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# **BARRIERS AND EXCLUSIONS:**

**The support needs of newly arrived refugees with a disability**



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*Photo credit. Using both hearing aids, Abdu can hear 90 per cent. Here he sits with his parents and grandparents as they chat after a meal. © UNHCR/IG. Welters*



*This man in a wheelchair recently returned to Al Kawd. He says his prayers in a badly damaged mosque. UNHCR / A. Al-Sharif / December 2012*

## Executive summary

Due to experiences of conflict, torture and displacement, people from refugee backgrounds are more likely to have a disability than other populations. However, until 2012, people with a disability and/or other significant health concerns were excluded from Australia's resettlement program, representing a significant discrimination concern. This resulted in the exclusion of highly vulnerable refugees from resettlement to Australia. A policy change in 2012 resulted in an increase in the number of refugees with disabilities who were granted visas.

While this change has been welcomed by organisations working with people from refugee backgrounds, the natural consequence of this policy change has been an increase in the prevalence and diversity of disability among newly resettled refugees. With the increased number of people with a disability in Australia's resettlement program, there is need to ensure that newly arrived refugees have the support services they need to live a life of inclusion and dignity. The quality of life of these individuals can, and is, being severely compromised due to inadequate access to assistive equipment and technology, specialist services, accessible housing and other mainstream supports.

This report focuses on the experience of refugee and humanitarian entrants arriving in Australia with a disability. Unfortunately, the increase of people arriving with a disability has not been met with appropriate funding and policies to fully support their resettlement and inclusion in Australian society. Without access to vital services, new arrivals with a disability will continue to be excluded.

Key issues for this group include: access to timely on-arrival assessment and support; provision of essential equipment and aides; lack of accessible and appropriate housing; inadequate support within the National Disability Insurance Scheme (NDIS); lack of culturally appropriate disability services; and lack of translating and interpreting services within disability services and the NDIS. Together, these barriers create further hurdles for the inclusion of new refugees.

This report makes a number of recommendations to address the existing barriers and challenges for people from a refugee background with a disability.

# Recommendations

## **Recommendation 1: Ensure accurate information transfers between services**

*That the Department of Social Services, Department of Home Affairs and contracted services should work to implement a system that ensures accurate and timely health information transfers from assessments offshore to health and settlement service providers providing on-arrival support.*

## **Recommendation 2: Avoid settling people living with a disability in rural areas where needed services are not available**

*The Department of Social Services should limit or avoid settlement of entrants living with a disability in rural and regional areas that do not have access to a tertiary hospital or necessary specialised health services.*

## **Recommendation 3: Give refugees priority access to support**

*Refugees and humanitarian entrants with a disability should receive priority access to disability support systems and professional medical advice and assessment, including doctors, physical therapists and allied health. This priority access should recognise the lack of disability support many people have received prior to arriving in Australia. This would include:*

*State-based equipment providers in each state and territory should include refugee status as a triage priority on waiting lists in recognition that most will have no existing equipment.*

*NDIS to require Early Childhood Early Intervention services to consider refugee status in triage.*

*Where prioritisation is not possible, funding for necessary services should be funded by DSS via SIS.*

## **Recommendation 4: Provide funding for immediate access to disability support aids**

*The Department of Social Services should extend funding for hiring of disability support aids until people have access to State-wide Equipment Program funding or the NDIS.*

## **Recommendation 5: Ensure specialised disability support officers in settlement services**

*The Department of Social Services should ensure that all refugees with a disability are provided with Specialised and Intensive Service support through the Humanitarian Settlement Program, in recognition of the case work needed to apply and contract services through the NDIS. Further, the Department of Social Services should consider ways to embed specialised disability support officers within on-arrival settlement services to ensure caseworkers supporting new arrivals with a disability can access staff who have expertise around the integration of disability and settlement service systems. Linking with local Disabled People's Organisations or other disability advocacy organisations would be highly advantageous and would create positive outcomes.*

## **Recommendation 6: Provide appropriate housing for people arriving with a disability**

*The Department of Social Services should ensure that housing settlement providers have adequate training in the needs of people with a disability, have access to appropriate housing stock, and contingencies for when a house is found to be manifestly inappropriate and a lease has to be broken.*

## **Recommendation 7: Develop mechanisms to ensure full implementation of the NDIA CALD Strategy**

*The National Disability Insurance Agency (NDIA) should develop action items to ensure full implementation of the NDIA's Cultural and Linguistic Diversity Strategy 2018 (CALD Strategy) and publish regular monitoring and evaluation reports to assess the implementation of this strategy.*

## **Recommendation 8: Provide access to NDIS for refugees and people seeking asylum on temporary visas**

*People seeking asylum and refugees on Temporary Protection Visas and Safe Haven Enterprise Visas should have full access to disability support systems, including the NDIS.*

### **Recommendation 9: Provide support to use the NDIS effectively**

*Refugee and humanitarian entrants with a disability should be provided with additional settlement support in order to understand and navigate access to the NDIS through the Humanitarian Settlement Program's Specialised and Intensive Services. This should include additional hours to receive casework support so they can attend appointments and assessments, and support in completing the application for the NDIS.*

### **Recommendation 10: Provide information on the NDIS**

*Refugee and humanitarian entrants with a disability should receive information on the NDIS in their preferred language or communication method, including through the use of professional accredited interpreters, translated material or any other communication method that suits their needs. This information should contain information about their rights, entitlements and expectations of the services they can receive, including information about independent advocacy services and how to access those supports if required.*

### **Recommendation 11: Provide full access to interpreting services**

*The NDIA should develop and widely disseminate simple and easily understood information in English and in languages other than English which details how NDIS participants can access the free professional translating and interpreting supports.*

*Consideration should be given to develop clearer guidelines regarding the use of interpreters and translators in the NDIS.*

### **Recommendation 12: Carers to be supported and included**

*The Australian Government should ensure that families and carers of people with a disability are informed of the services and supports available to them upon arrival. This should include ensuring that service providers are adequately trained and funded to work with people from refugee backgrounds.*

### **Recommendation 13: Collect and use data to help plan better responses**

*The Australian Government should ensure that it collects and disseminates data on the prevalence of people with a disability who are arriving through the Refugee and Humanitarian Program. This data should be de-identified and made available publicly, while individual data should be provided confidentially to settlement service providers, with the person's consent.*

### **Recommendation 14: Ensure the NDIS collects data on people from refugee backgrounds**

*The NDIA should include identifiers in its dataset to assist in ascertaining participation rates of people from refugee backgrounds.*

# Introduction

Different definitions of disability have been suggested. For example, the *Refugee Convention* and the *Convention on the Rights of Persons with a Disability* (CRPD)<sup>1</sup> adopt a social model of disability, which sees disability as a consequence of an environment that is organised to meet the needs of people without a disability.<sup>2</sup> The CRPD states that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”.<sup>3</sup>

As Mary Crock explains, disability “arises from societal structures that unnecessarily isolate persons with physical, mental, intellectual or sensory impairments and exclude them from full participation in a community.”<sup>4</sup> Under the CRPD, Australia has committed to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.<sup>5</sup> This commitment applies equally to everyone within Australia’s territory and jurisdiction.<sup>6</sup>

The World Health Organization has estimated that approximately 15% of people around the world have a disability.<sup>7</sup> If this percentage is applied to forced displacement figures from the United Nations High Commissioner for Refugees (UNHCR),<sup>8</sup> at least 3.4 million refugees are likely to have a disability.<sup>9</sup> However, due to the nature of displacement, refugees are likely to have a higher prevalence of a disability compared to other populations.<sup>10</sup> Experiences of war, torture and persecution may result in physical and psychological issues, while a lack of adequate health care, sanitation and essential provisions may also see people acquire or develop a disability, or have children born with a disability.

Until 2012, people with a disability were excluded from Australia’s Refugee and Humanitarian Program. 2012 brought about a welcomed policy change that resulted in an increase in refugee and humanitarian entrants with a disability arriving in Australia.<sup>11</sup> However, the exact proportion of humanitarian entrants that either arrive in Australia with a disability, or develop or acquire a disability during the arrival and settlement process, remains unknown.<sup>12</sup>

Current evidence suggests that refugees with a disability are often forgotten or invisible during crises of human displacement. Additionally, they have physical, mental, sensory or intellectual impairments that, in interaction with various barriers and the world around them, hinder their full and effective participation

<sup>1</sup> Philippa Duell-Piening, ‘Refugee resettlement and the Convention on the Rights of Persons with Disabilities’ (2018) 0 *Disability and Society* 1.

<sup>2</sup> Charles O’Mahony, ‘Legal Capacity and Detention: Implications of the UN Disability Convention for the Inspection Standards of Human Rights Monitoring Bodies’ (2012) 16 *International Journal of Human Rights* 883, 884.

<sup>3</sup> *Convention on the Rights of Persons with Disabilities 2008*, art 13.

<sup>4</sup> Mary Crock, Christine Ernst, and Ron McCallum, ‘Where disability and displacement intersect: Asylum seekers and refugees with disabilities’ (2012) 24 *International Journal of Refugee Law* 735, 737.

