw the migration of professionals like engineers, doctors and medical specialists from India, including Anglo-Indians. The early 1980s saw an influx of experienced, well-qualified professionals in medical, computer, finance, engineering and agricultural fields.

There is also a significant Fijian-Indian community in Australia.

Pakistani community

Pakistanis first migrated to Australia in the 1860s and some (from Baluchistan province) were identified as 'Afghans'. Migrants worked as camel drivers, trainers and breeders, wool, water and mail carriers, and itinerant hawkers and traders.

The Australian population of people born in Pakistan has increased from 8,354 (1996) to 11,920 (2001 Census), an increase of 43% from the 1996 Census. In 2001 more Pakistani community members were living in NSW (6,650) than in other states.

Migrants who have arrived in the past 30 years are educated, professional people and the most common languages spoken at home in 2001 were Urdu, English and Persian.

Afghan community

The first Afghans arrived in Australia in 1859 to drive camels for the Burke and Wills expedition from Melbourne to Cape York. More arrived over the next 40 years and provided camel-train transport throughout central Australia. Their numbers dwindled after the introduction of the white Australia policy in 1901.

The second wave of Afghan migration began in the 1980s, when many people, including educated professional people, fled the civil war and sought asylum in Australia. This increased after the Taliban militia came to power in 1996.

Refugees from Afghanistan often experience depression, isolation and fear because of the persecution and torture they experienced before arriving in Australia. People with disability and their families who come from Afghanistan to Australia are likely to have limited knowledge and awareness of the types of disability services available and many, because of the trauma they may have endured, are cautious and apprehensive about using any government or government funded services (*Appendix-1*).

Bangladeshi community

The Bangladeshi community are relatively new migrants to Australia. The majority arrived under the skilled migration category and then settled in the urban areas of NSW. The Bangla speaking community represents one of the 30 fastest growing communities in Australia. Bangladesh is sixth among the fastest growing overseas birthplace groups in NSW. The 2001 Census indicated an increase of almost 100% over the 1996 Census (*Appendix -2*).

Sri Lankan community

The first Sri Lankan migrants arrived in Australia in the late 19th century to work on canefields in Queensland. Following independence in 1948 the minority Tamil and Burgher groups felt threatened and began to leave the country. More migrants arrived after increasing conflict between the majority Sinhalese and minority Tamils in the 1990s and subsequently. The 2001 Census recorded 53,610 Sri Lankan born people living in Australia, with 16,910 living in NSW.

3. Aims and objectives

Aim: The Community Links Project aimed to increase MDAA's links with communities from Africa, the Indian Subcontinent and Spanish speaking Latin America to raise awareness within these communities about disability and the service available in NSW.

Objectives:

- To raise awareness and enhance knowledge about disability among communities from Africa, the Indian Subcontinent and Spanish speaking Latin America living in NSW.
- To help reduce stigma about disability and disability related issues among those communities.
- To work in partnership and consultation with community workers, services and the communities.
- To raise awareness about disability services and resources available to people from those communities
- To inform community members about their rights and how they can achieve them.
- To connect those communities to MDAA advocacy services which can assist people to know their rights and to make informed decisions and choices about matters such as education, jobs, disability services, accommodation and immigration.

4. How did we do it?

A major part of the project involved networking and research. The project involved:

- Facilitating and delivering language specific information sessions about MDAA and other relevant services to communities and community workers from the target areas.
- Providing guest speakers to multicultural interagency meetings.
- Introducing the project to community workers working with the target communities.
- Working collaboratively with individuals and agencies including ethnic community workers from the three target groups; community settlement workers; Migrant Resource Centres; Department of Immigration and Multicultural Affairs (DIMA); Area Health Services; Neighbour Aid Centres; community aid services; Centrelink; multicultural inter-agency networks and Ethnic Communities Liaison Officers.
- Working with language specific media, including SBS and community radio, community newspapers and community newsletters to provide accessible information in the relevant languages.
- Disseminating information about MDAA in relevant community languages to places frequented by members of the target communities, for example, places of worship, shops, restaurants, clubs and community centres.
- Disseminating information through migrant expos, ethno-specific events, fairs, etc.
- Working together with two other MDAA services: Community Voices and Individual Advocacy.

