



AMPARO Advocacy defends, protects and promotes the rights and interests of vulnerable people from a culturally and linguistically diverse background with disability.

ANNUAL REPORT 2020/ 2021

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TABLE OF CONTENTS

THE ORGANISATION	1
Mission Statement.....	1
Vision	1
The Objects of AMPARO Advocacy Inc.	1
AMPARO Advocacy believes:	2
AMPARO’s Mandate.....	2
Advocacy Principles	2
Independent social advocacy:	2
National Community Connectors Program: August 2020 – August 2021	4
GOAL 1: Provide vigorous individual advocacy in the Brisbane area	7
GOAL 2: Engage in strategic systemic advocacy	17
GOAL 3: Undertake community development and engagement that supports social advocacy	20
GOAL 4: Be an effective, sustainable and independent social advocacy organisation.....	35
TREASURER’S REPORT.....	38
MINUTES OF ANNUAL GENERAL MEETING	39
AUDITOR’S REPORT.....	43

THE ORGANISATION

AMPARO Advocacy is a non-profit community organisation which provides independent individual and systemic advocacy with and on behalf of people from culturally and linguistically diverse (CALD) backgrounds with disability. AMPARO Advocacy is governed by a voluntary Management Committee, the majority of whom are people from a CALD background with disability. AMPARO's core advocacy funding is received from State Government Department of Communities, Disability Services and Seniors.

AMPARO Advocacy believes that people from a CALD background with disability have the same right to live valued inclusive lives that are comparable to other citizens, however societal responses to vulnerable people can be inadequate and harmful, making independent social advocacy on their behalf often needed.

THIS ANNUAL REPORT PROVIDES AN OVERVIEW OF THE WORK THAT HAS BEEN CARRIED OUT FROM OCTOBER 2020 - OCTOBER 2021.

Mission Statement

AMPARO Advocacy defends, protects and promotes the rights and interests of vulnerable people from a culturally and linguistically diverse background with disability.

Vision

AMPARO Advocacy's vision is for people from a CALD background with disability to be accepted and respected as part of the diversity of Australian society, with access to information, services and benefits, so that they can be included, participate and contribute in family and community life.

The Objects of AMPARO Advocacy Inc.

1. To provide individual advocacy for vulnerable people from a CALD background who have a disability to defend, protect and promote their rights and interests so that their fundamental needs are met.
2. To influence positive sustainable change to attitudes, policies, practices and resources within governments and communities.
3. To develop links with others who can strengthen our advocacy efforts.
4. To be an effective, accountable social advocacy organisation.
5. To undertake activities that further the objects of the Association and social advocacy.

*Human rights are inherent, inalienable, indivisible and universal.
They are the birthright of all people and cannot be lost or taken away.
They are all of equal importance and apply to all people whatever
their race, gender, disability, language, religion, political or other opinion, national
or social origin, age, property or other status.
(United Nations)*

AMPARO Advocacy believes:

People from a CALD background with disability have a rightful place in community where they:

- are respected and valued
- can experience valued relationships with friends and family
- have access to qualified interpreters and information in their preferred language
- have supports and services provided in a culturally sensitive and responsive way
- have their gifts and strengths recognised
- have the natural authority to influence the direction of their own lives, or where they have limited capacity, that their family where possible retains this authority
- are welcomed and have opportunities to live an ordinary life
- are participating and contributing members in the social, economic and political life of broader Australian society.

AMPARO's Mandate

AMPARO Advocacy takes our mandate from important United Nation declarations, Federal and State antidiscrimination laws and principles which promote the rights of all people as well as expectations for the lives of people from a CALD background with disability.

*The **Convention on the Rights of Persons with Disabilities** in particular provides advocates with a mandate to assert the rights of people with disability to education, health, work, adequate living conditions, freedom of movement, freedom from exploitation and equal recognitions before the law.*

Advocacy Principles

Independent advocacy is provided in a way that respects and meets the language, cultural and religious needs of the person and group and is guided by a strong commitment to the following principles of:

- Human Rights
- Social Justice and
- Inclusive Living

Independent social advocacy:

- Represents the rights and interests of people with disability who do not have a voice, or close family or friends who can support their aspirations or speak on their behalf.
- Addresses serious issues of discrimination, violence, abuse and neglect of people with disability.
- Respectfully challenges poor approaches and responses from service systems.
- Enables individuals to access important information, services and supports so they are able to actively participate, engage and contribute to family and the broader community.

- Prevents an escalation of the person's issues and vulnerability and in the long term saves government and public resources.
- Builds the capacity of individuals with disability and their family members to understand their rights and to speak up about what is important to them.
- Seeks to build and repair close relationships around the person, an important safeguard for people with disability.
- Encourages services to meet their obligation under Federal and State Policy Frameworks and to work in ways that are culturally safe, competent and responsive.

Management Committee

2020 - 2021

President	<i>Shahram Jazan</i>
Vice President	<i>Abebe Fekadu</i>
Secretary	<i>Julie King</i>
Treasurer	<i>Ludmila Doneman</i>
Committee Member	<i>Jennifer Barrkman</i>
Committee Member	<i>Sean Gnomes</i>
Committee Member	<i>James Nono</i>

Advocacy Team

2020 - 2021

Manager	<i>Maureen Fordyce</i>
Advocate	<i>Liz Martyn-Johns</i>
Advocate	<i>Murka Smiechowski</i>
Advocate	<i>Keiko Omi</i>
Administration Officer	<i>Linda Mullaly</i>
Bookkeeper	<i>Lucia Forman</i>

ILC - Individual Capacity Building Project Staff – August 2020

<i>Multicultural Engagement Coordinator</i>	<i>Brisbane</i>	<i>Lalita Lakshmi (March 2020)</i> <i>Jenny Ryan - current.</i>
<i>Multicultural Engagement Worker</i>	<i>Brisbane</i>	<i>Maree Anderson</i>
<i>Multicultural Engagement Worker</i>	<i>Logan</i>	<i>Odette Tewfik</i> <i>Venantie Niragira</i> <i>Heidi Woolveridge</i>
<i>Multicultural Engagement Worker</i>	<i>Cairns</i>	<i>Julie Dunn</i>
<i>Multicultural Engagement Worker</i>	<i>Townsville</i>	<i>Sibbo Sengabo & Iris Min He</i>
<i>Multicultural Engagement Worker</i>	<i>Toowoomba</i>	<i>Helen Hale / Mal Mawien</i> <i>Sylvie Hayere</i>
<i>Administrative Officers</i>	<i>Brisbane</i>	<i>Ulla Cooper / Margaret Yuille</i>

Project Consultant

Brisbane

Ingrid Boland

**National Community Connectors Program: August 2020 – August 2021
Brisbane/Logan & Moreton Bay**

Project Coordinator

Liz Martyn-Johns

Community Connector

Ruby Halaseh

Community Connector

Linh Nguyen

Community Connector

Venantie Niragira

Community Connector

Mehdi Askari

Community Connector

Maryam Farjami

PRESIDENT'S REPORT



I would like to start by acknowledging the Traditional Custodians of the land on which we are gathered, the Turrbal people, today we pay our respects to their Elders past, present and emerging.

In presenting my report I would like to highlight some key events, challenges and successes that have occurred throughout this past year.

AMPARO has been funded by the State Government to deliver vigorous independent advocacy with and on behalf of people from CALD backgrounds with disability since 2001. However early this year, the State Government was reluctant to commit to funding advocacy for Queenslanders past 30 June 2021.

In response to this uncertainty, AMPARO joined forces with other state funded advocacy agencies, including members of the Combined Advocacy Groups of Queensland and Queenslanders with Disability Network, to form the Qld Disability Advocacy Alliance. Together we launched the campaign **Stand with us**.

This campaign involved significant efforts by members of the Alliance, including meetings with Ministers, writing letters, and organising a rally outside Parliament House on the 24 March.

We were extremely pleased with the numbers of people with disability, families and allies who attended the rally, and I would like to say, a very big thank you to the many members of AMPARO, who showed their strong support for our work, and joined us on the day.

The outcome of the campaign was a commitment by the Department of Seniors and Disability Services to extend existing service agreements for 6 months, and to establish an open grants process for disability advocacy funding, for a further 18 months.

I am pleased to announce that AMPARO was successful in our application and will receive specialist advocacy funding to defend, protect and promote the rights and interests of people from CALD backgrounds with disability. Some advocacy agencies that have made longstanding contributions to protecting the rights of Queenslanders with disability were not as fortunate as AMPARO.

In addition to our individual and systemic advocacy work AMPARO has also delivered on several important projects, we will hear more about this work from Maureen Jenny and Liz.

Another year of COVID meant that staff worked hard to ensure lockdowns and restrictions, had as little impact as possible on people with disability and their families. Staff have also focused on making sure individuals and families have access to information in their preferred language, about the Queensland government's response to COVID 19, and where they can get vaccinated.

June was also a very busy, with the updated website going live and feedback being extremely positive.

Most importantly we continued the leadership development program to increase the knowledge and skills of people from CALD backgrounds with disability, so they can participate across all levels of the organisation, now and into the future.

This work included Jen Barrkman and staff delivering workshops and activities with a group of emerging leaders to learn about the work and values of AMPARO, as an independent social advocacy organisation, to be able to represent AMPARO in consultations and forums,

to share their stories, be role models in their community and participate in the planning, decision making and governance of the organisation.

In June we held our annual morning tea for new and current members. This event was extremely successful with over 30 people in attendance, including Jonty Bush, State Member of Parliament for Cooper. Jonty was very gracious in giving us her time and enjoyed meeting up and hearing people's positive stories about the difference advocacy has made in their lives.

Across the organisation we have welcomed new staff and said goodbye to other staff who have left to take on new challenges. AMPARO was also fortunate to receive additional advocacy funding, to employ Keiko Omi, who is much valued member of the advocacy team.

In February we said goodbye to Lalita Lakshmi who had worked on key projects with AMPARO over several years. Lalita's contributions were substantial, and her good work continues under the guidance of our new ILC Multicultural Coordinator, Jenny Ryan, who we welcomed in May.

I would also like to thank Linda Mullaly, our administration officer who retired from the position in September. Linda worked tirelessly in her role, and her hard work and commitment to the organisation over 4 years was much appreciated. Linda is here with us tonight helping, thank you Linda.

I would like to acknowledge the significant efforts of all staff during this challenging year and thank them for their passion and commitment and for the difference they make every day in the lives of people we serve.

Finally, I would like to thank members of the management committee for their continued support of me in my role as President, and for their effective governance of AMPARO over the past year.

And a very big thank you to Jen Barrkman who is stepping down this year, Jen has served on the management committee over many years and has made an enormous contribution to the good work of AMPARO. Thank you, Jen.

And thank you all for joining us this evening.

Shahram Jazan
President

GOAL 1: Provide vigorous individual advocacy in the Brisbane area

AMPARO Advocacy undertakes independent social advocacy with and on behalf of vulnerable people from a CALD background with disability to defend, protect and promote their rights and interests, to address issues of social and economic isolation, unfair treatment and discrimination.

AMPARO represents those who are most at risk and least able to represent or defend their own rights and interests, so that fundamental needs are met and they can actively participate, engage and contribute to family and community life.

AMPARO's advocacy addresses issues of social and economic isolation, unfair treatment and discrimination. Advocacy respectfully challenges poor approaches and responses by service systems and recognises the importance of close personal relationships as a safeguard for vulnerable people with disability.

This year AMPARO provided individual advocacy with and on behalf of **71 people from CALD backgrounds with disability**, whose fundamental needs were not being met. These individuals had a total of **198 often complex issues**, with most individuals having 3 or more serious issues that required intensive advocacy support over many months.

Advocates also worked alongside family members who required substantial support to connect with essential mainstream services. The data that is collected by government does not include assistance provided to family members and whilst the individual advocacy efforts clearly focus on what is in the best interests of the person with disability and protecting their rights and wellbeing, ensuring key family members have access to essential services, is an important safeguard for the person.