<sup>5</sup> *Convention on the Rights of Persons with Disabilities*, art. 1.

<sup>6</sup> Mary Crock, Christine Ernst, and Ron McCallum, ‘Where disability and displacement intersect: Asylum seekers and refugees with disabilities’ (2012) 24 *International Journal of Refugee Law* 735, 739.

<sup>7</sup> World Health Organization and World Bank (eds), *World Report on Disability* (2011).

<sup>8</sup> United Nations High Commissioner for Refugees, *Global Trends: Forced Displacement in 2016* (19 June 2017) <<http://www.unhcr.org/global-trends2016/>>.

<sup>9</sup> At the end of 2016, there were 22.5 million refugees around the world. 15% of this population equals 3.4 million that may be living with a disability.

<sup>10</sup> Refugee Council of Australia, *Australia’s Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<https://www.refugeecouncil.org.au/intake-sub-2016-2017/>>, 4; Karen Soldatic, Kelly Somers, Amma Buckley, and Caroline Fleay, ‘Nowhere to be found’: Disabled refugees and asylum seekers within the Australian resettlement landscape’ (2015) 2 *Disability and the Global South* 501, 502.

<sup>11</sup> Refugee Council of Australia, *Australia’s Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<https://www.refugeecouncil.org.au/intake-sub-2016-2017/>>, 4.

<sup>12</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, ‘Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia’ (2016) 3 *Disability and the Global South* 844.



*Alia\*, 24, in Domiz refugee camp in the Kurdistan Region of Iraq on 15 November 2012. UNHCR/B. Sokol*

in society on an equal basis with others.<sup>13</sup> People from refugee backgrounds with a disability have specific needs upon arrival that may stem from their disability status.<sup>14</sup> The nature of their past experiences, journey, and complex resettlement procedures means that their health needs may also be ‘more extensive’ than most.<sup>15</sup> For this group, the barriers to accessing health and social services are greater.

This report focuses on service system issues relating to newly arrived refugee and humanitarian entrants in Australia who have a disability. It will explore in detail the barriers that prevent newly arrived refugees with a disability from being fully included in Australian society. Humanitarian entrants to Australia with a disability find it difficult to navigate, access and utilise mainstream and disability support systems.<sup>16</sup> Without essential support to

access services, this cohort of people is likely to fall through system gaps. This significantly hinders their settlement, social and economic participation, and full inclusion in Australian society.

In addition, this report features key issues identified by service providers working with newly arrived refugees with a disability. The report also draws from the experiences of Australians with a disability from refugee backgrounds, their families and carers. These concerns have been directly expressed by service providers to the Refugee Council of Australia (RCOA), the National Ethnic Disability Alliance (NEDA), the Settlement Council of Australia (SCOA) and the Federation of Ethnic Communities’ Councils of Australia (FECCA), through both formal and informal consultations with service providers and community members.

<sup>13</sup> *Convention on the Rights of Persons with Disabilities*, art. 1.

<sup>14</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 18.

<sup>15</sup> Philippa Duell-Piening, *Response to a Discussion Paper of the Victorian State Disability Plan 2017-2020* (Victorian Refugee Health Network, July 2016), 12.

<sup>16</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 4.[Diversitat 4]

# Background to Australia's Refugee and Humanitarian Program

## How people come to Australia

Under Australia's Refugee and Humanitarian Program, the Australian Government annually sets a number of places for refugees and humanitarian entrants. While numbers have fluctuated, the Refugee and Humanitarian Program is currently set at 16,250 places in 2017-18 and will increase to 18,750 places in 2018-19.<sup>17</sup> The Australian Government has also recently resettled 12,000 people from the conflicts in Syria and Iraq as a one-off program in addition to the annual humanitarian intake.

There are two main ways in which people come to Australia through the Refugee and Humanitarian Program: through resettlement from overseas (the 'offshore' component), and by claiming asylum in Australia (the 'onshore' component).

There are two main categories within the offshore component. First, there are those who are generally identified by UNHCR as in need of resettlement, who are granted a refugee visa (subclass 200).<sup>18</sup> Second, there are people proposed for entry by people or organisations in Australia under the global special humanitarian program (subclass 202), because they are subject to substantial discrimination and human rights abuses in their home country. There is another, smaller group admitted as women at risk (subclass 204), and two visa classes for special cases.<sup>19</sup>

## Disability under the program

Until recently, Australia's Refugee and Humanitarian Program has discriminated against people with a disability. The *Migration Act 1958* and regulations are exempt from the *Disability Discrimination Act 1992* (s. 52), allowing the government to discriminate against people with a disability in the area of migration. To receive a visa through the offshore program, a person must meet the health requirements set out in Public Interest Criteria 4007. This requires that the Minister for Immigration not grant a visa if a person has a "disease or condition", and the provision of health care or community services for that person would be likely to "result in a significant cost to the Australian community in the areas of health care and community services". It is extremely difficult for children and adults with a disability to meet the health requirement given the focus is exclusively on the perceived economic cost of the applicant's "condition" and the perceived "burden" this will place on public and community resources. Those who fail this health requirement because of a disability or other health concern are not able to migrate to Australia.

However, this policy changed in 2012, after a Parliamentary inquiry into the treatment of people with a disability in Australia's migration system. Now, while a person must still meet the health requirements, those requirements can be waived for a person applying for refugee resettlement. The migration policies direct the decision maker to grant a health waiver, regardless of the impact that person may have on the health or community services in Australia.<sup>20</sup> This change only applies to refugees with a disability; migrants with a disability are still subject to the discriminatory health waiver processes. This policy position has received widespread criticism from United Nations bodies and officials including the Special Rapporteur on the human rights of migrants.<sup>21</sup>

Since July 2012, this change has resulted in more refugee and humanitarian applicants with a disability arriving in Australia through the resettlement program. However, the exact number remains unknown.

<sup>17</sup> The Australian Government has committed to continue the allocation at 18,750 after 2018-19.

<sup>18</sup> The Refugee visa does not require that the person be identified by UNHCR, but this is the usual practice.

<sup>19</sup> These are the In-country Special Humanitarian Program (subclass 201) for people being persecuted and unable to leave their home country and the Emergency Rescue visa (subclass 203) for refugees who need urgent resettlement.

<sup>20</sup> Department of Immigration and Border Protection, *Policy Advice Manual: Offshore Humanitarian Program - Visa Application and Related Procedures* (12 May 2017).

<sup>21</sup> Francois Crepeau, 'Report of the Special Rapporteur on the human rights of migrants of Australia and the regional processing centres in Nauru', 35<sup>th</sup> sess., Human Rights Council, Agenda item 3, UN Doc A/HRC/35/25/Add.3 (24 April 2017) [92].