Some Key Issues faced by NESB communities identified by MDAA

1. Anglo-Australian Service Provision: 3 out of 4 people from a NESB with disability in NSW miss out on receiving State or Commonwealth funded

- disability services. Only 1 in 20 are accessing services because of the way these services are delivered: most do not have the capacity to respond to the needs of a culturally diverse community.
2. Lack of Accessible Information: access to information is often the first step towards people participating in the community. Access to information means, in effect, access to opportunities and therefore choice.
 3. Carer / Family 'Burn Out': excessive responsibilities are carried by families and carers from NESB with multiple layers of disadvantage – disability, poverty, disruption to the family as a result of migration, diminished support networks and lack of sufficient and appropriate services. In general, carers from NESB only seek help when they are at crisis point and not before.
 4. Financial Vulnerability: in general, people from NESB rank lower on the socio-economic scale than their Anglo-Australian counterparts. This is often explained by: levels and lack of recognition of educational qualifications; levels and lack of recognition of work skills and experience; English language proficiency.

24.6% of people in Australia are from a non-English speaking background (NESB) (Census 2001). The 2003 Survey of Disability, Ageing and Carers conducted by the Australian Bureau of Statistics (ABS) indicates that almost 20% of Australians have a disability. MDAA assumes that the proportion of people from NESB in the disability population is similar to the proportion in the general population. <http://www.mdAA.org.au/publications/faqs/figures.html>

5. Establishing contacts and networking

The contact list for each of the target groups, produced by MDAA's 2004 ECLW project was very useful to form initial connections. I received several leads from the contacts listed in the ECLW reports. The networking process was helpful in promoting MDAA, enhancing knowledge and sharing experiences and ideas.

Networking is an integral tool for any community development project. Networking with community workers, community settlement workers, community development officers, councils, migrant resource centres, migrant network services, multicultural information centres, community centres, Immigrant Women's Speakout, other NGOs, health care workers, community organisations, Home and Community Care (HACC) services, respite care services, early intervention and ethnic communities' liaison officers, DIMA, Adult Multicultural Educational Services (AMES), and individual advocates and other project workers at MDAA proved invaluable in finding leads and working collaboratively.

Community workers from the three target groups were the key people to develop links with each of the communities. Workers from migrant resource centres, migrant network services, Centrelink, established ethnic organisations such as the Spanish and Latin American Association for Social

Assistance (SLASA), South Asian Workers Association (SEWA) and Area Health Services played a most significant part in meeting the objectives of the project.

The migrant resource centres in south-west Sydney and northern Sydney were the main sources for establishing contact with communities with large numbers of refugees (e.g. African and Afghan communities) and those with a relatively new migration history in Australia (e.g. the Bangladeshi community). The neighbour aid centres; multicultural community centres and established ethnic organisations such as SLASA were helpful for reaching out to communities from Spanish speaking backgrounds. For contacting communities from the Indian Subcontinent, the Ethnic Communities Reference Book was a useful resource. It contained the key contacts for established spiritual, religious & leisure groups and language specific key associations. The Internet was another useful source of information about some community groups not listed in the directory but which meet regularly and for the addresses and contact details of Hindu temples. Contacting places of worship is a useful way of providing information and establishing contact with communities but, unfortunately, there was insufficient time to do this with other target communities. With such a limited timeframe, the project could not use all its networking strategies in relation to each target group.