Long term sustainable change through independent advocacy requires the advocate to have a deep understanding of the persons lived experience and needs, and it requires developing relationships based on trust, taking positive ethical action, remaining loyal and accountable over time, and minimising potential or real conflicts of interests.

AMPARO is keen to clarify proposed changes under the new State advocacy program that will commence on the 1 January 2022. There have been references made by government to taking a **transactional approach and delivering telephone-based advocacy**, which is likely based on attempts to deliver advocacy to greater numbers of Queenslanders with disability.

This approach for many people with disability is not appropriate, for people who have language and cultural differences and or impaired cognitive capacity, face to face engagement is a best practice approach. Without additional resources, the expectation for advocacy agencies to do more for less, is likely to diminish the effectiveness of advocacy and unlikely to result in positive sustainable outcomes for people with disability.

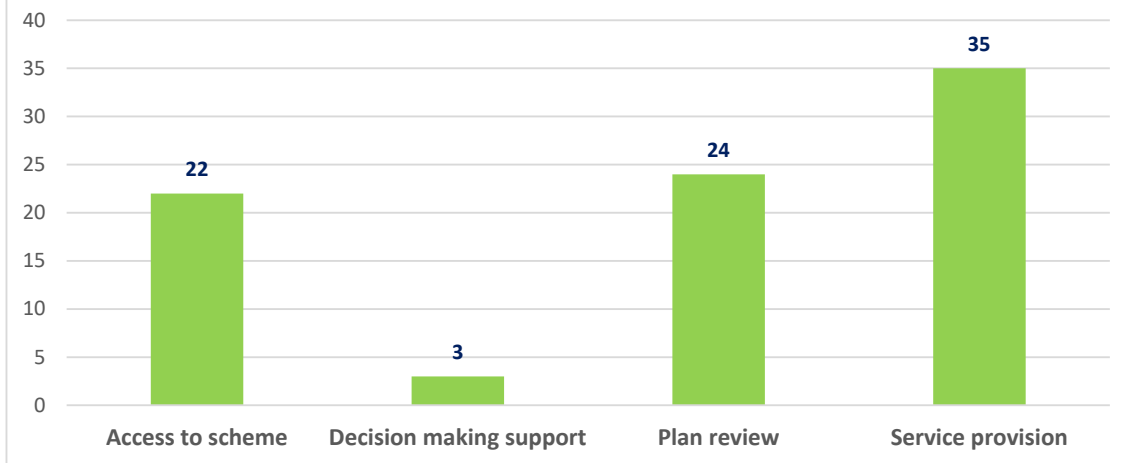
AMPARO would caution against making changes to the delivery of independent advocacy without first engaging with Queenslanders with disability who require and access independent advocacy and the advocacy sector, to evaluate current practices and understand what works and what doesn't. Queenslanders with disability need an ongoing commitment by the State government to fund independent advocacy into the future. It is vital that the State Government engages in extensive research and consultation with key stakeholders, to develop a robust advocacy framework with key guiding principles.

AMPARO looks forward to working together with the Department of Seniors, Disability Service and Aboriginal and Torres Strait Islander Partnerships, to safeguard the ongoing delivery of strong and independent advocacy for Queenslanders with disability.

This past year 54 individuals required independent advocacy to successfully navigate the NDIS Pathway to access and or participate in the NDIS. This included support to:

- Access interpreting services to ensure accurate understanding and effective communication
- Understand their rights and to know what a 'good life' for people with disability looks like.
- Understand the opportunities available under the NDIS and the necessary steps to access the NDIS
- Access affordable allied health and other medical / specialist assessments to diagnose disability
- Gather eligibility "evidence", including functional impact and likelihood of permanence.
- Contact the NDIA to make an access request and complete documentation
- Complete preplanning to be able to fully articulate their needs for support in the planning meeting
- Respond to requests from the NDIA for additional information
- Effectively participate in NDIS planning meetings, with access to appropriate interpreters.
- Connect with appropriate service providers, including service coordinators that would address their disability, language and cultural needs once they had their NDIS Plan
- Undertake reviews of inadequate plans, often requesting increased support coordination
- Raise concerns with service providers and help with decision making to explore about changing providers if necessary.

84 NDIS ISSUES



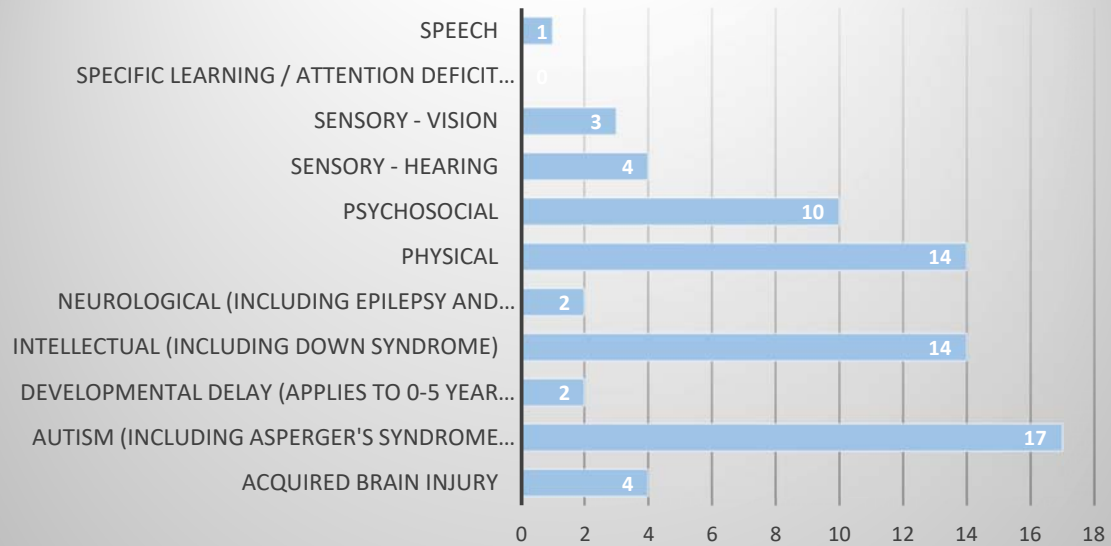
Independent Advocacy was also necessary to ensure individuals could access:

- ✓ Certified interpreters for effective communication
- ✓ Translated information, including translated NDIS Plans
- ✓ Safe, affordable and accessible housing
- ✓ Domestic Violence Support
- ✓ The NDIS
- ✓ NDIS pre-planning and planning support
- ✓ Successful Plan reviews
- ✓ Essential medical treatment, assessments, and diagnosis of disability
- ✓ Psychiatric and psychological support and assessments
- ✓ Allied health assessments and treatment
- ✓ Community legal advice and support
- ✓ Support to participate in Mental Health Tribunal and QCAT hearings.
- ✓ Culturally appropriate support and services
- ✓ Appropriate NDIS services, including support coordination services
- ✓ Intensive Family Support Services
- ✓ Mainstream inclusive education
- ✓ Appropriate income support

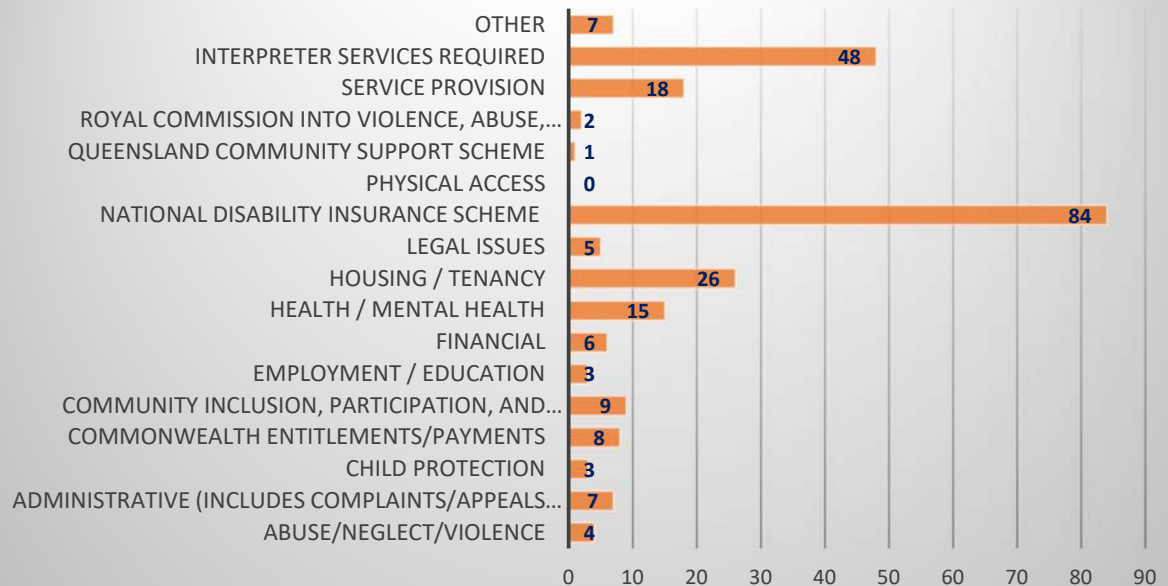
Of the 71 individuals who received individual advocacy:

- 18% required advocacy to access to high-quality health care, including appropriate mental health care.
- 27% required advocacy to: access and effectively participate in the NDIS, this included:
 - to access the scheme, support informed decision making, undertake Plan reviews, often the result of inadequate support coordination, and address issues in relation to poor service provision.
- 30% were living in unsuitable housing, and required advocacy to access safe, affordable and accessible housing.

71 PEOPLE WITH DISABILITY



198 ADVOCACY ISSUES



Stories of Individual Advocacy Work

The following individual advocacy stories provide insight into some of the complex issues experienced by people from a CALD BACKGROUND with disability. Real names have not been used and details that may identify the individual have been

Children from CALD backgrounds missing out on early intervention supports

AMPARO commenced advocating on behalf of Ali, a highly vulnerable 5-year-old boy with newly diagnosed autism and developmental delay, whose family are from a refugee background earlier this year. The family came to Australia in 2015 after spending a lengthy time in a refugee camp. Shortly after their arrival Ali's parents separated, and his mother is a parent of a single mother with 8 children including three children who remain in their country of origin.

When the advocate first engaged with Ali and his family, he had not attended any Child Care or engaged in any out of home activities with other children of his age. Ali's mother had limited proficiency in English, was socially isolated, and struggling emotionally in part due to the perceived stigma of having a child with disability. In addition, Ali's NDIS plan was inadequate, which meant he was not receiving the early intervention he desperately needed.

The family experienced a range of issues barriers which made it difficult to address their concerns, including the following:

- NDIS funding not being utilised appropriately, Ali's needs were not being met
- The family wasn't receiving important information and communication in their preferred language
- Conflict of interest in service provision
- Ali presented challenging behaviour and social isolation
- Lack of understanding of complex service systems in Australia and limited capacity for the family to provide support for Ali
- Lack of knowledge of the rights of a person with disability regarding the NDIS
- The family's needs being ignored and neglected

On meeting with Ali, it was evident that Ali's mother was confused about the NDIS supports her child was receiving and didn't understand the purpose of therapy being provided by the allied health service providers. This was the result of service providers involved failing to engage interpreters to communicate with Ali's mother to explain the purpose or the intended outcomes of speech and occupational therapy being provided. Further, there was conflict of interest between the service provider's interest and Ali's mother's interest. For example, allied health services insisted on delivering a joint one-hour session, whereas Ali's mother had requested two separate sessions. Ali's mother was frustrated that her concerns were not being listened to and without an interpreter it was extremely difficult for her to relay these to the therapists involved, nor was she provided with information she could understand about the treatments and therapy being provided to her son. The mother's voice wasn't heard, and she stated that Ali would get confused when two people came together and that she wished to observe what they were doing.

Initially, the advocate organised the stakeholder meeting to ensure that all service providers understood the role and obligations of each service involved and were working towards Ali's goals by providing culturally appropriate support.

