



victorian refugee
health network

Response to a discussion paper of the Victorian state disability plan 2017- 2020

July 2016

Abstract

The themes of active citizenship, realising rights and equality, and economic participation raised in the Discussion paper, align with policy and program goals of humanitarian settlement. These goals are more likely to be achieved by improving data collection, consulting with people living with a disability from refugee backgrounds and ensuring services have cultural diversity plans.

The National Disability Insurance Scheme's (NDIS) residency requirement will lead to reduced access to services for some humanitarian visa holders and asylum seekers.

Strategies to increase participation of people who are culturally and linguistically diverse in the NDIS are urgently required. Also, special attention should be paid to the adequate provision of language service and complex case management to facilitate engagement of people living with a disability from refugee backgrounds.

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i. Preamble

The Victorian Refugee Health Network ('the Network') is pleased to have the opportunity to provide a response to *a discussion paper of the Victorian state disability plan 2017-2020* ('the Discussion paper').

The Network, auspiced by the Victorian Foundation for Survivors of Torture Inc, aims to identify and address emerging health issues and build sector capacity to provide accessible and appropriate health care for people from refugee backgrounds, including asylum seekers. This response is based on the work of the Network since it was established in 2007. The Network's work is overseen by a Reference Group with members from primary and specialist health services, settlement and asylum seeker services, refugee background communities and the Victorian and Commonwealth governments (see appendix 1).

The Network has provided expert advice to the sector and to successive State and Commonwealth governments on refugee/asylum seeker health and we value the collaborative relationships that have developed over many years. We have worked with the Department of Health and Human Services on policy and service development in areas such as access to primary and specialist health services, maternity care, sexual and reproductive health, oral health, asylum seeker access to healthcare, the Ebola virus disease response and immunisation.

This response draws on a Network Scoping Paper, *Settlement experiences of people living with disabilities from refugee backgrounds in Victoria*, which is currently being finalised for release in August 2016. The Scoping Paper was informed by desk-based research, meetings with settlement services and peak bodies; email correspondence with Refugee Health Programs, specialist refugee services and peak bodies; and discussions within the Network's Reference Group at February and May 2016 meetings.

ii. Executive Summary

Since 2012 people living with disabilities from refugee backgrounds have been increasingly arriving through the Australian Refugee and Humanitarian Programme.

Many people from refugee backgrounds will have experienced interrupted access to healthcare prior to arriving in Australia and will almost certainly have been exposed to traumatic events. The Australian government provides settlement support on-arrival to Refugee and Humanitarian Programme entrants, including registration with Medicare and linking with a general practitioner.

People living with disabilities from refugee backgrounds are not a homogenous group, however it is likely they will face greater disadvantage than other people from refugee backgrounds. Similarly, people living with disabilities “are far more likely to experience discrimination and exclusion, especially when their identity is layered with a range of characteristics outside the ‘norm’ in terms of disability, gender, minority religious status,...migration”¹ and language.²

The themes active citizenship, realising rights and equality, and economic participation, raised in a *discussion paper of the Victorian state disability plan 2017-2020*, align with policy and program goals of humanitarian settlement. The settlement sector, the disability service sector and the broader community should work to realise these goals together. Better identification in service data sets of people living with disabilities from refugee backgrounds will inform targeted responses to these goals. Culturally responsive and trauma informed service systems and staff will facilitate more engagement and greater participation. Talking with people living with disabilities from refugee backgrounds will build an understanding of the access barriers and priorities for this group.

A number of actions may be taken to ensure people living with disabilities from refugee backgrounds utilise the National Disability Insurance Scheme, including addressing the residency requirement to include people on temporary humanitarian visas and people seeking asylum. Data collections processes should be reviewed to ensure rigorous collection of data relating to culturally and linguistically diverse population, which has consistently been low over the establishment period. If data reflects the true engagement of people who identify as culturally and linguistically diverse, targeted action is required to increase engagement. Resourcing of adequate language service and case coordination is also essential for people living with disabilities from refugee backgrounds.

¹ Soldatic, K., Somers, K., Buckley, A., & Fleay, C. (2015). “Nowhere to be found”: disabled refugees and asylum seekers within the Australian resettlement landscape. *Disability and the Global South*, 2(1), 501–522. Page 514 citing Dosa (2008).