Contacts were also established with SBS radio as well as community radio for Punjabi and Sudanese Arabic languages. There wasn't enough time to finalise the broadcast but information about MDAA was provided to the relevant contact persons. Dropping in the MDAA brochures in Hindi and English to shops and restaurants from the Indian Subcontinent e.g. India, Pakistan, Bangladesh and Sri Lanka, was also a good way of informing members of those communities. Being from India myself, I made use of my background knowledge and understanding of the cultures of the region to assist in the project work. I was also able to make effective use of some contacts from my previous work, especially from the projects that dealt with the culturally and linguistically diverse communities, and from my personal links with people engaged in community, health or disability services. This in turn helped me establish new networks.

An invitation letter was sent to the community workers representing the three target groups to meet together to brainstorm ideas for passing on information and raising awareness about disability among those communities. For the Spanish speaking Latin American communities, there was a working group (MDWSSC) already established at MDAA, which made it much easier to introduce the idea to the workers from that group.

Meetings with community workers working with African and Afghan communities were conducted together in each of the migrant resource centres I approached. For the Bangladeshi community, independent meetings were conducted with key workers.

Good practice 1: To acquire knowledge about the target ethnic group, their culture, language and background to enable appropriate interaction with the community.

Good practice 2: To organise face-to-face meetings wherever possible with the community workers.

Good practice 3: Research similar work done in the area and, if possible, contact the key people responsible for that work, to avoid repetition and to acquire information.

Good practice 4: To work with the community (“community inclusion”): working in partnership and consultation with community members to address their needs and issues.

Disability is something that stops a person from doing things they want to in their day-to day activities. 1 in 5 will experience one or more types of disability. Many people with disability say that what usually stops them from participating fully in the community is not their disability but...

- *The barriers put up by society and*
- *Negative attitudes of the community*

Source: MDAA

6. Promotion

6.1 Radio

SBS

After consultation with community workers and research on the community profiles in NSW, we realised that SBS radio would be an effective medium for promoting MDAA and raising awareness about disability among the target communities. We used SBS radio to promote the message in different languages.

I found contact details on the internet and successfully established contact with broadcasters for Hindi, Nepalese, Gujarati, Tamil and Bangla radio programs. Radio programs in those languages were broadcast from November 2005 through to March 2006 (appendix –10). The process has also been initiated for airing the information in Punjabi, Sudanese Arabic and Spanish.

The strategy of using SBS radio was particularly successful with the communities from the Indian Subcontinent (Indians, Bangladeshis and Nepalese) residing in NSW. This is evidenced by approximately 10-12 clients accessing MDAA individual advocates in response to those programs in appropriate languages.

Languages spoken in India: India has 18 officially recognised languages - Assamese, Bengali (an official language of West Bengal, now spoken by nearly 200 million people in West Bengal and Bangladesh), Gujarati, Hindi, Kannada, Kashmiri, Malayalam, Marathi, Oriya, Punjabi, Sanskrit, Sindhi, Tamil, Telugu, Urdu (spoken in Jammu & Kashmir in India and also Pakistan's national language). Source: <http://languages.iloveindia.com/>

It is important to mention here that despite the number of official languages spoken by different Indian states, English is also an official language. As a result, it is usually accepted that many Indians are comfortable receiving information in English. In fact, however, a reasonable percentage of Indians, particularly from rural backgrounds or the elderly, do not understand English well.

For communities from Sudanese background, where the literacy rate is quite low, SBS and community radio will be effective means of spreading information.

How did we manage so many languages with a limited budget project?

- For the broadcast in Hindi I used my own bilingual skills and knowledge about the subject.
- For the Nepalese language program, I gave the interview in Hindi and the SBS Nepalese programmers used their own translators to convey the message to communities in NSW and Melbourne.
- For the Gujarati, Bangla and Tamil programs, volunteers were trained and provided with appropriate information about MDAA to be aired. The project also provided the volunteers with appropriate terminology when speaking about disability.
- For the Bangla program, a Bangladeshi worker from Baulkham Hills Holroyd Parramatta MRC spoke on MDAA's behalf as a volunteer.

Recordings of the Tamil and Hindi programs are also available on CDs.