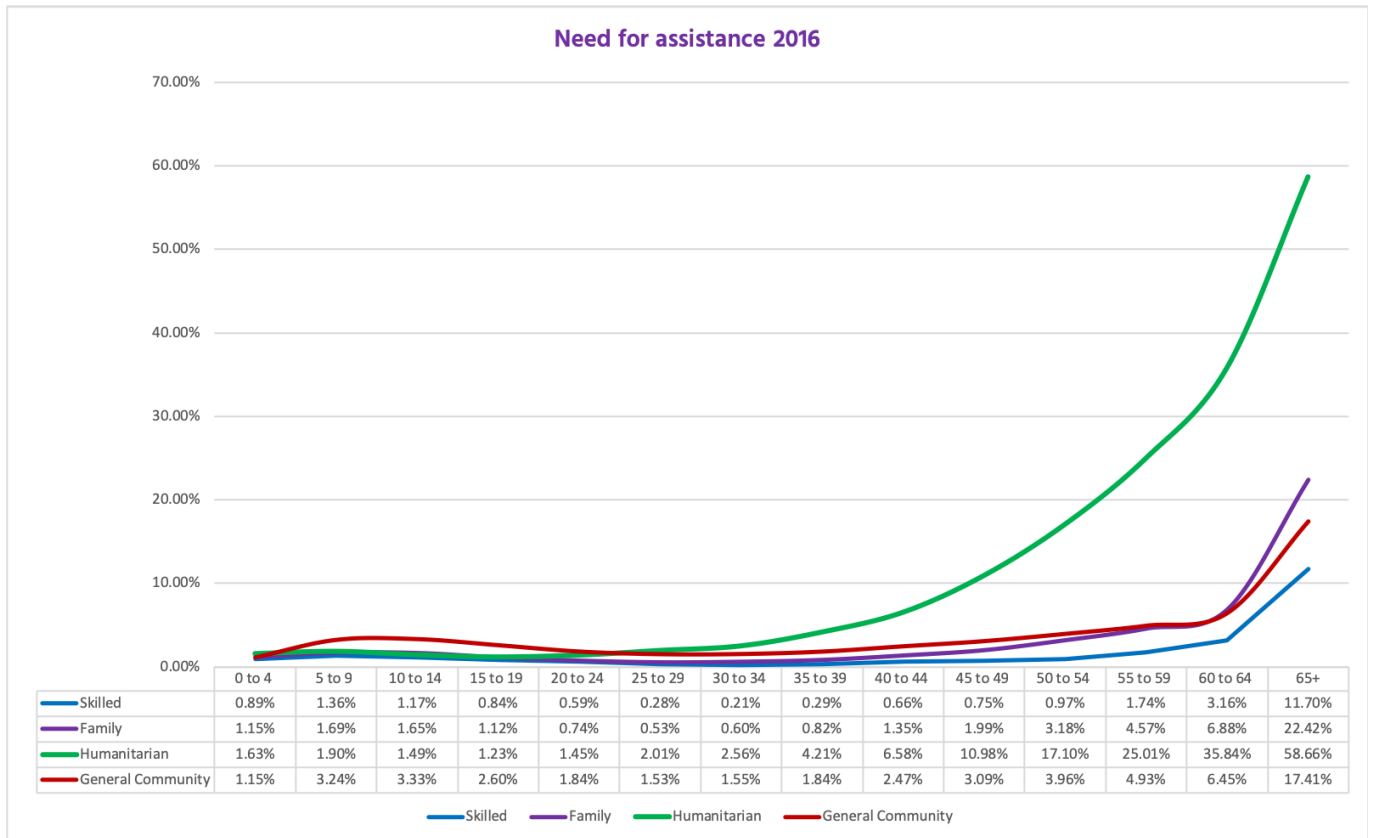


Figure 1: Need for assistance, 2016, Australian Census and Migrant Integrated Dataset

### Statistics of refugee and humanitarian entrants with a health or disability status

Statistics on the number of refugees with a disability are difficult to obtain, reflecting a general lack of awareness about the issues faced by this group.

The 2016 Australian Census and Migrants Integrated Dataset records statistics on migrants in Australia, including humanitarian migrants (refugees). While disability is not recorded, the Census asks people if they have a need for assistance. While this may represent people with a disability, it also captures people who are elderly. Further, it does not capture people with a disability who do not need assistance.

Humanitarian entrants have the largest proportion of people with a need for assistance for those aged over 25, as seen in Figure 1. This proportion raises substantially as people get older.

This highlights significantly higher proportion of people with a disability for refugees when compared to the entire Australian population, or other migrants.

In addition, figures obtained through Freedom of Information reveal the number of refugee and humanitarian entrants who were granted a Health Waiver (Figure 2).<sup>22</sup> These data show the number of people who, but for the waiver, would have been excluded from resettlement because they have a disability or health status determinant that would have likely had a significant cost to the Australian community. However, it is not possible to ascertain from these statistics the health or disability related determinants underpinning the waiver.

<sup>22</sup> Department of Immigration and Border Protection, *Freedom of Information Request FA 17/05/01274* (4 August 2017) <[https://www.righttoknow.org.au/request/statistics\\_on\\_health\\_waivers\\_in?nocache=incoming-10200](https://www.righttoknow.org.au/request/statistics_on_health_waivers_in?nocache=incoming-10200)>.

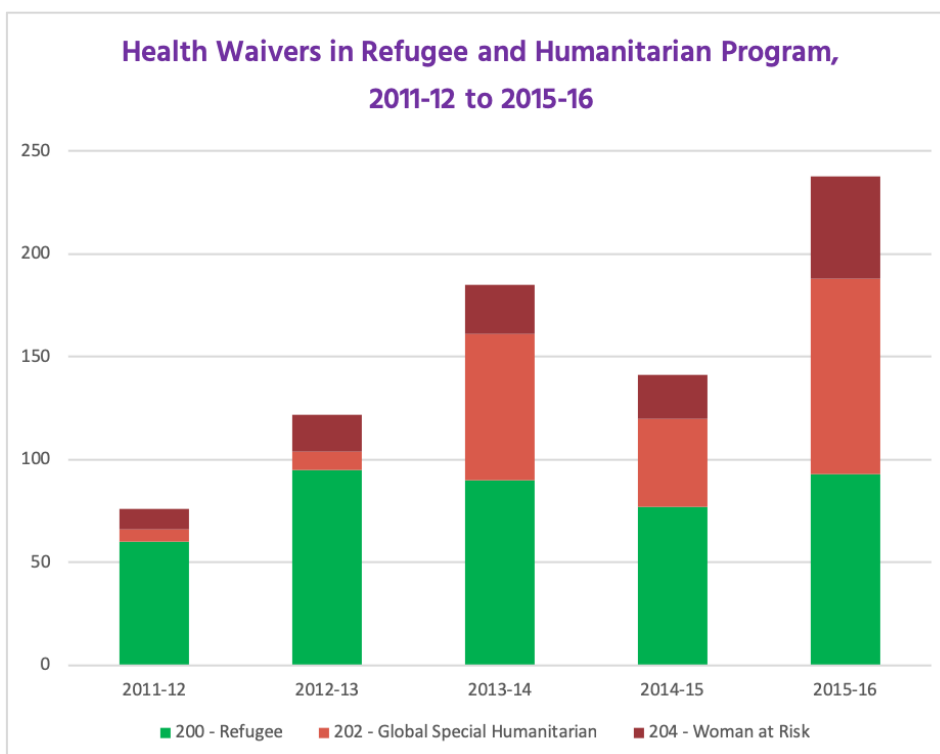


Figure 2 Health waivers in the Refugee and Humanitarian Program, 2011-12 to 2015-16 (Source: Department of Immigration and Border Protection, Freedom of Information Request FA 17/05/01274).

In the 2015-16 financial year, 238 (1.4%) of the 17,555 people who resettled through Australia’s Refugee and Humanitarian Program received a health waiver. These data show an increase in the number of people arriving with health or disability related issues, as should be expected due to the change in policy in 2012 (outlined above).

The lack of reliable statistics highlights the need for better collection and dissemination of data in order to ensure that on-arrival needs are being serviced appropriately, and to support the full social and economic participation of people with a disability from a refugee background.

### Support for refugees

Australia’s settlement services framework is internationally renowned as an example of best practice in supporting the successful settlement of refugee and humanitarian entrants. The Australian Government funds a program to provide on-arrival settlement support and orientation to most people in the off-

shore program, and also to some people in the onshore program who arrive with a valid visa. This program, previously the Humanitarian Settlement Services (HSS) program, was recently renamed the Humanitarian Settlement Program (HSP).

This program is designed to assist humanitarian entrants in the first 6 months of arrival. In addition, the Specialised and Intensive Services section of the HSP is also available to humanitarian entrants who experience additional barriers to settling and require additional casework support.

The initial months of settlement are some of the most challenging periods in a refugee’s settlement journey. Refugee and humanitarian entrants typically arrive in Australia with limited or no financial resources (with some new arrivals bringing literally nothing more than the clothes on their backs), limited or no English language skills or knowledge of Australian culture, laws and systems. On arrival, they are confronted with a myriad of often competing settlement challenges: finding appropriate accommodation; learning English; completing education; obtaining or upgrading qualifications; seeking employment; supporting family

members still living in refugee situations overseas; learning about life in Australia; and recovering from experiences of torture and trauma.

In this context, effective on-arrival support plays a critical role in assisting new arrivals to find a foothold in Australia and begin their settlement journey in a positive way. HSP providers are the first point of contact for many new arrivals in Australia and the support they offer can significantly influence future settlement outcomes.

Once they leave the program (usually six to 12 months after arrival), humanitarian entrants can access services under the Settlement Grants Program (SGP), which is designed to assist with longer-term settlement needs. SGP services vary between locations but most focus on casework, referrals, provision of settlement-related information, advocacy services and community development activities.

However, these settlement programs and services are not designed to cater for the needs of refugees with a disability. As discussed below, the lack of specialised support across both the refugee and disability sectors has left a gap in service delivery for new arrivals, resulting in significant problems.

## A human-rights based approach to supporting refugees with disability

People with a disability from a refugee background have rights not only under general human rights law, but are also protected under the *Refugee Convention* and the CRPD.<sup>23</sup> Newly arrived

refugees with a disability are entitled to full and equal participation in Australia, not just equal to other people with a disability, but ultimately in line with the whole community. Therefore, the gaps identified below represent a significant failing of Australia's responsibility under both the *Refugee Convention* and the CRPD, as well as the Australian Government's commitment to access and equity. Without adequate support, refugees with a disability will remain excluded from Australian society, representing a failure of both settlement services and disability services.

Domestically, the National Disability Strategy (NDS) is Australia's key national policy framework for protecting, promoting and fulfilling the human rights of people with a disability. All Australian governments have agreed that the NDS is the mechanism to implement the CRPD and to report to the United Nations against progress in achieving the CRPD. The NDS lists priority areas of action to ensure people with a disability, including people with a disability from refugee backgrounds, socially and economically participate in Australian society on an equal basis with others.<sup>24</sup> However, national Disabled People's Organisations (DPOs) and disability advocacy organisations have raised serious concerns that the NDS, in its current form, is not obtaining the outcomes it was designed to deliver.<sup>25</sup>

In 2017, the Senate Community Affairs References Committee held an inquiry into the outcomes of the NDS and found the strategy to be "severely lacking in mechanisms for accountability and evaluation". The inquiry made seven key recommendations to improve the effectiveness of the NDS, including the development of a central coordinating 'Office for Disability' to help Australia meet domestic and international reporting obligations.<sup>26</sup> People with a disability, particularly newly arrived refugees with disability, would benefit from a robust, effective and nationally consistent NDS.