The advocate particularly emphasised the requirement for all service providers to engage certified interpreters when communicating with mum, given miscommunication and misunderstandings appeared to be a major issue and causing significant confusion and anxiety for Ali's mum.

Engaging an interpreter and providing an explanation of the service and practices being delivered has been crucial for Ali's mum to gain an understanding and knowledge of the Australian systems and to effectively access services.

Since AMPARO's involvement providing vigorous advocacy on behalf of Ali, he and his mother's quality of life has improved significantly.

- Ali has been linked to childcare with successful waiving of the gap fees, as well as his mother has been linked to TAFE on Mondays and Tuesdays.
- Ali has been linked to Early Childhood Development Programs (ECDP) on Thursdays and Fridays, to socialise with peers and to improve his skills, as recommended by his paediatrician
- Ali has been linked to new allied health providers (OT, speech and dietitian) on Wednesdays who engage an interpreter and explain the purpose and outcomes of their practice. The advocate was able to support Ali's mother to understand that they had the right to find an alternative service as she was unhappy with the service providers and to ensure she was provided with meaningful information she could understand and able to follow up with advice from therapist that benefited Ali.
- The family was reconnected to a family support service that had previously disengaged despite support that had been promised not being delivered, leaving the family with multiple unmet needs. As a single mother of 8 children, Ali's mother was overwhelmed with multiple issues that were beyond the scope of the advocate. For example, her eldest son is incarcerated and at risk of being deported and she needed legal advice and support, the advocate was able to refer her to RAILS for legal assistance. Another child was being bullied at school and wanted to change schools, but Ali's mum needed assistance to do this and to follow up with the Immigration Department regarding the sponsorship of her three children still living in their country of origin.

The advocate stood firmly on the side of Ali and worked closely with his family to achieve what was in his best interests. The result was that both Ali and his mother are connected to the community for the first time and Ali's much needed fundamental needs are finally being met. Ali is now an active young boy with a busy schedule, far from the stay-at-home boy without much structure to his day, and his mother also has been given new opportunities to participate in the local community. She is very happy that she is building her network, improving her English skills, and having some of her own time for the first time while Ali is attending the school, which in turn has increased her capacity has developed to be able to respond to Ali's much needed informal support, together with professional support under NDIS.

The Right to Housing

The Universal Declaration of Human Rights Article 25 states that:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services”

According to the Australian Human Rights Commission, the right to housing is a right *“to an adequate standard of living-housing that is secure and safe and enables people to live with dignity”*.

AMPARO advocacy has found that access to safe, affordable, and accessing housing, is rapidly diminishing for people with disabilities. People with disabilities often experience complex health, emotional, financial, and family issues. However, people from CALD background confront additional barriers including limited proficiency in English, displacement issues, extensive trauma and suffering and difficulty understanding and navigating the complex service systems. Therefore, they experienced further limitations in terms of accessing public housing.

According to Business Insider Australia, *The Queensland Council of Social Services acknowledged the social housing register figures list had increased by 78% over the past five years’*.

Last year, AMPARO provided advocacy around access, transfer and other issues regarding the housing for 30% of all individuals who received advocacy.

Housing and domestic violence

Since the outbreak of COVID-19, ABC News frequently reports that domestic violence against woman and children has intensified. Furthermore, social isolation measures implemented to help reduce the spread of COVID-19 have exacerbated personal vulnerabilities by limiting accessible and familiar support options that raises serious concerns about immediate safety of women and children living in the domestic violence situations.

AMPARO provided advocacy for a young woman from African background with Acquired Brain Injury who was living with her two children in a high-risk domestic violence situation. The abuse she experienced included: physical, verbal and psychological abuse, property damage, and financial control. Moreover, her children regularly witnessed the violence. It was extremely unsafe for her and her children to continue living in the family home. She required urgent assistance to gain access to safe and affordable housing.

Independent advocacy provided by AMPARO resulted in a positive outcome for this young woman and her family who were allocated a property with the Department of Housing in just 6 months and able to move to a safe, affordable, and stable home where she eventually started to rebuild her life.

Overcrowding

The current crisis in available affordable accommodation is contributing to the inadequate living conditions due to overcrowded housing, limiting personal living space, privacy and safety for people with disabilities.

As humanitarian entrance, the couple from a Burmese background have been exposed to trauma, civil war and living for a long time in a refugee camp. When AMPARO became involved, the couple were raising 7 school age children and they were living in a three bedroom and one bathroom Department of Housing and Digital Economy home. The youngest child had been diagnosed with an intellectual disability and she required an ongoing appointment with the hospital, physiotherapist, occupational and speech therapist.

Article 28 of the United Nations Convention of the right of children with disabilities to which Australia is signatory to states: *“in all actions concerning children with disabilities, the best interest of the child shall be a primary consideration”*

AMPARO Advocacy believes that it is in children’s best interest to have an adequate standard of living which would be beneficial for their appropriate development. The conditions of living were far from adequate for this child’s development.

Due to concerns regarding the safety and wellbeing of the children, Child Safety became involved and after completion of their investigation made a referral for intensive family support service to become involved for ongoing support. The advocate applied for an urgent transfer to the four-five-bedroom, two-bathroom house, and with the assistance of the comprehensive Occupational Therapist’s report, was able to have the family’s housing application prioritised with the Department of Housing.

However due to the outbreak of COVID-19 and an increase in domestic violence and homelessness, as well as limited number of four-five bedrooms houses, the family is still waiting for a transfer to more appropriate accommodation.

Maintenance issues

Navigating the system to access the affordable accommodation or resolving complex house maintenance issues can be a challenge for everyone, but for people with disabilities for whom language is a significant barrier, it is frequently impossible. AMPARO provided short term advocacy for a young man with sensory impairment from a refugee background, to address urgent health and safety issues in relation to the house they were renting from the Department of Housing.

The family’s property was severely infested with mould which worsened when it rained. Furthermore, every time it rained, huge bubbles of water appeared on a bedroom ceiling and in another room’s walls. The family notified the Department of these issues on many occasions and requested the issues be addressed, as it was clear the roof was leaking. The Department completed several assessments of the roof’s condition; however the family was never provided with any of the reports. The Department’s explanation of the problem was that *“it was a condensation issue and the family needed to keep their windows open”*. The situation created a lot of stress and made the family members feel very unsafe, knowing the impact of living in the mould infested house was having on their health.

Moreover, the advocate was concerned about the potential safety risks for the person and their family. Upon further inquiries with the department employees, the advocate was provided with conflicting information about the cause of the problem.

In the letter addressed to the Department’s Area Manager, the advocate raised AMPARO’s concerns that the Department was not adequately responding to serious health and safety issues for the family by refusing to acknowledge the seriousness of the problem or address the issues raised.

Finally, advocacy resulted in the Department agreeing to relocate the person and their family to a more suitable property and to pay the relocation costs.

Queensland Housing Strategy 2017-2027 recognises that:

Safe, secure and affordable housing enables people to fully participate in, and contribute to, the wellbeing of our state and to achieve other life outcomes, such as good health, quality education and secure employment

The Australian Institute of Health and Welfare states that:

*Housing plays a major role in the health and wellbeing of people with disability, by providing shelter, safety and security. The availability of affordable, sustainable and appropriate housing helps people with disability to participate in the social, economic and community aspects of everyday life.*¹

Many people with disability experience financial hardship as they are often not engaged in paid employment and rely on the Disability Support Pension or a Newstart payment. It has become extremely difficult for people with disabilities to find housing that meets their needs. Queenslanders with disability are faced with increasing costs for private rentals, and reduced availability of social housing leading to longer wait times, often years. As a result, people with disability can be more vulnerable to experiences of homelessness, domestic violence, mental and physical health deterioration, social isolation, and exclusion.

Improving employment opportunities and work-readiness at TAFE

Fraya, a young woman from an Iraqi background with intellectual disability, had arrived in Australia when she was 19, and so had missed out on being linked with appropriate school leaver programs and did not have school assessments and reports confirming the level of her disability. Instead, she undertook a job capacity assessment with Centrelink, where it was incorrectly determined that she had a Baseline Work Capacity to work 8+ hours per week.

Based on this report, Fraya had been referred to a Disability Employment Service provider who had found her work in the mainstream workforce. As she was unable to complete the assigned duties on her own and in a timely manner, she was let go after the first day, and no other employment or disability supports had been offered to her. As her mother spoke very little English, she was not aware of other supports that were available for her daughter. Fraya remained at home, supported only by her family for seven years.

In 2019, AMPARO Advocacy received a referral from Fraya's GP, asking if we could assist her with access to the NDIS. Advocacy was required for cognitive and functional assessments, which highlighted that Fraya had a severe intellectual disability and substantially reduced functional capacity. Reports from these assessments were used to secure her access to the NDIS. As Fraya was keen to work in the mainstream workforce but would need assistance to prepare for employment, Fraya's advocate requested that she be provided with employment training and supports at a level normally available only to school leavers, given that she had missed out on this previously.

¹The Australian Institute of Health and Welfare: (2020) People with Disability in Australia.

Fraya was declined this level of NDIS funding as her Job Capacity assessment showed that she could work independently for 8+ hours per week. Advocacy was therefore required to have her Job Capacity reassessed. Due to COVID-19, there were long queues at Centrelink, and it was highly inadvisable for Fraya to mix with large groups of people. Advocacy was required to ensure that the reassessment could be done using the cognitive and functional assessments undertaken for NDIS access, rather than through the normal face to face assessment process. Centrelink agreed. With a new Job Capacity Assessment showing capacity for work at less than 7 hours, Fraya was then eligible for increased NDIS employment support. An NDIS Plan Review was requested, and through advocacy Fraya was provided with 6 months of School Leaver Employment Support (SLES) funding to trial appropriate work readiness training programs and employment.

Fraya was accepted for a placement with an innovative SLES provider who operates out of Mt Gravatt TAFE that assists young people with disability to prepare for and access the mainstream workforce, with supports where necessary. After a successful 6 months enjoying the company of other young people, while learning new skills and strategies that will allow her to work in the future, a further Plan Review has been requested to have the SLES budget extended for the full length of her current two-year NDIS Plan. Once Fraya has completed the current program, she is keen to re-join the mainstream workforce, but this time around she will be work ready and will be provided with the supports which she requires.

GOAL 2: Engage in strategic systemic advocacy

AMPARO's individual advocacy work continues to inform our understanding of the additional barriers and systemic failures that disadvantage and marginalise people from CALD background with disability. Systemic advocacy challenges systems, approaches and values that impact negatively on people's lives, or are inconsistent with international human rights obligations and best practice approaches.

AMPARO brings these issues to the attention of those in positions of power and influence in government and community, to effect positive changes to legislation, policies, practices and approaches that contribute to issues of inequality.

Key systemic advocacy work undertaken this year includes, often with the support of allies:

The National Disability Insurance Scheme

Participant rates in the NDIS for people from CALD backgrounds with disability are increasing at a slower rate than expected, with the most recent NDIS quarterly report for September 2021 showing a slight decline in Queensland's participation levels.

In Queensland

A total of **5.4%** of participants coming from CALD backgrounds. AMPARO believes it should be closer to **15%**.

Over the past 18 months, in partnership with Refugee Health Network, AMPARO engaged frequently with the State's Specialist Disability Program, to highlight the low rates of CALD Participation in the NDIS and called for the introduction of additional targeted measures to address this. AMPARO and the Refugee Health Network sought support for people from refugee backgrounds to access culturally appropriate functional assessments and support to make successful access request to the NDIS.

Nationally

According to the NDIS Quarterly Report for 30 September 2021, **9.2%** of participants identified as CALD, compared with a newly revised expected figure of **18.9%**. This figure has been adjusted by the NDIS, from previous expectations of at least 20%. The NDIS also consider the 9.2% participation does not accurately reflect the true participation levels, but rather that CALD participants have not been identified as such in the data being collected.