An afternoon tea was organised in appreciation of the work done by the volunteers and the support given by SBS staff to broadcast information about MDAA in interview format.

Community radio

We sent information about MDAA in Arabic to Sudanese Arabic community radio and arranged for the information to be broadcast to listeners. We did the same for Punjabi community radio as there wasn't enough time to co-ordinate interviews with the radio and volunteers.

Good practice 1: To use interpreters or workers with bilingual skills on most occasions to disseminate information in culturally and linguistically appropriate ways.

Good practice 2: To employ people from NESB with bilingual or multilingual skills for such projects.

Good Practice 3: To make effective use of networks, especially for low budget and short-term projects.

Good Practice 4: To train and inform volunteers about the content of the subject and process of the radio interview to help boost their confidence.

Good Practice 5: To acknowledge the contributions made by the volunteers.

6.2 Information sessions

A typical information session for NESB community members is as follows:

1. Introduction:

The community links worker introduces MDAA, individual advocacy, systemic advocacy and community and industry development and advocacy projects.

2. Simplifying the equation:

An MDAA individual advocate talks in detail about individual advocacy and how an individual advocate can assist clients in areas like employment, education, accommodation, subsidies, etc. The individual advocate also briefly explains what happens once the client, family member or carer contacts MDAA for assistance.

3. My own story (Community Voices Program, MDAA):

A person from this program with either a similar cultural/ linguistic background or a background with similar issues to those of the target group, speaks about their experiences, good or bad, and how they found support and direction from organisations like MDAA.

4. The community group is then encouraged to ask questions relating to the information provided by MDAA.

5. Guest Speakers:

Guest speakers from Centrelink, the Department of Health or DIMA deliver some additional information for the group. (chosen in consultation with community workers who make suggestions based on the primary needs of the group).

The Community Links Project did information sessions for the following groups:

1. Afghan Hazara women and men (Auburn)
2. Bangladeshi community (Parramatta)
3. Sudanese Arabic women (Auburn)
4. Punjabi spiritual group (Epping)
5. Spanish speaking workers in Northern Sydney (Migrant Network Services, Northern Sydney)
6. Multicultural community workers at Baulkham Hills Holroyd Parramatta Migrant Resource Centre (BHHP MRC)
7. Blacktown and Mt Druitt Migrant Interagency (as guest speaker)
8. St George ethnic services interagency (MDAA's abbreviation)
9. Community workers for the African, Afghan and Pakistani communities at Blacktown MRC
10. Community workers for the African and Afghan communities at Auburn MRC

Attendance at the sessions held for the Afghan Hazara community (39), Sudanese community (19) and the Bangladeshi community (12) was quite significant.

It is also important to be flexible in co-ordinating with the community workers to organise the dissemination of information and to fit in to their schedule of activities, for example, the project worker attended events organised by the community workers as guest speaker.

Evaluation of Information Sessions

Bangladeshi Community

The evaluation forms suggest that the group enjoyed the MDAA session which provided disability information. Feedback for the Community Voice was positive and people indicated that, in future, they would like some visual presentation as well. People raised the need for more sessions to generate wider awareness within the Bangladeshi community. They also suggested that the information presented be more in the form of consultation and relevant to the group (not generalised) in future sessions. Distribution of a newsletter in community programs such as festivals was suggested.

Afghan Hazara community

The evaluation forms suggest that almost 100% of the group found the session very useful and the subjects covered appropriate to their needs. Comments include "very good"; "very useful, I'm very happy with your information"; "very good and useful"; "perhaps some information on Special English Classes, work possibilities".

Good Practice1: To learn about the community before the session – main issues, culture, background, level of need, level of knowledge of English language, and any other specific requirements, e.g. whether the group has a preference for male or female speakers.

Good practice 2: To hold a planning meeting for the information session with the community workers before the event to ensure that the venue is accessible for people with disability, work out the program schedule, etc.

Good Practice 3: To make community members welcome, e.g. by providing culturally appropriate food or snacks.