<sup>23</sup> Philippa Duell-Piening, 'Refugee resettlement and the Convention on the Rights of Persons with Disabilities' (2018) 0 *Disability and Society* 1.

<sup>24</sup> Department of Social Services, National Disability Strategy 2010-2020, <<https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>>.

<sup>25</sup> T. Sands, 'Disabled People's Organisations Australia (DPO Australia) Submission to the Senate Community Affairs References Committee Inquiry into the delivery of outcomes under the National Disability Strategy 2010-2010 (NDS) to build inclusive and accessible communities, Disabled People's Organisations Australia (2017) <[http://dpoa.org.au/wp-content/uploads/2017/05/DPOA\\_CommunityAffairs\\_NDSoutcomes\\_-280417.pdf](http://dpoa.org.au/wp-content/uploads/2017/05/DPOA_CommunityAffairs_NDSoutcomes_-280417.pdf)>.

<sup>26</sup> Senate Community Affairs Reference Committee, Commonwealth of Australia, 'Delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities' (2017), 4.43.

## Providing adequate preparation for complex cases

Settlement and health services may have little or no information on the clients' needs prior to arrival. One Victorian service provider has noted that they do not receive information that a person has a disability, is sick, or in need of specialist support. In the words of two participants at the RCOA consultation:

“We have clients who are getting off the plane and need a wheelchair and we don't know that they need a wheelchair. They're met at the airport and having to carry family members on their back and that kind of thing”, and another, “often we have seen that people are actually quite sick when they come by plane and once they get here they have to attend multiple medical appointments. We don't really know until the time they jump on the plane and then on the other end we have to get ourselves ready. But that's not giving us enough time to respond, that's one of the critical things.”<sup>27</sup>

These concerns were repeated in late 2016 in another consultation held by RCOA in Geelong, when a service provider mentioned:

“One of the [issues]... is that we're often not notified when people have some kind of disability, so the actual notice of any health issues or disability supports is really poor... We've had cases where people turn up and the family is carrying someone because no one was told that they need a wheelchair. And if we knew that we could

have arranged for something to do that. So the more information [the better]. Screening is one thing, but I think to have that awareness would be helpful.

Since October 2017 health alerts are provided to service providers notifying them of the needs of people with disabilities upon their arrival to Australia. The alerts are categorised as either:

- Potential medical issue: indicating the nature of the serious medical problem that the person with a disability has at the time of evaluation that may resolve prior to arrival in Australia;
- Critical medical issue: indicating that the person with a disability has a serious medical condition that requires medical follow-up immediately upon arrival in Australia. Receiving a critical medical issue alert will usually result in a travel escort accompanying the person with a disability to Australia.

Health alerts are triggered by an Immigration Medical Examination or Departure Health Check and are communicated to the service provider upon designation.

While the alert system is very valuable, it is not fail-safe. For example, in a review of the Syrian and Iraqi children attending a specialist immigrant health service, of the six children identified with life threatening medical illnesses on arrival in Australia, only one of these six children had an offshore critical medical alert.<sup>28</sup>

Previously issues could be reviewed by health staff prior to arrival (with the exception of people arriving through the Special Humanitarian Program), but the Department of Social Services (DSS) now only generates health information for new arrivals designated as “high risk”. Health providers can access health reports via the new HAPlite system, but access to HAPlite records is not possible without individual HAPlite numbers and DSS does not provide those numbers to health care providers directly. There is real concern among health providers that many refugees with a disability may not be identified until after arrival and needed equipment will be delayed.

<sup>27</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 74.

<sup>28</sup> Heenan R et al (2018) 'I think we've had a health screen': New offshore screening, new refugee health guidelines, new Syrian and Iraqi cohorts: Recommendations, reality, results and review, *Jn of Peadiatrics and Child Health*, 55(1): 95-103. <https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.14142>

Those who are sponsored are particularly at risk of their disability not being picked up early. The sponsor is responsible for referring the person to a GP. While theoretically GPs will have access to health reports on HAPLite, in practice they are unlikely to know about the health portal.

Matching the needs of the entrant with the local capacity is particularly important. Settling people with specific health or therapeutic needs in rural and regional areas that do not have access to a tertiary hospital or necessary specialised health or disability services can be highly problematic.

### **Recommendation 1: Ensure accurate information transfers between services**

*That the Department of Social Services, Department of Home Affairs and contracted services should work to implement a system that ensures accurate and timely health information transfers from assessments offshore to health and settlement service providers providing on-arrival support.*

### **Recommendation 2: Avoid settling people living with a disability in rural areas where needed services are not available**

*The Department of Social Services should limit or avoid settlement of entrants living with a disability in rural and regional areas that do not have access to a tertiary hospital or necessary specialised health services.*

## **Delays in initial assessments and service provision**

The pathway to services is very different for humanitarian entrants than for the Australian-born population. An Australian living with a disability is typically linked to health and disability support services as they are required from birth, or when dis-

ability is first suspected. Diagnosis is available before services are often needed. In contrast, humanitarian entrants arrive needing services, but without a recognised diagnosis.

Diagnosis is required to access almost all disability services in Australia. Without it the person cannot access NDIS services or basic equipment such as mobility aids. Getting a diagnosis requires the person to be put on a waiting list for the service.

However, there is a significant delay for new humanitarian entrants in accessing basic services that may be crucial for the individual's health, wellbeing and dignity. For a myriad of reasons these processes and referral pathways are either inaccessible or ineffective for newly arrived refugees with disabilities, and their families. As a result, they may have to wait for long periods before accessing vital health or community services, or prior to obtaining even basic equipment such as mobility aids.

Unlike people who are born with or acquire a disability in Australia, people from refugee backgrounds who arrive with pre-existing disabilities have no service history in Australia. Additionally, newly arrived refugees with disabilities have very limited formal or informal support networks, meaning they are not easily linked or moved into service systems, such as the NDIS. The nature of mainstream and disability service systems in Australia is complex, and the delay that follows can have a negative effect on physical and emotional health and wellbeing, making the settlement process more challenging.<sup>29</sup>

Newly arrived people with a disability face significant delays in accessing basic services such as equipment, occupational therapists and specialist doctors.<sup>30</sup> As one service provider from Victoria noted in a consultation held by RCOA in 2015:

“The process at the moment is that once they come in you send them to the refugee health GP or you can refer them to the local council occupational therapist. It's usually three months or so for them to be able to come and make an assessment. And then when they come and make an assessment they put in an application for a wheelchair, that takes approximately a year, sometimes a

<sup>29</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 2.

<sup>30</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 74.

year and a half ... the thing that I think makes it hardest is that there's no accelerated pathway for those clients who are without equipment.<sup>31</sup>

In a consultation held by RCOA in December 2016 in Tasmania, one service provider noted:

“And there's just a time lag from when they arrive to connect them to services because of all that application process. It's designed around people who are born like that or have an acquired injury. They get really fed up with having to do all this. And they get quite cynical, “you're not going to get there”, it deters them from filling out the form.

While settlement services are contracted to provide mobility aids for the first 28 days, after this time the wheelchair may be removed and entrants are required to hire the equipment themselves until state-based equipment providers are in place. The gap is potentially weeks or months. During this time entrants may experience acute financial stress particularly as the DSP may not be in place to compensate for their higher living costs.

In some areas, the waiting list for public providers such as Occupational Therapists can be up to a year, creating a significant delay at the first step towards service provision. Funding for private purchase can be sought from DSS through SIS if the client is moved to SIS, but there is no automatic referral of people with a disability to SIS despite their additional support needs, nor is there any automatic acceptance of the need for purchase. DSS officers are required to decide on the veracity of a request for a health assessment for an NDIS process that they are unfamiliar with.

Again, people living with a disability who are sponsored may be the most vulnerable. They may not have received on-arrival screening from a refugee health provider. If their GP does identify a disability at a routine visit, the GP may not have the under-

standing of or willingness to assist the person apply for NDIS. Newly arrived refugees with disabilities have very limited formal or informal support networks, meaning they are not able to easily advocate their way through the NDIS process independently. The nature of mainstream and disability service systems in Australia is too complex.

Sponsors themselves are unlikely to understand what is required to apply for NDIS. This creates a real risk that services will be delayed until the person comes to the attention of a school or on admission to a hospital due to declining health or function. Proposers are not provided with specialist information and support to assist them navigate through the NDIS. Nor should they be expected to fund private services to assist that process. For example, one service provider reports that sponsors have been expected by DSS to pay for private health services to diagnose functional ability.