Even if this is so, the level of participation is still only half of where it should be, which reflects a system that still is complex and difficult to navigate with inadequate additional measures being implemented by the NDIA to address structural barriers that exist for CALD participants.

Furthermore, if this is the case the NDIA must implement the new ICT system they refer to in the September Quarterly Report immediately, to address the poor collection of this important data.

Given the ongoing systemic issues in relation to the NDIS, and the experience of those AMPARO works with, this data is not surprising. AMPARO has raised many issues directly with Senior NDIA staff and whilst the responses have generally been positive with poor decisions affecting individuals being reversed, there is need for more structural systemic change.

1. Proposed Introduction of Mandatory Independent Assessment

Accessing culturally appropriate, timely and affordable evidence of diagnosis of disability and impact on functionality is difficult and is a major barrier for many people from CALD backgrounds being able to make successful NDIS Access.

- AMPARO provided written and verbal feedback in several forums to the NDIA about the proposed Mandatory Independent Assessments
- Provided a submission with concerns regarding Mandatory Assessments to the Joint Standing Committee of Inquiry into the NDIS.
- Of course, like many we welcomed the Minister's announcement in July 2021 that independent assessments as proposed, would not proceed, and later the many positive recommendations made by the Joint Standing Committee in their Report.

2. Raised systemic issues in relation to the NDIS with NDIS State Director

AMPARO Advocacy finds that people from CALD backgrounds, particularly those with limited English language skills, struggle to implement their NDIS plans as they are often allocated inadequate levels or no support coordination. This is a major systemic barrier that the NDIA has not yet addressed.

Wrote to Des Lee the Director of the NDIA, to raise concerns regarding 8 individuals whose plans were not being implemented and their needs not being met because of this issue. It was acknowledged that individuals with complex needs were not being appropriately streamed to the NDIS Planners as they should have been. The NDIA undertook reviews and 6 were granted the much-needed support coordination they required, and a further person was granted support coordination after a third review.

The National Community Connector Program

AMPARO provided significant feedback to the NDIA about the best practice approaches that should be incorporated into any intensive engagement with CALD communities to increase access and participation in the NDIS. We welcomed the introduction of the National Community Connector Program by the NDIS in August 2020 and were pleased that many of AMPARO's and other's suggestions had been incorporated into this program.

AMPARO was fortunate to secure funding under this program which delivered many positive outcomes for individuals. Unfortunately, eleven months later we were forced to voice our disappointment and opposition to Senator Reynolds, Minister for the NDIS, and the Independent Advisory Council, when funding for the program ceased. Liz Martyn-Johns who did excellent work coordinating this project has provided a detailed summary of this work later in this report.

Royal Commission into the violence, abuse, neglect and exploitation of people with disability

Whilst receiving very limited funding in relation to the Disability Royal Commission AMPARO was able to provide two further submissions in response to DRC Issues Papers which can be found on the DRC and AMPARO's website. I would take this opportunity to thank Ingrid Boland, Consultant working with AMPARO on several projects, for her excellent work on these papers. Staff are also busy putting together additional stories of people's experiences to present to the Royal Commission next year. In the *Overview of responses to the Experiences of culturally and linguistically diverse people with disability Issues paper* released by the DRC in November 2021, AMPARO's contribution is evident.

Department of Seniors, Disability Services, and Aboriginal and Islander Partnerships

1. Over the past 18 months, in partnership with Refugee Health Network, AMPARO engaged frequently with the State's Specialist Disability Program, to highlight the low rates of CALD Participation in the NDIS, and the need for additional targeted measures to address issues of disparity. A joint proposal was presented to the Department with key strategies that could be implemented to address low participation rates in the NDIS. Unfortunately, this proposal was not funded.
2. AMPARO was however pleased to have been engaged by Queenslanders with Disability Network (QDN) to support their Targeted Outreach Project, to identify potential NDIS participants from CALD backgrounds, who require intensive support to access the scheme. This work aims to inform those who have yet to access the NDIS, about the opportunities the NDIS can provide and to connect them with the Disability Connect and Outreach Program Assessment and Referral Team for support to access the NDIS. I would like to thank QDN and the Department for their support for this important collaboration.
3. AMPARO also participated in the All-Abilities Qld Working Party convened by QDN, to highlight key issues related to people from CALD backgrounds with disability, in the hope that these issues would be incorporated into the State Government Disability New Plan for Queenslanders with disability.

Office of the Public Advocate

Met with Mary Burgess, Public Advocate. Raised systemic concerns for people with impaired capacity from CALD backgrounds.

Local Area Coordinators (LACs)

LACs – Carer's Qld continue to undertake planning over the phone with people who require access to certified interpreters despite this being contrary to NDIS advise on their website. In June this year AMPARO Raised this issue with **Jenny Frowd** Team Leader LAC Community Development NDIS LAC PITC Program

Early Childhood Early Intervention

AMPARO has met several times with senior staff from the Benevolent Society to encourage improved and culturally competent, safe, and responsive engagement with people from CALD backgrounds with disability and their families. We have welcomed their interest and commitment to improve their practice approaches in working with CALD families.

GOAL 3: Undertake community development and engagement that supports social advocacy

This goal focuses on engaging and communicating with people from CALD backgrounds with disability, their families and communities to understand the challenges and issues they experience that contribute to disadvantage, and to undertake activities to increase their capacity across a range of areas.

People from CALD backgrounds with disability and their families experience significant barriers to accessing important information, identifying supports, understanding their rights, exercising choice and control and speaking up and resolving issues. However, there has long been a lack of culturally appropriate information, education and engagement with this cohort to address these barriers.

Information Linkages and Capacity Building (ILC) February 2020 – February 2023

The **Individual Capacity Building** component of this project, delivered culturally appropriate activities to individuals and their families to increase their:

- Understanding of disability and the rights of persons with disability in the Australian context
- Expectations for what a good life might look like
- Awareness of mainstream and specialist disability services and how to access these services
- Capacity to exercise choice and control when engaging with services, including the NDIS.
- Confidence to exercise their rights and voice their concerns

ILC (Individual Linkages and Capacity Building). The ILC program is all about inclusion of people with disability. The Multicultural Engagement project which is funded for three years since January 2020 is about supporting people from CALD background with disability, their families and communities to build their capacity and learn more about:

Since August 2020, 114 participants have been engaged with across five locations ie. Cairns, Townsville, Toowoomba, Logan and Brisbane. Thirty of these participants have exited the program. Majority of participants were born overseas, in 25 different countries. Participants spoke 19 languages other than English, with Swahili, Arabic and Kurdish Kurmanji being the most spoken languages. Just over half of the participants and/or their family and carers required an interpreter. 58% of participants had arrived in Australia on a humanitarian visa and 13% of participants had arrived in Australia in the past five years. Sources of referrals included AMPARO's Community Connectors project, settlement services, the personal networks of workers in the project, disability service providers, and from Refugee Health Services.

Participants had a wide range of disabilities including:

- physical disability (24%)
- psychosocial disability (11%)
- Autism (6%)
- hearing impairment (6%)
- intellectual disability (5%)

- speech impairment (4%)
- vision impairment (3%) and
- language disorder, neurological disability, Acquired Brain Injury and developmental delay (1% each).

Almost 20% of participants were aged under 18.

Effective partnerships have been established by the Multicultural Engagement Workers (MEWs) with key stakeholders in their regions including Refugee Health, settlement agencies, QPASTT, schools, community connectors, disability services providers and the Access and Referral Teams.

One recurring theme the workers have found when engaging with the participants is that expectations can be different or low in some CALD communities. Several CALD communities don't expect that a person can live well with a disability and have a deficit view of disability. They don't expect that the person living with a disability can or should participate in normal everyday activities and don't have the need for a paid support worker, preferring instead to look after their family member themselves in return for a carer's payment for example. Many families and individuals from CALD backgrounds require the worker to spend time developing a trusting relationship, so they can slowly build the person's / family's understanding of the benefits of the NDIS and other mainstream services, and to increase expectations for what a good life for a person with disability can look like in Australia. Effective capacity building with people from CALD backgrounds with disability and their families requires intensive support through several face-to-face meetings. Establishing this trust requires more time needing to be spent with individuals in their homes along with accompanying them to appointments to eg Centrelink or the GP.

This "Story of Change" about a young woman who lives with her siblings reflects the difference this project is making.

The Multicultural Engagement Worker (MEW) supported the young woman and her siblings through the process of gaining access to the NDIS.

The young woman, who had suffered a stroke 10 years ago, had previously been unsuccessful on two occasions to request access to NDIS. She spent a lot of time at home alone because her siblings were going out to work. She was dependent on her siblings to help her to do most things and said she felt she was like a baby that they looked after. This young woman and her siblings arrived on humanitarian visas and came to Australia as orphans. She had been studying nursing at the time of the stroke, after which she lost all verbal communication, had limited memory and was unable to continue with her studies. She needed help to navigate the NDIS pathway.

As a result of the engagement and support from the MEW, the young woman has been granted access and is waiting for the decision on her first Plan. She is thinking about what she wants to do with her life and newfound independence, and what she needs to help her to be able to drive and get a job. This is really important for her self-esteem and she seems happier already.

In the new Plan there is a request for Support Coordination and Plan Management so that the money is being used efficiently. The worker will work with the young woman to find culturally appropriate support coordination and build her capacity around understanding her rights and choices with regards the NDIS.

Organisational Capacity Building Project: Funded by ILC grant.

AMPARO Advocacy is building the leadership capacity of people from CALD backgrounds with disability to become involved in the organisation at all levels now and into the future. We are working with a group of emerging leaders so they can:

- Become members of the organisation
- Learn more about the work, values and approaches of AMPARO, particularly the work as an independent social advocacy organisation
- Represent AMPARO at functions and consultations
- Share their story and be role models in their community
- Participate in the planning, decision making and governance of the organisation.

Highlights throughout the year include:

Annual Members Morning Tea

Usually a small gathering, this year we had over 30 new and old members, allies and our local politician, Jonty Bush.

The increased attendance is due to the Organisational Capacity Building project.



Our newest Management Committee member, James Nono welcomed people with a heartfelt acknowledgement to country. Three members, Bic, Francoise and Cuc shared their story of receiving advocacy from AMPARO. Other emerging leaders shared aspects of their experiences. We also showcased AMPARO's history and discussed the important difference advocacy makes to people's lives. A lovely, heartwarming event.

"I talked and I am happy. I liked the welcome, – I liked how to talk to each other and the food we shared".



"I feel so good. If you meet me 2 years ago, I couldn't talk. Now I have confidence talking to people. The Morning Tea make me open mind more



and listen to others story and others culture. I meet new people."

Creating Good Lives: People with Disabilities Can: Training Event with Jane Sherwin

People with disability are often told by their community what they can't do. This workshop for emerging leaders explored what people with disability CAN do. We want to raise expectations for people with disability, look at practical ways people with disability can achieve valued roles and live valued lives in family and community life.

Firstly, we explored what people are up against, such as the negative life patterns and the devaluation that often occurs in society. We then focused on the importance of mindsets that encourage people to dream big and have high expectations and positive vision for their life. We learnt the importance of helping people to connect with 'valued' others in their community and strengthen positive roles such as partner, friend, worker, volunteer and to build skills in these roles. Emerging leaders participated and contributed fully. They brought different stories and perspectives from their culture regarding how people are both valued and devalued.



A follow up Zoom session helped participants consider and share learnings and insights from the training and identified strategies for how we can change the attitudes of people who have low expectations of what people with disability can do. This is important for emerging leaders to be able to represent the values of AMPARO at events and consultations as well as improve the expectations that communities and families have of people with disability.

Strategies included:

- Be a role model yourself of what people CAN do.
- Share your stories of what you have done, despite challenges and difficulties
- Respectfully challenge people who express negative views or beliefs
- Hold the vision of a good life for all people with disability
- Advocate and show people what is possible for people with disability

The Importance of Independent Advocacy

Emerging leaders attended a Zoom session to learn more about independent social advocacy and the principles and elements of this work. This session was to build on a previous workshop held in February 2020.