Good practice 4: To use a good interpreter for all information sessions. A reference check is advisable.

Good Practice 5: To provide the written information in simple English or in the language spoken by the group.

Good Practice 6: To conduct the information session for pre-established community groups that meet on a regular basis to ensure higher attendance.

6.3 Multicultural Disability Workgroup for Spanish Speaking Communities (MDWSSC)

This working group was established in December 2005. It consists of Spanish speaking representatives from SLASA; South West Area Health Service (SWAHS); Gladesville Community Aid Service; Community Links Project, Community Voices Project and Individual Advocacy project representatives from MDAA. The workgroup developed a work plan (appendix-22) for reaching out to Spanish speaking Latin American communities in NSW.

The work plan included information sessions for Spanish speaking service providers or workers and for Spanish speaking communities. Other strategies include promotion through SBS radio, community newspapers, MDAA and SLASA newsletters and websites; a survey (appendix-23) to assess the needs and issues of people from Spanish speaking backgrounds with disability (from a service provider's and community worker's perspective), designed and sent to the appropriate services/ organisations and workers; fliers were also sent to the Spanish worker for the Rehabilitation team at SWAHS.

I prepared an article about MDAA and MDWSSC in English and had it translated for promotion to Spanish speaking communities in NSW (appendix-15, 16). The information was sent as a media release to Spanish newspapers and also to members of MDAA and SLASA by e-mail. SLASA helped us achieve this by making use of SLASA's direct access to its members, Spanish newspapers, the Spanish Speaking Community Network etc. Members of the workgroup also passed on the information in Spanish to their networks.

The Survey was sent to all members of MDAA; disability services; HACC services; Community Health Services and workers/organisations in the Spanish Speaking Community Network in early May 2006. We received responses from several organisations. The evaluation of the survey will be

done in the new financial year by the remaining members of the working group. The working group meets once every month at MDAA.

6.4 Community newspapers

A human chain of disabled people formed in front of the National Press Club in Dhaka, Bangladesh to demand 10 parliamentary seats for disabled people. This received huge media coverage and paved the way for disabled people to tackle issues with the President, such as public transport, education and access; assurance was given that changes would be made and they have been. The use of the media remains essential in raising awareness. Weekly broadcasts on TV in Sudan, radio discussions and newsletters in Zambia and Ghana have all contributed to educating the public about discrimination disabled people face. Source: <http://www.add.org.uk/>

It is widely accepted that newspapers are still the preferred way for most people to acquire information. This method of promoting MDAA and informing people from NESB background with disability and their carers about how advocates at MDAA can assist them with specific issues, has proved very effective with Spanish speaking communities and communities from the Indian Subcontinent.

Such information was published in the following widely read community newspapers:

- “Indian Link” (issue: February 2006) and “Indus Age” (issue: February 2006) in English, for communities from the Indian Subcontinent in NSW and Melbourne.
- “Informativo” (24 May 2006) and “Noticias Y Deportes” (25 May 2006) in Spanish for Spanish speaking communities in NSW.

MDAA received a significant number of enquiries in response to the information published through this medium.

The edited media release article for African newspapers (Appendix-19) has not yet been published and MDAA will pursue this.

Good practice 1: To include stories and real life examples in the articles.

Good practice 2: To provide an appropriate amount of information in clear, simple language (English or any other language).

Good practice 3: To provide the name of a contact person who, preferably, can speak the language spoken by the community.

Good practice 4: To ensure that the information is not distorted and is written in a culturally and linguistically appropriate way before publishing it in any community language.

6.5 Other ways of promoting MDAA and disability awareness

Information at expos and fairs

Diwali Fair (October 2005): This event, the biggest annual Indian celebration, was considered a valuable opportunity to promote MDAA and inform people about the advocacy services offered by MDAA.

Unfortunately, attendance at our stall was not very high. Most people who visited us were students, volunteers or people from other services with their own stalls. Fourteen people caring for a person with disability visited our stall and no-one with disability did so. The information was, however, distributed to over 60 other stalls.