Delays can have a negative effect on physical and emotional health and wellbeing, making the settlement process more challenging,<sup>32</sup> as well as impacting on the quality of social participation of carers and family members.<sup>33</sup> Feedback from service providers suggests that it can take approximately 3 to 9 months or more for newly arrived refugees with a disability to access an NDIS Plan, only then can services be put in place.

The lack of access to the NDIS leaves people without support to access vital services, and puts pressure back on settlement services who are not specialised disability services. As one service provider noted:

“The new NDIS makes it difficult. For instance, it takes two weeks just to get the form.

Early intervention services for children from birth to 7 years of age, have been experiencing significant waiting periods in some areas due to the NDIS transition and provider changes. Services are not required to consider refugee status/ the lack of access to any services prior to arrival at triage. As a result, refugees may

<sup>31</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 74.

<sup>32</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 2.

<sup>33</sup> Karen Soldatic, Kelly Somers, Amma Buckley, and Caroline Fleay, “Nowhere to be found’: Disabled refugees and asylum seekers within the Australian resettlement landscape’ (2015) 2 *Disability and the Global South* 501, 508.

not be seen before they are no longer eligible for the program if they are effectively competing with an Australian born child who has been on the waiting list since birth.

### **Recommendation 3: Give refugees priority access to support**

*Refugees and humanitarian entrants with a disability should receive priority access to disability support systems and professional medical advice and assessment, including doctors, physical therapists and allied health. This priority access should recognise the lack of disability support many people have received prior to arriving in Australia. This would include:*

*State-based equipment providers in each state and territory should include refugee status as a triage priority on waiting lists in recognition that most will have no existing equipment.*

*NDIS to require Early Childhood Early Intervention services to consider refugee status in triage.*

*Where prioritisation is not possible, funding for necessary services should be funded by DSS via SIS.*

### **Recommendation 4: Provide funding for immediate access to disability support aids**

*The Department of Social Services should extend funding for hiring of disability support aids until people have access to State-wide Equipment Program funding or the NDIS.*

## **Interface between settlement support and disability services**

While it is commonly thought that people from refugee backgrounds receive 'intensive support',<sup>34</sup> this may not be the case. Mainstream disability services are generally unfamiliar with the specific needs of new arrivals coming from refugee backgrounds.<sup>35</sup> Additionally, there is a lack of knowledge and competency to work with culturally diverse entrants who struggle through multiple layers of discrimination.

There is no 'specific case-management funding' within the NDIS to support new arrivals through the NDIS eligibility and pre-planning processes,<sup>36</sup> and independent advocacy services are so overwhelmed with demand that often they deprioritise assisting culturally and linguistically diverse (CALD) people with a disability from accessing the NDIS.<sup>37</sup>

Limited resources for complex cases can mean that the additional needs of the individuals with a disability will not be adequately met.<sup>38</sup> A service provider in New South Wales mentioned that they are wary that when a case is referred to the Complex Case Support program (now part of the HSP) they are not necessarily being aided by a case manager with the skills or relevant disability awareness expertise to assist people with a disability. There are few disability support workers and interpreters who are familiar with both the needs/experiences of refugees and those with

<sup>34</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 29.

<sup>35</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 21.

<sup>36</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 6.

<sup>37</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 29.

<sup>38</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 20.

disability.<sup>39</sup> A high number of clients can also hinder the ability of caseworkers to make appropriate referrals and support their clients.<sup>40</sup>

There is currently not enough funding in settlement services programs to help people find appropriate disability and health related services. Diversitat notes that there is a need for support and early intervention as part of on-arrival settlement to prevent individuals from getting 'lost in the system'.<sup>41</sup> As explained to RCOA in a consultation in Adelaide by a service provider who works with the Bhutanese community:

“The caseworkers on the ground are hugely overworked and certainly what we're finding is the complexity of the cases coming in now is really escalated.”<sup>42</sup>

There are also concerns that newly arrived community members do not have enough knowledge and support to be able to negotiate the services available to them, especially when the NDIS is designed to be a consumer driven service.<sup>43</sup> Settlement services noted that it takes around 50 hours to support a newly arrived person to complete the NDIS referral, which these agencies are not funded to do. Many also were concerned about the insufficient number of interpreters, as well as the lack of cultural competency in the NDIS program and among NDIS contractors.<sup>44</sup>

The Victorian Refugee Health Network highlights that there is a need for 'culturally inclusive approaches', and that consultation of individuals with a disability from refugee backgrounds would improve the quality of service provision.<sup>45</sup> As the NDIS assumes an 'understanding of needs',<sup>46</sup> it is imperative that the entire model of support takes into account cultural past and present experiences that may impact on an individual's use of services. There is a lack of collaboration between existing mainstream disability services and settlement services, which results in services failing to meet the specific needs of humanitarian entrants with a disability.

### **Recommendation 5: Embed specialised disability support officers in settlement services**

*The Department of Social Services should ensure that all refugees with a disability are provided with Specialised and Intensive Service support through the Humanitarian Settlement Program, in recognition of the case work needed to apply and contract services through the NDIS. Further, the Department of Social Services should consider ways to embed specialised disability support officers within on-arrival settlement services to ensure caseworkers supporting new arrivals with a disability can access staff who have expertise around the integration of disability and settlement service systems. Linking with local Disabled People's Organisations or other disability advocacy organisations would be highly advantageous and would create positive outcomes.*

<sup>39</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 3.

<sup>40</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 20.

<sup>41</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 4.

<sup>42</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 75.

<sup>43</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 75.

<sup>44</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 75.

<sup>45</sup> Philippa Duell-Piening, *Response to a Discussion Paper of the Victorian State Disability Plan 2017-2020* (Victorian Refugee Health Network, July 2016), 17.V

<sup>46</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 7.





*Christina, aged 18 years, and her family are stateless. She was born and lives in the outskirts of the Italian capital, Rome, with her parents and three siblings. Christina has been living with physical and mental disability from birth. UNHCR/F.Martin*

## Adequate housing and transport

Appropriate housing for humanitarian entrants with a disability is crucial in enabling them to live a healthy, productive and dignified life.<sup>47</sup> Many service providers reported concerns about the lack of appropriate short-term and long-term accommodation for this group. **AMPARO Advocacy (AMPARO)** reported that there have been incidents where applications for housing have been left unprocessed, and disability supports have not been allocated due to language barriers.<sup>48</sup>

Lack of adequate accommodation is also highlighted as a concern by disability service providers. As one service provider in Victoria reported to RCOA in a consultation in late 2015:

“They get to short-term accommodation and they can’t even get inside the home, if there’s stairs to get in. And they can’t use the toilet because a lot of toilets in Australia are those little narrow ones and if they need help to get in, there’s no support for them. They end up going to the toilet outside. We’ve had a few clients in that situation, they can’t shower on their own. We had a client recently, for the first 14 months in Australia they weren’t able to have a shower.

<sup>47</sup> Refugee Council of Australia, *Literature Review on Housing for Refugees and Asylum Seekers* (September 2013) <[http://www.refugeecouncil.org.au/r/rpt/1309\\_HousingLitRev.pdf](http://www.refugeecouncil.org.au/r/rpt/1309_HousingLitRev.pdf)>, 2.

<sup>48</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 1.

That kind of situation is not acceptable. Most clients, you have to wait about six weeks before an OT [occupational therapist] can come, at the earliest and make an assessment, and then another six weeks before their first piece of equipment will arrive. Modifications for the home to make them accessible need to be paid for by the client or by the landlord. As you will appreciate if you're already negotiating with the landlord to take a client who has no employment history, no rental history, can't speak English, and they need to spend a few thousand on modifications to the home to accommodate them, the chances of getting a home are nothing at all.<sup>49</sup>

Another service provider in the same consultation highlighted this issue in the following case study:

“In terms of case studies, I often explain about a lady I know for whom it took us a year and she ended up having to keep the short-term accommodation we had for all our families to cycle through because we couldn't get her anywhere else. And even that wasn't appropriate. And for the first year the only solution for her for things like showering was that her husband had to carry her to a taxi, that he had to pay for, and the taxi would go to the local sports and aquatic centre, and they have to pay 10 dollars for entry, and then go in, he'd have to carry her in and shower her in the disabled shower, go back in the taxi and then go home. And he ended up with quite severe back issues just from trying to help her, because being unable to move she was not light, and it made extra concerns for him as well.<sup>50</sup>

While some settlement services provide excellent support in assisting entrants into housing, there appears to be no requirement that they demonstrate an understanding of what 'disability-friendly' housing is, nor is there any requirement for service

providers to have training in this area, or to seek recommendations on what an individual may need from an OT, who would be a specialist in this area.

Again, those who are proposed are often more vulnerable as the proposer may have organised housing prior to the person arriving and with little understanding the needs of the person.