“In our communities there is a cultural barrier, people from Africa, we have a fear of shame. We fear speaking up. We fear for our families. A language barrier exists. We come from war torn countries, we don’t usually understand the concept of advocacy”. (Participate)

People engaged well with the discussion of the fundamentals of advocacy and identified issues affecting them and their community. Understanding independent social advocacy is a long-term learning process for us all!

Emerging leaders also had an opportunity to join the **Stand With Us campaign** and support the call for ongoing state funding for independent advocacy, by attending a Rally outside parliament House in March.



AMPARO Governance events

Emerging leaders have become more involved in different AMPARO governance activities. Some have attended our bi yearly AMPARO reflections evenings where staff present current advocacy situations for the committee to reflect on. Others attended Management Committee meetings to gain more understanding of how the organisation is run. Emerging leaders also contributed significantly to the development of AMPARO’s Strategic Plan 2020-2023.

AMPARO would like to thank those members and emerging leaders who have participated in the organisational capacity project in different capacities throughout the past year.

Andres Angoles
Mohammad Salmani
James Nono (now Management
Committee member)
Sean Gomes (now Management
Committee member)
Sahal Hassan Omar

Rosette Pendo
Masoumeh Ahmadi
Thao Thanh Thi Pham
Bich Nguyen
Francoise Mukamtwari
Nyrop Mayot
Julian Savva

In 2022, our final year of funding, we hope to build more opportunities for people to take on leadership roles, share their stories and represent AMPARO at different events and consultations.

Evaluation of ILC Projects

Ingrid Boland, Social Work Consultant

In a collaboration with research staff from The Hopkins Centre at Griffith University, AMPARO is implementing a comprehensive evaluation of our ILC Projects. This includes evaluation of both the Organisational Capacity Building and Individual Capacity Building projects.

Organisational Capacity Building

In 2021, as part of this evaluation, AMPARO's Emerging Leaders participated in a focus group and provided feedback via surveys and reflective questioning. Strong themes in the survey data were that participants highly value the opportunity to learn from one another's personal stories and to deepen their understanding of AMPARO's purpose, values and work. The focus group data is currently undergoing transcription and analysis and will be available for the final report.

Individual Capacity Building

Evaluation of the Individual Capacity Building project continued throughout 2021. Multicultural Engagement Workers collected demographic data and survey feedback from project participants, as well as completing outcomes reporting for participants who exited the program. This data showed that participants are happy with the support they have received from AMPARO and agree that AMPARO has helped to connect them with relevant services that provide supports.

Multicultural Engagement Workers described a wide range of outcomes including better understanding of available service and how to access them, including the NDIS, participation in education and employment, gaining knowledge about accessing housing, and access to Support Coordination.

In addition to the survey and demographic data, AMPARO will conduct ten interviews with ICB participants during 2022. The Multicultural Engagement Worker team is currently inviting people to participate in these interviews. The interviews will provide rich qualitative data about participants' experiences of the project, and the results will be included in both the evaluation and a formal research project being coordinated by The Hopkins Centre. These interviews will be supplemented by interviews with five Multicultural Engagement Workers and a series of three focus groups with AMPARO management staff, to provide multiple perspectives on the project and its outcomes.

National Community Connector Program

Background

The NDIS Community Connectors Program was developed by the NDIA in response to a recognition that certain cohorts, such as those from a Culturally & Linguistically Diverse or Aboriginal and Torres Straits Islander background, and those with psychosocial disability or with elderly carers were under-represented in the NDIS participation figures. Funding was provided by the NDIA for one-year to support people with disability from these groups to connect with the NDIS and the NDIS partners in the community.

AMPARO's Community Connector Program

AMPARO was one of 5 organisations funded to work with the CALD community in Southeast Queensland and was provided with funding for 3 positions to work in Brisbane, Moreton Bay and Logan. When the project began in August 2020, AMPARO Advocacy split the funding between five part-time positions, the Project Coordinator Liz Martyn-Johns, and 4 part-time bicultural workers: Linh Nguyen, a Vietnamese speaker; Venantie Niragira who speaks Kirundi, Kinyarwanda, Kinyamulenge, Swahili & French; Ruby Halaseh an Arabic and French speaker; and Mehdi Askari who speaks Hazaragi, Dari, Hindi, Persian and Urdu. When Ruby left for in April for longer term NDIS related work, we welcomed Maryam Farjami, a Kurdish and Persian speaker, to the team.

Community Engagement

Much of first few months was spent engaging with communities to meet with anyone and everyone who may have known of people with a disability who had yet to access the NDIS, or who had been turned down by the NDIS due to lack of evidence. The Connectors engaged with community leaders, groups and organisations; medical services including GPs, hospital nurse navigators and community health centres; educational establishments at all levels, supports services and NDIS partners in the community and spoke at multiple events, at various expos and organisations, at community gatherings, at mosques, temples and churches and at multicultural network meetings across the 3 regions. Linh even briefed the Premier on the program at a Vietnamese new year event in Inala.

This intensive community engagement work resulted in over 130 referrals to the Connectors. For those seeking access to the NDIS, the Connectors assisted them to gather evidence of disability from GPs and specialists, from Centrelink and schools, and to lodge applications to the NDIS. Once access was met the Connectors assisted with pre-planning and provided support at planning meetings and ensured that people were connected to support coordinators before ceasing their support. With 12 languages spoken by the 4 Connectors, AMPARO was able to work with many in their preferred language which was appreciated by all.

56 individuals required assistance for NDIS access. For some it was their first attempt at NDIS, but for many they had been declined previously due to a lack of appropriate evidence. Accessing good evidence for NDIS access can be a lengthy process, particularly as the NDIA requires clear confirmation that all possible treatments and interventions have been tried and that permanent and substantial disability remains. There are long wait lists to see specialists in the public system and some specialists refused to write reports for the NDIS, informing us that this was the role of the GP – when the NDIA requires specialist confirmation of the condition and of its permanence. A lack of access to functional assessments was also a significant problem; as GPs are not paid to, and may not have the skills or time to, undertake such assessments Access Request Forms were often completed poorly and further follow up meetings with GPs were often required. Some GPs were supportive, others were not.

When NCCP funding ceased at the end of June 2021, 11 months after AMPARO's NCCP program commenced, the program had received 110 referrals.

At the end of June AMPARO had completed providing supports for 44 individuals:

- 10 with NDIS access, preplanning and planning, and
- 34 with plan reviews, reconnection to PITCs and supports from other community services, including Qld Community Support Scheme, housing, aged care providers, legal services, or advocacy for more complex matters.

At the end of June AMPARO was continuing to support 66 individuals:

- 48 with NDIS access, pre-planning, and planning,
- 12 with NDIS plans for Plan Reviews or reconnection with PITCs, and
- 6 with connecting to alternative community services, and the team was continuing to receive many new referrals.

Since 30 June, AMPARO has:

- Referred 32 of the potential NDIS participants to the State Government's Assessment and Referral Team (ART), who were able to provide essential and detailed functional assessments for those who required evidence of their substantially reduced functional capacity to access the NDIS.
- Continued to support 28 with NDIS access, several of whom have submitted their ARFs, others are awaiting a functional assessment and some still require specialist evidence.
- 41 are being assisted with preplanning, planning, plan reviews, PITC and support coordination connections and for other issues – by AMPARO's advocates, Multicultural Engagement workers, and the Targeted Outreach Project that AMPARO has just begun working on, with QDN and ART.

With the remaining NCCP funds, and additional AMPARO funds, we were able to continue to employ the Connector team until the end of August 2021. New referrals brought the total referrals to 131, with a total of 69 people who continued to require support after the NCCP program ceased.

Altogether, AMPARO has completed supports for 69 of the 131 referrals, with a total of 28 individuals having met NDIS Access. AMPARO continued to work with 62 individuals who still required support to access the NDIS.

Although the NCCP program has made, and continues to make, a significant difference to the lives of many, the need for long term projects to support people with NDIS access and plan implementation, and with other disability related supports, can be seen in the above figures.

Much of the first few months of the project were spent in intensive community engagement, to educate people about the program. Once the community were aware of the program, and given the huge demand for assistance, we were then inundated with referrals. Due to the complexity and time-consuming nature of the work, including the long wait times for access

to specialist appointments, we have worked with people for many months and continue to work with more than half of those referred to the program.

Common issues identified by Community Connectors.

- The lack of appropriate evidence of functional capacity which was only resolved once ART were able to assist with assessments which was in the last month of the project
- Specialist reports which, written for GPs, unsurprisingly do not address NDIS criteria around permanence, a lack of, or inadequate, funding for support coordination
- The lack of capacity of LACs and ECEI workers to provide adequate support to those from a CALD background resulting in participants with Plans but with no knowledge of how to implement them.

These and many other issues have been reported to the NCCP coordinators at FECCA, and through AMPARO's systemic advocacy with NDIA management, and are outlined in the next section of this Annual Report.

AMPARO would like to thank the NDIA for recognising the need for additional measures to be implemented for those from a CALD background with disability to access the NDIS through the funding this program, and FECCA for their coordination of the program in Queensland.

A huge thank you also goes to AMPARO's Connectors Linh, Maryam, Mehdi, Ruby and Venantie for their dedication and commitment to the people who they supported – and for all the additional hours of their own time that we know that they put in to ensure that vulnerable people received the supports that they needed.

Lessons learned from the NCCP Program: Barriers to NDIS Access, effective planning and plan implementation for people from a CALD background with disability.

A) NDIS access

1. It is extremely difficulty to access acceptable diagnostic evidence of disability and of substantial functional impairment despite clear permanent and substantial functional impact from permanent disability.
2. There is a general lack of understanding by GPs and specialists of the need to confirm that each NDIS access criteria are met, as listed in Section 24 of the NDIS Act.
3. The original Access Request Form did not cover all NDIS access criteria – eg no section for doctor to specifically comment on the permanent nature of disability, what treatments and interventions had been trialled and that all possible interventions had been exhausted, the need for NDIS support for lifetime, and the impact on economic participation. Without such evidence the individual can be turned down due to a lack of evidence.
4. People who had earlier applications for NDIS access declined due to a lack of appropriate evidence were often reticent about reapplying and some had given up altogether and no longer wished to be involved.

5. Confirmation of permanence can be exceedingly difficult to obtain. Rather than accepting a specialist's statement that a diagnosis is permanent, the NDIA often insist on a full list of treatments to date and a specific statement that all possible interventions have been exhausted. This information is not available in regular reports from specialists to GPs. Although they may confirm the diagnosis, there is no requirement for them to refer to permanence or to list of previous treatments undertaken, and so further evidence must be sought.
6. Extremely long referral and wait times in the public system for those who have referrals to specialists, mental health teams and or case managers who could undertake diagnostic and functional assessments free of charge - this can be more than 12 months.
7. Refusal of some specialists to write specific reports for NDIS access, even after long waits to see them. To quote one recent rheumatologist 'my role is to brief patients on their condition and what treatments are available - it is not my role to provide reports for the NDIS, you will need to see their GP for this.' Then the NDIA has turned down people with significant disability for not having detailed NDIS focused specialist reports confirming long term treatment and that all available interventions have been exhausted.
8. Many do not have access to specialists and allied health services to write confirmation of diagnosis and permanence and people have had to rely on GPs. However, some with comprehensive GP reports citing specialist diagnosis have been declined NDIS access due to lack of specialist reports.
9. No funds for more timely private specialist assessments, who may be more willing to write specific NDIS focused reports.
10. Lack of access to free functional assessments from those qualified and experienced in writing them.
11. GPs usually do not have the training and often lack knowledge of their patients' functional impairments. Poorly completed ARFs by GPs have resulted in many people from a CALD background being declined NDIS access despite having a permanent disability which results in substantially reduced capacity.
12. Unlike appointments and reports for Work Cover, GPs do not have a budget line for NDIS access appointments and report writing. Some GPs therefore do not see it as their role to assist patients with NDIS applications and have refused to do so, and when their patients have gone to other GPs for support the original GP has refused to provide the potential participants' medical history to the new GP.
13. Some potential participants are using a variety of GPs at one or more practice; this results in no GP knowing them well and to be unable to comment on long term interventions.
14. Those whose substantial functional impairment resulting from disability attributable to a wide range of complex and permanent medical issues (eg an NDIS applicant with long term PTSD, depression, bilateral osteoarthritis, diabetes type 2 resulting in peripheral neuropathy and rheumatoid arthritis) require confirmation of long term treatment and exhaustion of possible interventions across all issues, or they risk having their functional impairment attributed to a condition for which there is no report of permanence and will have access declined. Such people who may have substantial

functional impairment and require significant supports for their lifetime (far greater the 5 hours of support available through the QCSS) are often unable to provide the range of comprehensive evidence currently required for NDIS access, for the reasons outlined above.