Tamil Community Celebration Day (26 January 2006): I sent information fliers to the Tamil community worker to be distributed.

Harmony Festival, Ryde (March 2006): The project worked in collaboration with community workers from Northern Sydney (Migrant Network Services) and displayed information on a community services stall in conjunction with other services. Over 600 people from NESB visited the festival.

With the time and resource limitations of any community project, sending information and promotional material (pamphlets, magnets, cards, flyers in different languages) to significant events can be a useful means of reaching out to those communities, especially if it is done in collaboration with other services.

News items for the website

When working with particular communities it is important for service providers to learn about their cultural values. The project researched and provided useful and easily accessible disability news articles relating to the three target communities for the MDAA website.

Community language newsletters

Information in Arabic was produced with the help of one of MDAA's individual advocates and a handwritten information script was sent to different migrant resource centres in areas with large populations of Sudanese Arabic speaking people (appendix- 8). The article will be published in ethno-specific newsletters (Tabaldi, Blacktown MRC) and newsletters in other migrant resource centres in south-west Sydney.

Forum discussions

The project participated in forum discussions for the disability sector in the northern Sydney region from which suggestions and recommendations were sent to the Department of Disability, Ageing and Home Care (DADHC). Participation in these discussions assisted in focusing on outcomes that take

into account the needs of the whole community, including members from NESB.

Good practice 1: To avoid putting independent stalls at big events like expos and fairs. Always do this in collaboration with other services.

Good practice 2: To publish information in community (ethno-specific) newsletters in the appropriate language, wherever possible.

7. Observations

Feedback from the target communities and meetings held with the community workers indicates that the most **significant and common issues** raised among the three target groups during the project were:

- Language difficulties
- Lack of information
- Lack of access to culturally and linguistically appropriate information about disability
- Responding to the needs of new mothers with babies with disability
- Domestic violence against people with disability, especially children

The areas that need special attention when disseminating information about MDAA and disability are:

- How do we define disability?
- How do we identify disability?
- How do we address depression?
- What are the rights of people with disability?
- Basic information about support and health services.

8. Do's and don't's

Community	What works	What doesn't work
<p>Spanish speaking Latin American</p>	<p>Organised work plan</p> <p>Team work with the community workers - community involvement</p> <p>Articles and stories in Spanish Newspapers</p> <p>Consulting and working with Spanish Speaking Community Network (Interagency)</p> <p>Radio broadcasts</p> <p>Internet promotion</p> <p>Working at the pace of Spanish Speaking community members</p>	<p>Non-consultative and non-inclusive approach with the community workers</p> <p>Short time frames</p>
<p>Indian Subcontinent</p>	<p>SBS radio promotion</p> <p>Community newspapers (especially Indian)</p> <p>Working one on one with people with disability, their carers and family</p> <p>Flexibility to organise meetings on the weekends and evenings</p> <p>Continuity of the program and friendly reminders for having successful sessions and meetings</p> <p>Working with each community representative on an individual basis</p> <p>Using appropriate strategies with each community from the Indian Subcontinent</p> <p>Interactive Information and</p>	<p>Working in a group as a whole - huge diversity of languages and culture</p> <p>Information stalls at events like expos, fairs and festivals</p> <p>Organising meetings on week days</p> <p>Not allowing input from the community during information sessions</p>

	consultation sessions	
African	<p>Using interpreters in specific languages</p> <p>Information sessions and consultation workshops using a good interpreter</p> <p>Childcare at all information sessions</p> <p>Information about MDAA combined with information focussing on the top two primary settlement needs for each community during the sessions</p> <p>Information combined with relevant written information in community languages and important telephone numbers</p>	<p>Using English language however simple</p> <p>Oral information alone</p> <p>Generalised approach for communities from different countries and regions of Africa</p>