The affordability and accessibility of public transport also acts as a significant barrier to the social and economic participation of newly arrived refugees with a disability. Additionally, the lack of accessibility and affordable transport options limit the ability of humanitarian entrants with a disability to access mainstream and disability related service systems. Having access to accessible and affordable transport and being able to understand the way that transport works is essential to making appointments, participating in social activities, and accessing education and employment.<sup>51</sup>

### **Recommendation 6: Provide appropriate housing for people arriving with a disability**

*The Department of Social Services should ensure that housing settlement providers have adequate training in the needs of people with a disability, have access to appropriate housing stock, and contingencies for when a house is found to be manifestly inappropriate and a lease has to be broken.*

## **The National Disability Insurance Scheme**

The NDIS is a fundamental shift in disability funding and services policy and has been described as "one of the most important social reforms in relation to welfare of people with a disability

<sup>49</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 75.

<sup>50</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 75.

<sup>51</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 20.

in recent history”,<sup>52</sup> with real potential to improve the lives of individuals with a disability in Australia.<sup>53</sup> The NDIS was trialled in 2013 following recommendations from the 2011 Productivity Commission report which described Australia’s disability support arrangements as “inequitable, underfunded, fragmented, and inefficient”. The NDIS aspires to shift choice and control towards people with a disability and their families through person-centred planning and individualised support packages in a social insurance rather than welfare framework. Choice and flexibility are intended to expand through a marketised disability services sector where consumer demand and market competition are intended to drive service quality and funding efficiencies.

The NDIS commenced a staggered geographical rollout across Australia in July 2016. When fully implemented in 2020 it is anticipated that 460,000 Australians with a disability aged up to 65 years will have joined the NDIS and that funding will reach A\$22 billion per year. The NDIS will eventually replace separate state and territory disability support systems, offering national consistency and greater flexibility and portability across state borders for NDIS participants. Importantly, bi-partisan support for the NDIS rests not only in its social justice promise but also in the anticipation of economic benefit driven by increased social and economic participation of traditionally excluded groups.

Eligibility criteria for individualised plans and support packages include being an Australian citizen or holder of a Permanent Visa or a Protected Special Category Visa, aged under 65 years, evidence of a permanent impairment or condition which significantly impacts functional capacity or psychosocial functioning in

activities of daily life and social and economic participation, or early intervention requirements.<sup>54</sup> As such, refugees on permanent humanitarian visas are eligible for the NDIS, while people seeking asylum (such as those on bridging visas) and refugees on Temporary Protection Visas and Safe Haven Enterprise Visas are not able to access the NDIS, as discussed below.

The NDIS essentially empowers people to tailor and direct funding for the services they need in an individualised plan. The NDIS has been praised for enabling individuals to have choices, and to take greater control over their disability funding and services. As Advance Diversity Services has noted, recent developments in the NDIS could improve access for CALD communities.<sup>55</sup> However, there are still significant barriers to participation which need to be addressed before the program is finalised.

NEDA estimates 21.9% of NDIS participants should come from a CALD background. However, the NDIS Quarterly report for the first quarter 2018/19 (September 30 2018) showed that CALD people represented only 9.0% of participants (n=2,328) who received a plan in the quarter, compared with 7.5% in all previous quarters combined. Therefore, there is certainly a “substantial accessibility gap”.<sup>56</sup> Community service group Diversitat observes that the NDIS model “assumes empowerment”, which can hinder participation from diverse communities.<sup>57</sup> The NDIS assumes that individuals from minority groups and those for whom English is not their first language are informed about the support that is available to them,<sup>58</sup> and that they are able to “articulate” their goals in a way that can take advantage of the services they may be entitled to.<sup>59</sup> The structure of NDIS services assumes that

<sup>52</sup> Federation of Ethnic Communities’ Councils of Australia (FECCA), *Access and Equity in the Context of the National Disability Insurance Scheme* (June 2015) <<http://fecca.org.au/wp-content/uploads/2015/06/Access-and-Equity-in-the-Context-of-the-National-Disability-Insurance-Scheme-June-2015.pdf>>, 1.

<sup>53</sup> Federation of Ethnic Communities’ Councils of Australia (FECCA), *Access and Equity in the Context of the National Disability Insurance Scheme* (June 2015) <<http://fecca.org.au/wp-content/uploads/2015/06/Access-and-Equity-in-the-Context-of-the-National-Disability-Insurance-Scheme-June-2015.pdf>>, 8.

<sup>54</sup> NDIS Act 2013 ss. 21-25.

<sup>55</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 1.

<sup>56</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 16.

<sup>57</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 6.

<sup>58</sup> Ethnic Communities’ Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 5.

<sup>59</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 30.

the person accessing the scheme understands his or her own needs,<sup>60</sup> understands Australia's complex system of services, and has proficient English.

It is known that people with a disability face barriers that hinder their quality of social participation. This is compounded for those with a disability from a refugee background as they face "cumulative disadvantage"<sup>61</sup> as a result of experiencing further marginalisation through exclusion and discrimination.<sup>62</sup> The challenges that are inherent in the nature of the NDIS itself, and the existing barriers to accessing this service, need to be acknowledged and considered by the Australian Government, in order to make adjustments towards a more inclusive NDIS. A greater understanding of the discrimination faced by people with a disability from refugee backgrounds in their access to disability services will ensure better rates of participation and more positive outcomes for this disadvantaged cohort.

## NDIA Cultural and Linguistic Diversity Strategy 2018

In May 2018, the National Disability Insurance Agency (NDIA) released its 2018 Cultural and Linguistic Diversity Strategy. This strategy "focuses on ensuring that the NDIS is delivered in a manner that respects and takes into account the language and cultural needs of individuals needed to achieve full participation in the NDIS."<sup>63</sup> The long-awaited release of the CALD Strategy is welcome, as it seeks to ensure that people from diverse backgrounds have equal access to the NDIS. Importantly, the CALD Strategy commits the NDIA to engage with communities, ensure that information is accessible in multiple languages, increase community capacity to participate in the NDIS, and improve monitoring and evaluation of the participation of people from diverse backgrounds. The strategy recognises that the NDIS

needs to develop sophisticated, targeted data collection as well as skills in cultural competency, in order to engage with people from CALD backgrounds.

As this report highlights, there is significant work still needed to be done by the NDIA to ensure full participation of people from refugee backgrounds. It is, therefore, disappointing that there are no additional commitments from the NDIA on how they will engage refugee and migrant communities, and no additional funding to ensure this participation. Unfortunately, there is no effective mechanism in the strategy to measure and implement the CALD strategy nor a strategy to ensure participation from people with a disability from migrant and refugee backgrounds in the monitoring and evaluation of the NDIS.

## Recommendation 7: Develop mechanisms to ensure full implementation of the NDIA CALD Strategy

*The National Disability Insurance Agency (NDIA) should develop action items to ensure full implementation of the NDIA's Cultural and Linguistic Diversity Strategy 2018 (CALD Strategy) and publish regular monitoring and evaluation reports to assess the implementation of this strategy.*

## Eligibility criteria

A key concern with the NDIS is the exclusion of those on temporary protection visas who are not eligible for the scheme, as they will not satisfy the residency requirements to access the NDIS.<sup>64</sup> Service providers also highlighted that these refugees have very limited access to settlement services,<sup>65</sup> which will hinder settlement outcomes and create prolonged health, social and financial issues.

<sup>60</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 6.

<sup>61</sup> Karen Soldatic, Kelly Somers, Amma Buckley, and Caroline Fleay, 'Nowhere to be found': Disabled refugees and asylum seekers within the Australian resettlement landscape' (2015) 2 *Disability and the Global South* 501, 508.

<sup>62</sup> Karen Soldatic, Kelly Somers, Amma Buckley, and Caroline Fleay, 'Nowhere to be found': Disabled refugees and asylum seekers within the Australian resettlement landscape' (2015) 2 *Disability and the Global South* 501, 514.

<sup>63</sup> NDIA, Cultural and Linguistic Diversity Strategy, <<https://www.ndis.gov.au/medias/documents/cald-strat-pdf/Cultural-Linguistic-Diversity-Strategy.pdf>>.

<sup>64</sup> Refugee Council of Australia, *Australia's Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 7.

<sup>65</sup> Philippa Duell-Piening, *Response to a Discussion Paper of the Victorian State Disability Plan 2017-2020* (Victorian Refugee Health Network, July 2016), 21.



## The NDIS is rolling out across Australia

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This is especially significant as the NDIS is beginning to replace State-based disability services, meaning that refugees on temporary protection visas will be denied access to essential disability services. The number of people on such temporary visas is growing, and restricting an individual with a disability from accessing support services will lead to emotional and financial hardship for the individual and their family.<sup>66</sup> Subsequently, there are significant human rights concerns for the cohort of refugees or asylum seekers with a disability, and their families, living in Australia, who have disability related support needs yet are ineligible to access the NDIS. What support mechanisms are in place to respond to their support needs?