15. Where families have had to move regularly, children can miss out on being referred for appropriate care and a diagnosis.
16. Some individuals use a mental health care plan or a complex care plan from their GP to have assessments undertaken by psychologists or OTs for NDIS access, however many cannot afford to pay the out-of-pocket costs which can still amount to \$100+ per session (with multiple sessions required) and few therapists bulk bill even with a care plan. Also, such plans cannot be used to cover the cost of reports which in themselves can cost hundreds of dollars which many on low incomes cannot afford.
17. Likewise, those requiring long term psychological intervention before permanence is proven may not be able to afford such interventions given that most psychologists charge a far higher rate than is available through mental health care plans.
18. People with psychosocial disability resulting from long term PTSD, major depressive disorder or psychosis require proof of long-term psychological intervention such as counselling and extensive medical intervention before their disability is deemed by the NDIA to be permanent, even when it is confirmed to be permanent by a psychiatrist.

Refugees may have had their condition for many years in refugee camps where interventions and treatment were not available or have no record of previous of these from overseas. Others may be reluctant to seek counselling for legitimate reasons including the wish not to revisit their highly traumatic past, the need to use interpreters for counselling that they may not know or trust or the prohibitive costs of accessing such interventions even through a GP mental health care plan.

Significant stigma associated with mental health may also mean that they do not wish to discuss their issues, particularly when this must be done through an interpreter. Likewise, the use of medication for psychological issues is often not trusted and there can be fear that such interventions may dampen their cognitive ability and result in them being no longer able to care for themselves or their family when there is no one else to provide support. This need for written evidence of long-term intervention leads to people, with a permanent psychosocial disability resulting in permanent substantial functional impairment as confirmed by a psychiatrist, being declined for much needed NDIS support.

One example is a woman whose GP confirmed that she has PTSD and generalised anxiety disorder with major comorbid depression - permanent and stable - as diagnosed by a consultant Psychiatrist. She was declined access due to a lack of evidence of permanent disability given no specialist reports confirming long term interventions, despite her GP naming her medications and stating that although she had been seen by a number of different psychologists, the names of which were listed, that she was unable to maintain long term treatment from them due to a regular breakdown in the therapeutic relationship; and that such relationships could not be maintained without support. The GP went on to state that her inability to manage her diabetes appropriately 'is consistent with (her) inability to attend to self-care, nutrition and medication concordance when she is overwhelmed / stressed / anxious. Should this continue as is, her life expectancy is severely curtailed (5-10 years maximum).'

So, despite the permanence of 3 psychiatric disorders being confirmed as permanent by a psychiatrist, without evidence of long-term interventions she was unable to access the NDIS for support, but without NDIS supports she will be unable to maintain vital long-term interventions. She is currently 50 years old, has been impacted by PTSD since a child, and is totally on her own in Australia.

19. The need for NDIS applications and diagnostic reports to be worded in a very specific way to ensure all NDIS criteria are addressed calls for 'NDIS application experts' to write diagnostic and functional assessment reports and to complete detailed ARFs for people to gain NDIS access. GPs and specialists, while sometimes keen to help, usually don't have the required detailed knowledge of NDIS criteria or of functional assessment techniques nor the time to write detailed reports.

AMPARO's Community Connectors, funded under this program and appointed on level 3.4, had great skills in getting the NDIS information out into the CALD communities, finding people with disability (130+) to support for access, the personal skills to provide support to them to see GPs for referrals and specialists for assessments.

It is unreasonable to expect staff employed at level 3.4 to have the knowledge, skills and experience to:

- undertake functional assessments or even to identify where an assessment is inadequate,
- draft detailed ARFs
- advocate/ strongly request or support specialists to write specific NDIS criteria focused reports which would allow their patients to gain NDIS access.

This was a significant flaw in the model of the NCCP and contrary to advise provided by AMPARO to the NDIA. Without this higher level of support from a more skilled and experienced worker, who is qualified to undertake such assessments, many NDIS applicants will continue to have to rely on the standard '*specialist appointment summary updates to GP*' reports, and GP completed ARFs for evidence of functional impairments. As a result, many are going to continue to be declined access, not due to a lack of permanent disability and substantial functional impairment, but due to a lack of appropriate evidence to confirm both.

20. AMPARO welcomed the Ministers announcement in July 2021 that independent assessments as proposed, would not proceed as the issues around mandating independent assessments were significant. However, access to free functional assessments and diagnosis of a permanent disability from specialists who can address each of the NDIS criteria, would address a major barrier to the NDIS. Without private funds and skilled intensive support, it will continue to be very difficult for many, and particularly those from a refugee and CALD background, to access the NDIS.
21. The use of 'No Caller ID' on phones by the NDIA to call potential participants and an inability for the workers to leave a message on answer phones can create significant barriers for those from a CALD background. Those who do not speak English, or who speak very little English, often do not answer such calls for fear of not being able to understand English. If no message is left, there is no way for people to know that the NDIS or ECEI wish to talk with them.

22. Several individuals without appropriate or stable housing, were unable to engage in this program until their housing issues were resolved which, given the current acute affordable housing shortages, may take some time. Safe, affordable and accessible housing is essential to support social and economic inclusion.

B) Planning Conversations and Plan Implementation

1. There is a general lack of understanding by LACs and NDIA planners about how hard it is to implement an NDIS plan if the person and or their family do not speak English, do not know about services, cannot access the internet, have little understanding of what a good life for someone with disability can look like in Australia, have no extended family or social supports in Australia, and who may have been impacted by torture and trauma prior to arriving in Australia. These individuals, often from refugee backgrounds, continue to receive inadequate or no Support Coordination in their plans, despite the presence of a Connector at their planning or plan review meetings. This has led to many being unable to implement their plans and an increased need for plan reviews.
2. Very few, if any, participants were streamed for NDIA planning conversations, despite the often-extreme complexity of their situation. With LACs conducting the meeting there is an expectation that they will provide the ongoing going support and that there is no need for support coordination funding to be requested, when LACs clearly do not have the time and capacity to provide the extensive supports required throughout the plan period.
3. Poor understanding by LAC and NDIA planners regarding best practice in working with individuals from CALD background, including the engagement of face to face of interpreters, is a significant problem. Phone interpreters are still being engaged for planning meetings over the phone, even when COVID -19 restrictions were not in place. It is difficult enough for everyone to have a good understanding of questions and responses through an interpreter when everyone is in the same room, but when both the planner and or the interpreter are on the phone a detailed conversation is impossible. One vulnerable participant terminated the call and has refused any further connection with the NDIS.
4. Interpreters who have no knowledge of NDIS terms, funding categories and processes are being used at planning meetings and failure by planners to explain NDIS terminology, so the interpreter can then interpret more easily, has caused significant misunderstanding. This has led to considerable confusion and incorrect answers to questions – which regularly required clarification by the Connectors. Without the presence of the connectors who spoke the person's language and understood the NDIS terminology, the individual and their family would not have been able to respond to the questions appropriately.
5. Due to the sole use of TIS National for interpreting services by the NDIA, it is incredibly difficult to request preferred interpreters for planning meetings. The need for personal choice re interpreters has been discussed widely by AMPARO elsewhere, but includes concerns around confidentiality, the worry that extended family members or non-trusted community members or interpreters with unrecognisable dialects or accents may be engaged, and that impatient or condescending approaches may be taken. If the participant does not trust or understand the interpreter, valuable and important information will not be shared. It also means that potentially many people in their communities who are interpreters come to know the very personal details about the person with disability and their families.

6. Planners rarely offer to have Plans translated into a participant's language, even when both the participant and their family are unable to read and understand their Plan written in English. Many LACs were still unaware of the option to offer to this to participants. This is due to the failure of the NDIA to appropriate promote this option.

7. Participants supported by LACs are usually given a list of 4 services who may be able to assist them, with no direction as to how to select the most appropriate. LACs state that this is because they are unable to recommend services, but there is a big difference between recommending a service and providing an overview, through an interpreter, of the range of services offered and approaches taken by a given service. Without English and or access to the internet, participants are unable to make an informed choice around service provision. We have seen the appointment of highly inappropriate services, including those who are not culturally competent and who do not engage interpreters, or who sign up participants and then do nothing, or who insist on providing all services depriving the participant of choice and control over their Plan implementation.

8. LACs with 200+ participants and Child Development Specialists with 150+ participants to support do not have the time required to provide adequate support to many from a CALD background and are unable to undertake the essential regular home visits. Due to the numbers involved, there is a reliance on participants phoning Carers QLD when there is a plan implementation issue. People from a CALD background who do not speak English are often unable to make that phone call and so plans are underutilised or not used at all.

9. Despite these high numbers supported by Child Development Specialists there is next to no understanding of the need for Support Coordination for children under 7. Even when plan reviews were lodged seeking Support Coordination due to parents being unable to speak English, who were impacted by complex issues themselves, and unable to implement their child's plan, applications for support coordination were declined.

10. There is a high turnover in LAC staff and frequently when the LAC named on the Plan leaves, their participants are not informed, and they are not replaced until the participant calls for assistance. If no one calls, a new LAC is not appointed, and no one follows up with the participant to see if the plan is being implemented. AMPARO reconnected several participants with new LACs and ECEI services and requested plan reviews for support coordination for others.

11. Where supports and allied health therapies are provided by NDIS registered providers, the NDIS will cover interpreting costs for those who have no or limited English. However, increasing numbers of allied health therapists are not registered with the NDIS due to the significant cost and workload involved in registration. There are long wait times for therapists, and so an increasing number of participants are having to engage therapists who, although fully qualified and highly skilled, are not NDIS registered and therefore do not have access to funding for interpreting. Parents, with limited English, who have young children receiving early intervention are often therefore not aware of their children's therapy plans nor of the exercises that they are required to assist them with between therapies. Surely if the NDIA are paying the therapists to undertake this work, they should also be covering the interpreting costs that will allow the parents to engage with the therapists to build their capacity to provide appropriate supports to their children.

C) 12 Month NCCP Program

1. The limiting of the NCCP program to 12 months significantly impacted the effectiveness of the program and the number of people who received support to gain access to the NDIS. The commencement of the program was delayed by the NDIA, with AMPARO recruiting the first Connectors in late August; the program then ran for 10 months. Much of the first few months of the project were spent in intensive community engagement, to educate people about the program. Once the community were aware of the program, and given the huge demand for assistance, we were inundated with referrals. We are continuing to receive referrals to the program but sadly no longer have NCCP funding for this much needed work.
2. When the NCCP program ended at the end of June 21, we were able to continue to employ the team in July and August through the use outstanding NCCP funds combined with AMPARO funding. At the end of the 12 months, we had completed supports for 62 of the 131 referrals, but AMPARO is having to continue to work with the remainder of those referred through our other programs to ensure that people gain NDIS access and are supported with pre-planning and planning, or their plans are reviewed, or they are connected to PiTCs and services.
3. Given that many potential participants required referrals from their GPs to specialist, and the long wait times in the public system, many had yet to attend their specialist appointments by the end of the program. An important part of the Connectors work was assisting potential participants to brief these specialists on the specific NDIS eligibility criteria and therefore the reporting requirements re permanence and exhaustion of treatment options, or to ask for reports to be rewritten if insufficient information was provided. Who is to do this work now?
4. The commencement of the Queensland Government's Assessment and Referral Team in Southeast Queensland has helped many who needed access to free functional assessments to confirm substantially reduced functional capacity. Without these essential assessments, many of the 28 who now have access to the NDIS would not have gained NDIS access. Of the remaining 28 who have yet to gain access, some have submitted applications following an ART assessment, others are awaiting their functional assessment, and some are yet to be referred to ART. Unfortunately, as the Connectors finished in August, and the ART team commenced in Southeast Queensland in October, the Connectors who knew these individuals well could no longer support them with their functional assessments, preplanning and planning.