9. Limitations of the project

- The time allowed for the project (October 2005-June 2006) did not allow work to begin with all the target communities.
- Studying all communities from the Indian Subcontinent under the one umbrella is not appropriate because the political, economic and social circumstances in each country are unique. Working with each target community in the region of the Indian Subcontinent (for example, Bangladeshi, Indian, Pakistani, Afghan, Nepalese and Sri Lankan) should be done as independent projects. Ideally each community needs a substantial ongoing commitment from a project worker for a period of time and an individual approach/strategy.
- Time was spent mainly in establishing contact with some representatives of each community from the three target groups, and to prioritise and work with the communities that are easily accessible through community workers or by approaching pre-established community groups. There wasn't enough time to chase up the communities without any established groups or community representatives.
- Some of the community leaders prefer to work on a one to one basis, so again we need to allow adequate time for such meetings.

10. Community Links Projects can help to

- Raise awareness and increase knowledge about disability, the rights of people with disability and disability related issues, as well as reduce stigma about disability among ethnic communities living in NSW.
- Connect communities to the advocacy services available at MDAA.
- Change community attitudes towards disability.
- Provide easy access to handy resources like ethno-specific fact sheets, directories of contacts and websites.
- Provide information about the concerns and requirements of particular communities.
- Provide access to audio resources in Hindi, Tamil, Gujarati, Marathi and Nepalese.
- Provide access to information about MDAA in English and community languages for community newspapers and radio.
- Provide a comprehensive report for use as a reference.

11. Achievements

- The project was instrumental in connecting the three target communities to the advocacy services available at MDAA, by using effective strategies for each community.
- MDAA has started receiving clients from the communities as a result of the project.
- Audio broadcasts in Hindi, Tamil, Gujarati, Marathi, Nepalese; Hindi and Tamil CDs available from MDAA.
- 3 completed ethno-specific fact sheets based on the research and work done by the project.
- MDAA's Hindi flier was revised for grammatical corrections and content and is ready for printing.
- Information about MDAA in Spanish and English was prepared specifically for media release; the information was published in 2 Indian and 2 Spanish language newspapers.
- A complete database of the key contacts established by the project for future networking.
- A list of important websites used in the project and for reference for MDAA for future research etc (appendix-4).
- A comprehensive report in simple language which can be used for similar projects by MDAA or any other organisation.

12. Where to from here?

Links with a number of communities, workers, government and non-government organisations have been established through this project. A new project with similar objectives can be started, continuing the links with the contacts established and developing new links for different communities.

The project findings and recommendations can be used as a guide for other similar projects.

It was not surprising to find that a significant number of organisations, community workers and members of the community have not heard about MDAA. It is therefore important to continue publicising and promoting MDAA and raising awareness about disability among NESB communities on an ongoing basis.

13. Recommendations

- MDAA engage a liaison or media person for publicity about MDAA in culturally and linguistically appropriate ways.
- MDAA develop a database of good interpreters based on the experience of staff.
- MDAA carry out publicity in the following ways:
 - Consultative or interactive workshops/sessions with service providers and organisations to enable them to become more culturally competent, aware of the needs of people with disability
 - Promotion of MDAA direct to NESB communities, in collaboration with community leaders, in culturally and linguistically appropriate ways, through media, information sessions, etc.
- Develop accessible information, translated into as many languages as possible. Information in languages such as Dinka, Tamil, Bangla, Punjabi, Urdu and Dari/Farsi would be very useful, as these are the languages of the fastest growing communities in Australia, and include some recently arrived communities with no or very little English language skill.
- MDAA organise 'opening doors' booklets for Sudanese, Bangladeshi and Afghan communities in NSW.
- Use accredited translators and interpreters for communicating with communities from NESB backgrounds as much as possible. Some communities from the Indian Subcontinent (e.g. Afghan) and most communities from African and Spanish speaking backgrounds will need interpreters.
- Make an arrangement with the community newspapers and SBS radio to keep publishing and broadcasting updated information about MDAA and disability regularly in linguistically and culturally appropriate ways; MDAA in turn can help promote them through its newsletters and website etc.
- Negotiate with migrant resource centres to provide MDAA with a space in their community language newsletters to provide relevant information updates and vice-versa.
- Conduct research or consult the particular community before organising information sessions with them. This will enable MDAA to address the primary needs and concerns of that community and thereby be able to assist the community effectively.
- Put information about MDAA on the website in as many languages as possible.
- Make audio resources in different languages accessible on MDAA's website to cater for those communities where listening to information is