### **Recommendation 8: Provide access to NDIS for refugees and people seeking asylum on temporary visas**

*People seeking asylum and refugees on Temporary Protection Visas and Safe Haven Enterprise Visas should have full access to disability support systems, including the NDIS.*

### **The concept of choice**

The premise of the NDIS is that individuals with a disability have the right to participate in the community and pursue their identified goals. Those who are eligible to access the NDIS now have much more choice, with a person-centred approach being at the heart of the NDIS. However, “choice” may be an unfamiliar concept in some CALD communities, especially those with more community or collectivist focused cultures.

A disability service program that is individually tailored requires that people with a disability are fully aware of what services they are eligible for, and how to use these services to improve their quality of life.<sup>67</sup> While choice is vital, and is a reflection of the social model of disability emphasised in the CRPD, adequate support must be provided in a user-driven model for users to be able to make a fully informed choice.

For refugees and humanitarian entrants to be able to make a fully informed choice, they will need extra support, including appropriate access to professional interpreters, and sufficient casework support to help them navigate the NDIS and other mainstream services. One key and persistent barrier for newly arrived refugees with a disability and their families is that they do not know what they need, what services could benefit their individual needs, nor what the Australian disability service system could provide.

The provision for Support Coordination funding in an NDIS Plan, once eligibility and planning has been completed, is crucial to assist newly arrived refugees with a disability and their families, to utilise their NDIS funding to its full potential and gain the supports they need. Without funded support and guidance to link to appropriate NDIS Providers, and assistance to identify service needs and goals, many refugees with an NDIS Plan have little knowledge and support to use it. The NDIS system is a complex one for people who are English speakers, and have a history within the disability service system in Australia – for those who are new to all of this, the process is overwhelming. One refugee health provider has found a number of NDIS Plans which are under-utilised because of this support, knowledge and language barrier.

<sup>66</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 31.

<sup>67</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 2.

## Recommendation 9: Provide support to use the NDIS effectively

Refugee and humanitarian entrants with a disability should be provided with additional settlement support in order to understand and navigate access to the NDIS through the Humanitarian Settlement Program's Specialised and Intensive Services. This should include additional hours to receive casework support so they can attend appointments and assessments, and support in completing the application for the NDIS.

### Limited knowledge of service provisions, rights and entitlements

Many humanitarian entrants with a disability are not being provided with information about the support that they are entitled to.<sup>68</sup> Some do not know of the NDIS itself. Others find it challenging to navigate the website or to get information about the program.<sup>69</sup> There is a lack of educational programs for new entrants,<sup>70</sup> especially as some people may not even identify themselves as having a disability. Community consultations conducted by Advance Diversity Services found that a number of eligible individuals had not been informed of their eligibility for the NDIS.<sup>71</sup> Many who require the services do not know which services are available to them and how they work. Further, the registration process is highly complex.

Research by Julie King et al. on the experiences of people with a disability from refugee backgrounds in Australia noted that refugee communities had low expectations of the services they are entitled to.<sup>72</sup> This is especially true when people compare the level of support they received in their home country or country of asylum. When asked about the quality of services, one carer mentioned "compared to where he was, wow", and another mentioned "we don't want to have any trouble with them [service providers]".<sup>73</sup>

While people may feel satisfied with services that are better than those they have so far experienced, or because they fear undermining their place in Australian society, this does not mean they are able to fully and equally participate in Australian society, as required under the CRPD and *Refugee Convention*.

The Disability Services Commissioner noted that "many people with a disability and their families are still afraid to voice their concerns to the service providers", and there is an element of "fear of retribution, and loss of valuable services or relationships."<sup>74</sup> The Ethnic Communities Council of Victoria (ECCV) notes that information and outreach is failing to reach CALD communities.<sup>75</sup> There is no centralised resource to provide information to link humanitarian arrivals to appropriate service providers,<sup>76</sup> and new arrivals with a disability will not be automatically moved to the NDIS due to lack of service history in Australia.<sup>77</sup> This makes this group vulnerable to being overlooked.

<sup>68</sup> Federation of Ethnic Communities' Councils of Australia (FECCA), *Access and Equity in the Context of the National Disability Insurance Scheme* (June 2015) <<http://fecca.org.au/wp-content/uploads/2015/06/Access-and-Equity-in-the-Context-of-the-National-Disability-Insurance-Scheme-June-2015.pdf>>, 2.

<sup>69</sup> Federation of Ethnic Communities' Councils of Australia (FECCA), *Access and Equity in the Context of the National Disability Insurance Scheme* (June 2015) <<http://fecca.org.au/wp-content/uploads/2015/06/Access-and-Equity-in-the-Context-of-the-National-Disability-Insurance-Scheme-June-2015.pdf>>, 2.

<sup>70</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 1.

<sup>71</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 3.

<sup>72</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 851.

<sup>73</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 851.

<sup>74</sup> Disability Services Commissioner (Vic), *Families and Service Providers Working Together* (Occasional Paper, No 2, February 2014), 12.

<sup>75</sup> Ethnic Communities' Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 5.

<sup>76</sup> Melanie Davern, Deborah Warr, Karen Block, Camille La Brooy, Ashraf Hosseini, Elizabeth Taylor, and Rebecca Roberts., *Humanitarian Arrivals in Melbourne* (McCaughy VicHealth Community Wellbeing Unit, School of Population and Global Health, University of Melbourne, 2016), 3.

<sup>77</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 6.

## Recommendation 10: Provide information on the NDIS

Refugee and humanitarian entrants with a disability should receive information on the NDIS in their preferred language or communication method, including through the use of professional accredited interpreters, translated material or any other communication method that suits their needs. This information should contain information about the services they can receive, including information about independent advocacy services and how to access those supports if required.

### Language barriers

Even if people are aware of services, language is a further major barrier that hinders full participation.<sup>78</sup> There are “structural systemic barriers”, such as a lack of professional interpreters and translated materials on available support services, that both “seriously impact on effective participation” of individuals from CALD and non-English speaking backgrounds in the NDIS.<sup>79</sup>

The NDIS legislation requires that information is provided in accessible formats and technologies and “to the maximum extent possible ... in the language, mode of communication and terms which that person is most likely to understand”.<sup>80</sup> This has not been successfully implemented for people with limited English proficiency.<sup>81</sup>

These issues are made worse by the lack of proper support and cultural awareness in the medical and disability sector. Many service providers who participated in a consultation conducted by RCOA in 2016 reported that their clients had been turned away by disability services and other health institutions because they were not set up to work with people with limited English language skills or with those from a refugee background.<sup>82</sup> Many support workers do not speak the languages of their clients or understand their culture.

Further, when services have taken on clients, service providers have reported that interpreters were not being used adequately.<sup>83</sup> AMPARO highlights the experience of one individual with a disability from a CALD background, who mentioned “when in hospital the interpreter isn’t available any time, so very hard to communicate with doctor”, and “do not know how to find out, how to contact, how to talk”.<sup>84</sup> Even when interpreters are used, concerns were reported about the quality of translation and the professional conduct of some of the interpreters. There have been reports of interpreters asking personal questions, and giving out personal opinions and advice, rather than translating directly with the individual who is being supported,

Access to professional accredited interpreters and translated materials is necessary to empower the individuals with a disability from refugee backgrounds to articulate their needs and goals. It gives them a better chance in utilising the full range of supports and services they are entitled to.<sup>85</sup> Further, the failure to provide professional advice through a trained interpreter may amount to a breach of legal or ethical obligations.

<sup>78</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, ‘Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia’ (2016) 3 *Disability and the Global South* 844, 854; Melanie Davern, Deborah Warr, Karen Block, Camille La Brooy, Ashraf Hosseini, Elizabeth Taylor, and Rebecca Roberts., *Humanitarian Arrivals in Melbourne* (McCaughy VicHealth Community Wellbeing Unit, School of Population and Global Health, University of Melbourne, 2016), 3; AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 19; Ethnic Communities’ Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 13.

<sup>79</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 3.

<sup>80</sup> *National Disability Insurance Scheme Act 2013* (Cth) s 7.

<sup>81</sup> *National Disability Insurance Scheme Act 2013* (Cth) s 7.1.

<sup>82</sup> Refugee Council of Australia, *Australia’s Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 74.

<sup>83</sup> Refugee Council of Australia, *Australia’s Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 74.

<sup>84</sup> Refugee Council of Australia, *Australia’s Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 74.

<sup>85</sup> Refugee Council of Australia, *Australia’s Response to a World in Crisis: Community Views on Planning for the 2016-17 Refugee and Humanitarian Program* (March 2016) <<http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf>>, 29.

In 2017, the NDIS launched their national policy in relation to translating and interpreting supports.<sup>86</sup> Subsequently, NDIS participants with limited English proficiency are now able to access Translating and Interpreting Service (TIS) National to implement funded supports in their plan. NDIS registered service providers are required to obtain a client code with TIS National to utilise the service, which is free of charge for service providers when supporting non-English speaking NDIS participants. No limits have been set in regard to time caps or frequency of use for TIS National supports; all activities in relation to the implementation of participants' plans are covered in the Commonwealth's arrangement.

The NDIA should be applauded for its policy response to community concerns that language services were unfunded; the sector feared that CALD communities would miss out on the full benefits of the NDIS due to language barriers and lack of access to professional accredited interpreters.