GOAL 4: Be an effective, sustainable and independent social advocacy organisation

This goal focuses on ensuring AMPARO operates as an effective, accountable, publicly funded independent advocacy organisation that complies with legislative, constitutional, funding and industrial requirements.

AMPARO Advocacy is governed by a voluntary management committee, the majority of whom are people from a CALD background with disability. This is key requirement of AMPARO's constitution and ensures the organisation is led by people with a lived experience of disability and an understanding of the additional barriers that can be experienced when you are new to Australia and have language and cultural differences.

The Management committee responded well to the many opportunities and challenges the year brought to ensure AMPARO could continue to undertake its core business of defending protecting and promoting the rights and interests of people from CALD backgrounds with disability, so their fundamental needs are met.

The Interim Report by the **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability**, released October 2020, strong supports and recognises the benefits of independent advocacy for people with disability and particularly for those with impaired decision making. The report acknowledges the following:

"The activism and advocacy of the disability rights movement since the 1970s and 1980s has led to substantial changes in Australian legislation, policy and practice and highlights that the persistent voice of advocates was instrumental in calling for a Royal Commission."

"Advocacy and representation enables people with disability to have their voice heard at all levels of society and to influence issues of deep concern to them, the Commission states that whilst advocacy plays an important role in implementing and monitoring the CRPD, existing advocacy services are under-funded."

The advocacy campaign required significant efforts to convince those in positions of power and influence in government, that ongoing state advocacy funding for Queenslanders with disability was critical. Whilst the campaign was successful, it was an unnecessary distraction from our core business of safeguarding the rights of people with disability.

AMPARO being successful in the grant application process will commence planning for the next 18 months to ensure we can continue to provide vigorous independent individual advocacy that makes a positive sustainable difference in people's lives. Unfortunately, however we are extremely disappointed that we will no longer be funded to undertake systemic advocacy.

AMPARO would like to acknowledge and thank organisations that wrote strong letters of support for the application for ongoing advocacy funding.

These included:

- Speaking Up For You
- Cultural Perspectives
- Qld Program of Assistance for Survivors of Torture & Trauma
- Community Resource Unit
- Staffing Options
- Gold Coast Advocacy
- Queensland Advocacy Inc.
- Refugee Health Network Qld
- Capricorn Citizen Advocacy
- Rights In Action
- Toowoomba Advocacy Service Centre

Over the past year the Management Committee have ensured the organisation fulfils its mission and remain faithful to the intent of AMPARO Advocacy's Constitution by:

- Attending four management committee meetings.
- Attending reflection meetings to hear and discuss the individual advocacy work in greater depth to develop a collective understanding of the challenges and experiences of people from a CALD background with disability.
- Mentoring and supporting new management committee members during another challenging year.
- Ensure the Strategic Direction of the organisation as per the Strategic Plan for 2020-2023

Staff recruitment, training, and development

This year AMPARO recruited and welcomed 5 new temporary part-time workers who are delivering ILC individual and organisational capacity building activities. All staff underwent induction and training and professional development planning and had access to important training opportunities.

Comply with legislative, constitutional, funding and industrial requirements by:

- **Implementing efficient and effective systems to manage finances, assets and risk**
 - Continued to update the client and information data system to meet funding body's requirements, including moving to quarterly reporting via P2i.
 - Reviewed administrative and financial processes to reduce operational costs and moved closer to a paperless office.
 - Ensured an independent financial audit was conducted - by Registered Company Auditor Jason O'Connor Pty Ltd and copies of the financial statements were provided to all members of the Association.

- **Implementing an effective Human Services Quality Framework**

AMPARO implements a quality management system which strengthens the work of organisation through processes of continuous improvement and by maintaining accreditation under the Human Service Quality Framework.

- **Reporting to Department of Seniors, Disability Services and Aboriginal Islander Partnerships**
 - 6 monthly and then quarterly reporting financial reporting
 - Quarterly Directors Certification Reports
 - Audited Financial Reports 2019/2020
 - Criminal history checks for all staff / volunteers
 - Signed a variation to the service agreement for 2020-2021.

- **Meeting Industrial Relations and Other Requirements**
 - Monitored and implemented changes to awards and pay scales with support of Jobs Australia.
 - Reviewed and updated all insurance policies, including Workcover

Support the need for a strong independent social advocacy in Queensland

- **Combined Advocacy Groups of Queensland**

AMPARO Advocacy is a member of the **Combined Advocacy Groups of Queensland (CAGQ)**, a state-wide network of Federal and State funded advocacy agencies. Members of CAGQ joined with Queenslanders with Disability Network and Aged Disability Advocacy to form the Queensland Disability Advocacy Network to lobby the State Government for a commitment to the provision of independent social advocacy for Queenslanders with disability. Members of CAGQ maintain contact via regular teleconferences throughout the year, sharing important information.

TREASURER'S REPORT



As the Treasurer of AMPARO Advocacy, I am very pleased to inform today's members and guests that the Management Committee have acted to conduct the financial business of the organisation in accordance with the Association and Incorporation Act of 1981 and organisational policies. On behalf of the management committee, I am happy to present AMPARO Advocacy's Financial Report for the year ended 30 June 2021.

Thank you, Jason O'Connor Registered Company Auditor, for such professional and generous support over the past years and for the diligence in the preparation of the Independent Audit Report, which includes the statement of the financial position of AMPARO Advocacy as at the 30 June 2021.

Despite the fact we were marked by another year of COVID-19, AMPARO Advocacy succeeded in completing a very busy, very productive year. I am happy to advise that the Audited Financial Statements for 2020 /2021 shows a surplus of \$39,477.26, of which \$25,322 is due to ATO Cash Flow received for this year. I am confirming that AMPARO has made full provision for all liabilities, including staff entitlements such as annual leave, personal leave and long service leave.

AMPARO Advocacy received funds for 2020 -2021 from the following:

- Department of Seniors, Disability Services, Aboriginal & Islander Partnerships: Individual and Systemic Advocacy
- Department of Social Services: Information, Linkages and Capacity Building: Individual and Organisational Capacity Building
- Disability Advocacy Network Australia (DANA): Disability Royal Commission
- Community Gambling Benefit Fund: to purchase new motor vehicle
- Federal Ethnic Council of Community Services (FECCA): National Community Connector Program
- Consultancy work on building cultural competency by AMPARO Advocacy

Receiving grants from this many sources and the high level of dedication by the staff allows AMPARO to do our work well, reporting requirements and acquittals due at various points throughout the year keeps the team particularly busy. We take this opportunity to thank our funders for this year, allowing AMPARO to deliver the important work of the organisation.

I would like to thank our bookkeeper Lucia Forman, for professional and careful preparation of the financial reports, her commitment to AMPARO over many years. Specific acknowledgement for exemplary work goes to our manager Maureen Fordyce, with many thanks for her commitment to support my role of a Treasurer. To all the staff of AMPARO Advocacy, thank you for the great work you do to assist the individuals and families we have worked throughout the year.

I would like to propose that the Audited 2020 / 2021 Balance Sheet and Annual Statement of Receipts and Expenditure be adopted, and the Auditors' Report be received.

Ludmila Doneman

Treasurer

AMPARO ADVOCACY INC

MINUTES OF ANNUAL GENERAL MEETING

Wednesday 18th November 2020

1. Acknowledgement to Traditional Owners

Shahram acknowledged Traditional Owners of the land and the Elders past and present.

2. Welcome

Shahram welcomed everyone and thanked them for attending.

Present: Shahram Jazan, Abebe Fekadu, Ludmila Doneman, Julie King, Jen Barrkman, Sean Gomes, Maureen Fordyce, Mehdi Askari, Murka Smiechowski, Keiko Omi, Lalita Lakshmi, Linda Mullaly, Linh Nguyen, Liz Martyn-Johns, Lucia Forman, Maree Anderson, Odette Tewfik, Ulla Cooper, Ruby Halaseh, Dennis Forman, Don Dias-Jayasinha, Ignacio Correa-Velez, Jo Cochran, Paola Cabellero, Mohammad Salmani, Maryam Farjami, Emily Salmani, Mercy Kyosiimye, Nyrop Mayot, Bobby Noone, Racheal Kirabo, Rosette Pendo, Vicky Pendo, Mahmoud Sabeti (SEE LIST)

3. Housekeeping

Julie King spoke on COVID Safe Practices and advised attendees of where the emergency exits, and accessible bathrooms are.

4. Apologies

Andres Angulo, Anne Fraser, Esperance Kalonji, Benita Bierzynski, Graeme Burkett, Gustav Gebels, Ingrid Boland, James Nono, Julie Granger, Karin Swift, Margrot Pidgeon, Mary Kenny, Masoumeh Ahmedi, Peter McQuoid, Sahal Omar, Shawn Phua, Venantie Niragira (SEE LIST)

5. Tabling of proxies

Proxy nomination received from Julie King. Julie then read out all proxy nominations and apologies.

Approval of Minutes of the previous meeting (AGM 2019)

It was proposed that the minutes of the 2019 AGM be confirmed as a true and accurate record.

PROPOSED: Shahram Jazan SECONDED: Sean Gomes CARRIED

6. Business arising from previous meeting

None

7. President's Report

Shahram Jazan presented the President's report. He thanked the Management Committee members, staff, members and guests of AMPARO for their continuing support of the organisation.

8. Treasurer's Report

Ludmila Doneman presented the financial report. She proposed that the Audited 2019/2020 Balance Sheet and Annual Statement of Receipts and Expenditure be adopted and the Auditors' Report be received.

PROPOSED: Ludmila Doneman SECONDED: Shahram Jazan CARRIED

9. Report on the work over the past year

Maureen Fordyce acknowledged the traditional owners of this land and presented the Manager's report, highlighting AMPARO's work, achievements, and challenges over the past year. This included continuing individual and systemic advocacy on behalf of people from CALD backgrounds with disability as the core business of AMPARO and working with partners to enable equitable levels of participation in NDIS of people from CALD backgrounds.

10. Thanks to Management Committee members

Shahram Jazan thanked the Management Committee for their dedication and contribution to the governance of AMPARO over the past year. Shahram gave a special thank you to Esperance who was stepping down, for her commitment to the Management Committee.

PROPOSED: Shahram Jazan SECONDED: Julie King CARRIED

11. Introduction of Returning Officer

Shahram Jazan introduced Jo-Ann Cochran as Returning Officer. Jo gave an 'Acknowledgment of Country', paying respects to the Traditional Owners and ongoing custodians of the land - the Aboriginal and Torres Strait Islander people, then handed over briefly to Julie to acknowledge that Esperance Kalonji would be stepping down as committee member and Ludmila presented Esperance with a gift. Jo-Ann Cochran then took over the proceedings of the meeting.

12. Election of Management Committee Members for 2020/2021

Jo Cochran asked and Julie confirmed that there was a quorum.

Jo Cochran declared all positions on the management committee vacant and asked that the committee step down. Julie King then stood up as Secretary. Esperance Kalonji stood down as a new committee member. All other committee members remained seated.

Jo Cochran announced that the Management Committee had asked that the number of members on the Management Committee remained seven for 2020/2021. She invited the members to move a motion to maintain the number of Committee members at seven.