more culturally appropriate than reading it e.g. the Sudanese Arabic community. This would also assist some of the newly arrived communities from Afghanistan and Africa who have minimal English language skills.

- Use community radio, SBS radio, community and local newspapers and ethno-specific newsletters for promotion to NESB communities.
- Publicise MDAA's work at schools, health centres, migrant resource centres and shopping centres recommended by the community workers.
- Use videos for community education; MDAA should use existing visual resources and generate more for that purpose.

Appendices

Appendix 1a – z. Relevant information

- a. Factsheet Afghan
- b. Factsheet Bangladeshi
- c. Factsheet Sudanese
- d. List of useful websites
- e. Top 30 language groups NSW
- f. Fastest Growing Language groups NSW
- g. Top 30 language groups Australia
- h. LGA with highest number of overseas born
- i. Mini Report African Session
- j. Mini Report Afghan Session
- k. SBS Radio Broadcast CLP
- l. SBS Radio-When to listen
- m. Article in Arabic
- n. MDAA Flier in Hindi
- o. English version for Spanish Media Release
- p. Media Release in Spanish
- q. Article Indus Age
- r. Article Indian Link
- s. Unpublished article for African Media Release
- t. MDAA in brief
- u. MDAA brief for Tamil Expo
- v. MDWSSC Work plan 2006
- w. Survey Spanish Speaking Workers
- x. News Items Indian Subcontinent
- y. News Items African Subcontinent
- z. News Items Latin America

Appendix 2. Abbreviations used in this report

ABS	Australian Bureau of Statistics
AED	Assistant Executive Director
AMES	Adult Multicultural educational services
AMRC	Auburn Migrant Resource Centre
BHHP MRC	Baulkham Hills Holroyd Parramatta Migrant Resource Centre
BMRC	Blacktown Migrant Resource Centre
CALD	Culturally and Linguistically Diverse
CLP	Community Links Project
DADHC	Department of Ageing Disability and Home Care
DIMA	Department of Immigration and Multicultural Affairs
ECLW	Ethnic Communities Liaison Worker
IMS	Illawarra Multicultural Services
LGA	Local Government Area
MDAA	Multicultural Disability Advocacy Association of NSW
MDWSSC	Multicultural Disability Workgroup for Spanish Speaking Communities
MNS	Migrant Network Services
MRC	Migrant Resource Centre
NAATI	National Accreditation Authority for Translators and Interpreters
NESB	Non English Speaking Background
NGO	Non Government Organisation
SBS	Special Broadcasting Service
SEWA	South Asian Workers Association
SLASA	The NSW Spanish and Latin American association for Social Assistance Inc
SWAHS	Sydney West Area Health Service
TIS	Translating and Interpreting Service

Appendix 3. Further Reading and References

- Profile, African Communities in Illawarra, 2005; Illawarra Multicultural Services
- Liverpool Sudanese community Consultation-Settlement needs Report, 2005; Liverpool MRC
- Consultation with people with disabilities and their families from Spanish-speaking communities, 2004-Report, Disability Council of NSW and NSW Ombudsman
- Opening Doors booklets for Indian, Spanish speaking and Arabic speaking communities at www.mdaa.org.au
- Websites directory provided in Appendix 1.
- Country profiles on the FECCA website: see <http://www.fecca.org.au/World%20Views/Countries>

Appendix 4. Acknowledgements (in no particular order)

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