### **Recommendation 11: Provide full access to interpreting services**

*The NDIA should develop and widely disseminate simple and easily understood information in English and in languages other than English which details how NDIS participants can access the free professional translating and interpreting supports.*

*Consideration should be given to develop clearer guidelines regarding the use of interpreters and translators in the NDIS.*

## **Stigma carried over from country of origin**

Commonly, people from refugee backgrounds with a disability have experienced stigma in their country of origin. Lived experiences shape perceptions of disability.<sup>87</sup> The stigma or conceptualisation of disability that people carry from their country of origin often "deflects most attempts" by staff to link individuals with a disability services or supports. There is a "gap in knowledge" in our current disability service systems about cultural values associated with disability.<sup>88</sup> This hinders service providers' and policy makers' understanding of how equitable disability service provision can be achieved, and how levels of access can be improved.

Cultural myths, stigma and shame surrounding disability create significant barriers for refugees with disability, or their families, in seeking support.<sup>89</sup> Negative perceptions of disability and stigma lead to discrimination and social exclusion, which limit access and opportunities to participate in the wider community.<sup>90</sup>

In the survey discussed above conducted by Julie King et al., a respondent from Sub-Saharan Africa had encountered perceptions of disability as "witchcraft", and a "multigenerational curse".<sup>91</sup> In the Middle East, disability was linked with associated feelings of "shame", as described by another respondent, "they see them as a burden, as someone who is useless". In parts of South and Southeast Asia, disability is seen as "karma" for "bad deeds" in a past life.<sup>92</sup>

<sup>86</sup> National Disability Insurance Agency, Translations and Interpreter Services, <<https://www.ndis.gov.au/participants/tis>>.

<sup>87</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 5; Ethnic Communities' Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 13; Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 843.

<sup>88</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 845.

<sup>89</sup> Ethnic Communities' Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 13.

<sup>90</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 845.

<sup>91</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 845.

<sup>92</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 848.





Photo credit. Using both hearing aids, Abdu can hear 90 per cent. Here he sits with his parents and grandparents as they chat after a meal. © UNHCR/IG. Walters

Stigma and negative experiences of disability in a person's country of origin is a recurring theme in existing literature.<sup>93</sup> Stigma associated with a disability carried over from the country of origin can lead to the individual and their family further isolating themselves in the Australian community, feeling cautious about seeking assistance,<sup>94</sup> feeling shame, and having lowered expectations based on previous experiences of disability services.<sup>95</sup>

As a result of this stigma, there is a lack of experience in accessing and utilising disability services and many humanitarian entrants would be hesitant to identify themselves as having a disability. It is essential that cultural attitudes are taken into consideration when formulating strategies to increase the use of disability services by people of refugee backgrounds.

## Support for families and carers

The CRPD acknowledges that families of people with a disability play a critical role in realising the rights of those with disabilities. Carers of refugee and humanitarian entrants with disabilities face similar barriers, such as language, knowledge of the available services and rights and entitlement as well as transport issues.<sup>96</sup> Many carers may have significant caring responsibilities, and government and disability service providers must also take into account the situation of the families of those with disabilities. It is important to remember that many people with disabilities are themselves also carers.

<sup>93</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 19; Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 5.

<sup>94</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 21.

<sup>95</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, 'Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia' (2016) 3 *Disability and the Global South* 844, 851.

<sup>96</sup> Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 5.

ECCV notes that disability service models are focused on the individual, rather than on the family unit and shared care.<sup>97</sup> They note that many CALD communities are from collective cultures, whose preference for “shared care” should be understood when planning and implementing models of support.<sup>98</sup> Approaches that take into account the needs of families as well as those with disabilities would help improve the quality of service.

### Recommendation 12: Carers to be supported and included

*The Australian Government should ensure that families and carers of people with a disability are informed of the services and supports available to them upon arrival. This should include ensuring that service providers are adequately trained and funded to work with people from refugee backgrounds.*

## Lack of available statistics

There is inadequate data on the experiences of refugees with a disability,<sup>99</sup> which essentially reinforces the “invisibility”<sup>100</sup> of this group in the broader Australian community.<sup>101</sup> Unfortunately, despite some information obtained through FOI (above), the proportion of humanitarian entrants that either arrive in Australia with a disability, or acquire a disability through arrival and settlement processes is unclear.<sup>102</sup> There is a need for accurate

quantitative data<sup>103</sup> to plan for policies that can respond better to the needs of humanitarian entrants, refugees and people seeking asylum with a disability.

There are some data that are already collected which could be released to public and service providers for better research and program implementation. These include data obtained by the Immigration and Citizenship Services within Department of Home Affairs when a person is applying for a refugee or humanitarian visa. This can be implemented through the Department’s existing Settlement Reporting Facility.

Further, as each applicant must go through an assessment, particular data, including that which is health related, could be shared confidentially with service providers providing settlement support to the client. As one service provider has noted:

“At the moment, the situation is that the information is protected. Which is fine, we don’t need full records, that’s not necessary. But they still disclose certain things in terms of alerts or torture and trauma history, there’s little tick boxes for that. I don’t see why you wouldn’t have the same for disabilities that have severe limitations.

Further, this information should be provided well in advance of a person with a disability arriving, so settlement services and other providers can plan and ensure that essential appointments and equipment and other disability related supports are available.

<sup>97</sup> Ethnic Communities’ Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 13.

<sup>98</sup> Ethnic Communities’ Council of Victoria, *Talking Disability: Under-Representation of Culturally Diverse Communities in Disability Support* (May 2014) <[http://eccv.org.au/library/file/projects/ECCV\\_Project\\_Report\\_Talking\\_Disability\\_May\\_2014.pdf](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)>, 13.

<sup>99</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 9; Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 8.

<sup>100</sup> Karen Soldatic, Kelly Somers, Amma Buckley, and Caroline Fleay, “Nowhere to be found’: Disabled refugees and asylum seekers within the Australian resettlement landscape’ (2015) 2 *Disability and the Global South* 501, 502.

<sup>101</sup> AMPARO, *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland* (AMPARO Advocacy Inc, October 2016), 9; Diversitat Settlement and Community Programs, *Diversitat Disability Findings Report* (2016) <<http://diversitat.org.au/wp-content/uploads/2017/06/Diversitat-disability-findings-report-FINAL.pdf>>, 8.

<sup>102</sup> Julie King, Niki Edwards, Ignacio Correa-Velez, Sara Hair, and Maureen Fordyce, ‘Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia’ (2016) 3 *Disability and the Global South* 844.

<sup>103</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 3.

Further, data provided by settlement services to the Department of Social Services could be used to identify how many people with a disability are receiving settlement support, and to analyse if funding and services are adequate to meet this need. Without adequate data, many services and indeed the government are planning in the dark.

### **Recommendation 13: Collect and use data to help plan better responses**

*The Australian Government should ensure that it collects and disseminates data on the prevalence of people with a disability who are arriving through the Refugee and Humanitarian Program. This data should be de-identified and made available publicly, while individual data should be provided confidentially to settlement service providers, with the person's consent.*

### **Recommendation 14: Ensure the NDIS collects data on people from refugee backgrounds**

*The NDIA should include identifiers in its dataset to assist in ascertaining participation rates of people from refugee backgrounds.*

## **Conclusion**

Refugees with a disability around the world face “compounded disadvantage”,<sup>104</sup> as they face multiple barriers of discrimination and exclusion in their everyday lives.<sup>105</sup> While Australia has obligations under the *Refugee Convention* and the CRPD to support the full participation of refugees with a disability, there are several barriers and challenges that exist within the structure of the disability service systems, mainstream services and the NDIS in Australia that can exclude refugees with a disability from utilising services to the extent that they are entitled to, or even at all.

There is a need for a higher level of cultural responsiveness and empathy in mainstream disability services and the NDIS regarding the experiences of refugees with disability, and their families. This paper has explored a number of key barriers and challenges that limit the opportunities for humanitarian entrants, refugees and asylum seekers in Australia to use mainstream and disability service systems to their full advantage. The barriers explored must be acknowledged and considered when formulating and adjusting existing policy and the humanitarian program.

RCOA, FECCA, NEDA and SCOA are keen and willing to work collaboratively with government and the NDIA to remove barriers to access and equity experienced by refugees with disability, and to ensure we build strong, more accessible disability and mainstream service systems in order to meet the arrival needs of humanitarian entrants with disability.

<sup>104</sup> Advance Diversity Services, *Issues That Refugees with Disabilities Face and Recommendations on Improving Policy and Practice to Better Support This Group*, 13.

<sup>105</sup> Karen Soldatic, Kelly Somers, Amma Buckley, and Caroline Fleay, “Nowhere to be found’: Disabled refugees and asylum seekers within the Australian resettlement landscape’ (2015) 2 *Disability and the Global South* 501, 504.



This report was produced in partnership by four national peak bodies: the Federation of Ethnic Communities Council of Australia, the National Ethnic Disability Alliance, the Refugee Council of Australia, and the Settlement Council of Australia.

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