PROPOSED: Shahram Jazan SECONDED: Ignacio Correa-Velez CARRIED

Jo Cochran read out the list of nominations received by the secretary by 4 November 2020 and posted on the noticeboard in the AMPARO Advocacy office.

Position	Nominee
President	Shahram Jazan
Vice President	Abebe Fekadu
Treasurer	Ludmila Doneman
Committee Members	Jen Barrkman Julie King Sean Gomes James Nono

Jo Cochran confirmed that AMPARO Advocacy received one completed nomination for each management committee position, so there was no need to take nominations from the floor.

Jo Cochran said he was pleased to declare that:

Shahram Jazan the President of AMPARO Advocacy Inc. for 2020/2021

Abebe Fekadu the Vice-President of AMPARO Advocacy for 2020/2021

Ludmila Doneman the Treasurer of AMPARO Advocacy 2020/2021

Jen Barrkman, Julie King, Sean Gomes and James Nono the Committee Members of AMPARO Advocacy for 2020/2021

Jo Cochran handed the meeting back to the President Shahram Jazan to chair.

Shahram thanked Jo Cochran for her kind support and presented her with a gift.

Shahram welcomed James Nono to the Management Committee as a new committee member and informed the meeting that Julie King has agreed to be nominated at the next Management Committee meeting to the office of secretary.

Shahram then handed over to the Treasurer Ludmila Doneman.

13. Appointment of the Auditor for 2020/2021

Ludmila Doneman proposed that Jason O'Connor from J O'Connor Pty Ltd, PO Box 5480, Brendale DC Qld 4500 be appointed as Auditors for 2020/2021

PROPOSED: Ludmila Doneman SECONDED: Abebe Fekadu CARRIED

14. Confirmation of Public Liability Insurance

Ludmilla Doneman confirmed that AMPARO Advocacy has Public Liability Insurance cover for \$40 million.

15. General Business

15.1. Julie King presented Lucia Forman a Certificate of Appreciation for her 10 years of service to AMPARO.

15.2 Shahram Jazan enquired whether there was any other business. Jen Barrkman stood up and spoke on what highlights AMPARO has had this year and asked the attendees to speak on what highlights they've personally experienced in their connection to AMPARO this year. Bobby Noone, Mehdi Askari, Liz Martyn-Johns, Ruby Halaseh, Murka Smiechowski, Odette Tewfik, Linh Nguyen, Mohammad Salmani, Don Dias-Jayasinha, Maree Anderson and Emily Salmani shared their experiences.

15.3. Julie King thanked Maureen Fordyce and the staff of AMPARO. Shahram Jazan thanked the Management Committee for their support of the staff over the past year and Maureen Fordyce presented all Committee Members a gift.

16. Close of Meeting

Shahram thanked all members and guests for attending the meeting and supporting the work of AMPARO Advocacy over the past year and invited everyone to join in for some refreshments.

Meeting closed at 6:40 pm.

AUDITOR'S REPORT



phone 07 3369 2500
Interpreter Service 13 14 50

An Incorporated Association

ABN 56 876 279 925

FINANCIAL STATEMENTS

30 JUNE 2021

INDEX	Page
STATEMENT OF COMPREHENSIVE INCOME	44
STATEMENT OF FINANCIAL POSITION	45
STATEMENT OF CHANGES IN EQUITY	46
STATEMENT OF CASH FLOWS	46
NOTES TO THE FINANCIAL STATEMENTS	47
STATEMENT BY MEMBERS OF COMMITTEE	50
INDEPENDENT AUDIT REPORT	51

We stand up for....

people from a non-English speaking background with a disability
who are being treated unfairly, abused, or discriminated
against.

We speak, act, and write on your behalf to protect your most
basic needs.

Auditor:

Jason O'Connor CA

www.joconnorptyltd.com.au

STATEMENT OF COMPREHENSIVE INCOME

AS AT 30 JUNE 2021

	2021	2020
Note	\$	\$
INCOME		
ATO Cashflow boost	25,322.00	18,350.00
Federation of Ethnic Communities Councils of Australia	270,370.00	-
Grants - Commonwealth	450,000.00	912,044.25
Grants - Other	10,000.00	25,669.73
Grants - State of Queensland	443,650.05	301,372.00
Interest received	4,286.43	3,136.01
Sundry income	4,512.31	-
Unexpended funds brought forward	833,054.49	137,946.16
Unexpended funds carried forward	(858,192.96)	(847,599.95)
Total Income	1,183,002.32	550,918.20
EXPENSES		
Asset purchases write off	14,076.09	7,887.91
Audit fees	5,475.00	750.00
Bad debts	(14,545.46)	7,272.73
Consultancy fees	73,034.98	38,905.46
Employee entitlements	934,342.07	399,199.47
Information and technology	12,852.96	9,953.72
Insurance	8,044.63	3,208.50
Meetings and venue hire	6,545.52	18,132.04
Motor vehicles expenses	3,125.47	5,354.17
Postage, printing, and stationery	12,437.45	4,562.83
Rent and outgoing	32,887.68	23,841.32
Sundry expenses	24,596.78	5,052.87
Telephone and internet	7,288.11	6,535.87
Travel and accommodation	23,363.78	6,048.03
Total Expenses	1,143,525.06	536,704.92
Surplus before income tax expense	39,477.26	14,213.28
Income tax expense	1	-
Surplus after income tax expense for the year attributable to the members	39,477.26	14,213.28
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year attributable to the members.	39,477.26	14,213.28

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2021

	Note	2021 \$	2020 \$
CURRENT ASSETS			
Cash on hand		305.70	294.10
Cash at bank		679,050.29	624,587.72
Cash on deposit		383,949.70	380,834.10
Trade debtors		89,456.50	-
Prepayments		2,063.59	1,861.43
Other debtors		1,234.29	562.02
		1,156,060.07	1,008,139.37
Total Current Assets			
		1,156,060.07	1,008,139.37
CURRENT LIABILITIES			
Accounts payables		38,323.51	15,321.74
Other payables		42,095.62	-
Provision for employee entitlements		103,435.29	72,165.65
Unexpended grants	3	858,192.96	847,599.95
		1,042,047.38	935,087.34
Total Current Liabilities			
		1,042,047.38	935,087.34
NON-CURRENT LIABILITIES			
Provision for employee entitlements		42,612.15	41,128.75
Total Non-Current Liabilities		42,612.15	41,128.75
		1,084,659.53	976,216.09
Total Liabilities			
		1,084,659.53	976,216.09
Net Assets		71,400.54	31,923.28
EQUITY			
Accumulated surplus		71,400.54	31,923.28
Total Equity		71,400.54	31,923.28

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021**

	Accumulated Surplus \$	TOTAL \$
Opening balance 1 July 2019	17,710.00	17,710.00
Current year Surplus	14,213.28	14,213.28
Closing Balance 30 June 2020	31,923.28	31,923.28
Opening balance 1 July 2020	31,923.28	31,923.28
Current year Surplus	39,477.26	39,477.26
Closing Balance 30 June 2021	71,400.54	71,400.54

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021**

	Note	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		1,088,587.12	566,963.04
Payments to suppliers and employees		(1,035,283.78)	174,009.59
Interest received		4,286.43	3,136.01
Net Cash Provided by Operating Activities	2	57,589.77	744,108.64
CASH FLOWS FROM INVESTING ACTIVITIES			
Net Cash Used in Investing Activities		-	-
CASH FLOWS FROM FINANCING ACTIVITIES			
Net Cash Used in Financing Activities		-	-
Net Increase in Cash Held		57,589.77	744,108.64
Cash at the beginning of the year		1,005,715.92	261,607.28
Cash at the end of the year	2	1,063,305.69	1,005,715.92

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Basis of preparation

In the officers' opinion, the incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements.

These are special purpose financial statements that have been prepared for the purposes of complying with the Queensland legislation the Associations Incorporation Act 1981 and the Australian Charities and Non-for-Profits Commission Act 2012 and regulations. The Committee Members have determined that the accounting policies adopted are appropriate to meet the needs of the members.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Donations

Donations are recognised at the time the pledge is made.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received, and all attached conditions will be complied with.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the incorporated association is a non-profit institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Other receivables are recognised at amortised cost, less any provision for impairment.

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature, they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee benefits

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses, and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

	2021 \$	2020 \$
NOTE 2: CASH FLOW INFORMATION		
a. reconciliation of cash flows from surplus		
Surplus attributable to members	39,477.26	14,213.28
Non-Cash flows in surplus		
Depreciation and impairments	-	-
Changes in assets and liabilities		
(Increase) / decrease in receivables	(90,330.93)	19,180.85
Increase / (decrease) in payables & grants	65,097.39	(2,671.90)
Increase / (decrease) in provisions	43,346.05	713,386.41
	57,589.77	744,108.64
b. reconciliation of cash		
Cash on hand	305.70	294.10
Cash at bank	679,050.29	624,587.72
Cash on deposit	383,949.70	380,834.10
Less bank overdraft	-	-
Total Cash	1,063,305.69	1,005,715.92

	2021 \$	2020 \$
NOTE 3: UNEXPENDED GRANTS		
Department of Seniors, Disability Services, Aboriginal & Islander Partnerships	159.60	(14,957.41)
Combined Advocacy Groups Qld	479.01	1,400.27
Queensland University of Technology	-	7,272.73
Cultural Competency Training	1,371.16	1,371.16
ILC – Organisational Capacity Building	70,940.96	73,441.21
ILC – Individual Capacity Building	725,150.46	772,889.59
Disability Royal Commission - DANA	10,683.90	6,182.40
Consultancy	1,149.13	-
Community Gambling Fund	20,033.05	-
National Community Connector Program	28,225.69	-
	858,192.96	847,599.95

STATEMENT BY MEMBERS OF COMMITTEE FOR THE YEAR ENDED 30 JUNE 2021

Responsible Persons Declaration.

Per section 60.15 of the Australian Charities and Non-for-Profits Commission Regulation 2013.

1. the association is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the Australian Charities and Non-for-Profits Commission Act 2012 and regulations.
2. the attached financial statements and notes thereto give a true and fair view of the association's financial position as of **30 June 2021** and of its performance for the financial year ended on that date.
3. there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.
4. the financial statements and notes satisfy the requirements of the Associations Incorporation Act 1981 and regulations; and
5. the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-Profits Commission Act 2012 and regulations.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Non-for-Profits Commission Regulation 2013.



Chairperson

Dated this 15th day of October 2021.

INDEPENDENT AUDIT REPORT

To the members of Amparo Advocacy Incorporated

Opinion

We have audited the financial report of the **Amparo Advocacy Incorporated**, which comprises the statement of income and expenditure and the balance sheet as at the **30 June 2021**, the notes to the financial statement, including a summary of significant accounting policies, and the Statement by the Members of the Committee.

In our opinion the financial report of the **Amparo Advocacy Incorporated**, has been prepared in accordance with Associations Constitution, including.

1. giving a true and fair view of the association's financial position as of **30 June 2021** and of its performance for the year ended on that date.
2. complying with accounting policies to the extent described in Note 1, and the Associations Incorporation Act 1981; and
3. the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-Profits Commission Act 2012 and regulations.

Basis for opinion

We conducted our audit in accordance with the Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial report section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report is prepared to assist for the purpose of fulfilling the Association's financial reporting responsibilities under the Associations Incorporation Act 1981 and the Australian Charities and Non-for-Profits Commission Act 2012 and regulations. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Associations Incorporation Act 1981 and to meet the needs of the members. The management's responsibility also includes such internal controls as the officers determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, Management is responsible for assessing the Association's ability to continue as a going concern, disclosing as applicable, matters relating to going concern and using the going concern basis of accounting unless Management either intent to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

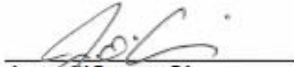
Management is responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Australian Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken based on this financial report. A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.



Jason O'Connor CA
Chartered Accountant

Liability limited by a scheme approved under Professional Standards Legislation

Dated this 14th day of October 2021.

Jason O'Connor B. Com CA

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