² Soldatic, K., Somers, K., Buckley, A., & Fleay, C. (2015). “Nowhere to be found”: disabled refugees and asylum seekers within the Australian resettlement landscape. *Disability and the Global South*, 2(1), 501–522. Page 508.

iii. Recommendations

Recommendation 1: All Victorian government state funded disability support and advocacy services to include in administrative datasets identifiers for people from refugee backgrounds. (see section 4.1.1)

Recommendation 2: The Victorian government advocate to Commonwealth Department of Social Services to include in settlement administrative datasets identifiers for people living with disabilities. (see section 4.1.2)

Recommendation 3: The Victorian government advocate to Department of Social Services that funded settlement services have articulated strategies, policies and guidelines to ensure inclusive service delivery and opportunities for participation of people living with disabilities. (see section 4.1.2)

Recommendation 4: All Victorian government state funded settlement support services, including grants and programs delivered through the Office of Multicultural Affairs and Citizenship, to include in administrative datasets identifiers for people living with disabilities. (see section 4.1.2)

Recommendation 5: All Victorian government state funded settlement support services, including grants and programs delivered through the Office of Multicultural Affairs and Citizenship, have articulated strategies, policies and guidelines to ensure inclusive service delivery and opportunities for participation of people living with disabilities. (see section 4.1.2)

Recommendation 6: All Victorian government state funded disability support and advocacy services to have a cultural diversity plan which addresses service design, workforce development and the adequate provision of language services for people with low-English proficiency. (see section 4.1.3)

Recommendation 7: All Victorian government state funded disability support and advocacy services to have a trauma informed approach to working with people from refugee backgrounds, reflected in service design, policies and practices, and workforce development. (see section 4.1.4)

Recommendation 8: All Victorian government state funded disability support and advocacy services to have targeted approaches to include people living with disabilities from refugee backgrounds in consultation processes. (see section 4.1.5)

Recommendation 9: The Victorian state government advocate to the Commonwealth government that Safe Haven Enterprise Visa and Temporary Protection Visa holders should be able to access the National Disability Insurance Scheme (NDIS). (see section 4.2.1)

Recommendation 10: The Victorian state government provide equivalent services for people on Safe Haven Enterprise Visas and Temporary Protection Visas who meet the non-residency requirements for the NDIS until the Commonwealth government addresses the eligibility gap. (see section 4.2.1)

Recommendation 11: The Victorian state government provide access to equivalent services for people seeking asylum who meet the non-residency requirements for the NDIS. (see section 4.2.1)

Recommendation 12: The Victorian state government request through the Council of Australian Governments' (COAG) Disability Reform Council that the National Disability Insurance Agency (NDIA) review (a) whether participant data collection processes are rigorous and culturally and linguistically diverse participant data is accurate, and (b) develop targeted strategies to engage more participants who are culturally and linguistically diverse. (see section 4.2.2)

Recommendation 13: The Victorian state government request through the COAG Disability Reform Council that the NDIA ensure that registered NDIS providers have a cultural diversity plan. (see section 4.2.2)

Recommendation 14: The Victorian state government request through the COAG Disability Reform Council that the NDIA provide adequate resourcing and direction to NDIS providers to ensure comprehensive case coordination and provision of language services for Australian's Refugee and Humanitarian Migration Programme entrants who access the scheme. (see section 4.2.3)

Recommendation 15: The Victorian government publically report on participation rate of people living with disabilities from culturally and linguistically diverse backgrounds. (see section 5)

Recommendation 16: The Victorian government publically report on the rate of interpreter usage in state funded disability support and advocacy agencies. (see section 5)

Contents

i. Preamble.....	1
ii. Executive Summary.....	2
iii. Recommendations.....	3
Contents.....	5
1. Introduction.....	6
2. Definitions.....	6
2.1 Disability.....	6
2.2 People from refugee backgrounds.....	6
3. Background.....	7
3.1 Australia’s Refugee and Humanitarian Programme.....	7
3.1.1 Offshore program.....	7
3.1.2 Onshore program.....	8
3.2 People seeking asylum living in the Victorian community.....	8
3.3 Health impact of refugee experience.....	9
3.3.1 Impact of traumatic events characteristic of the refugee experience.....	9
3.4 ‘Health waivers’ for humanitarian program entrants.....	10
3.5 Support services for humanitarian arrivals.....	11
3.5.1 Complex case support.....	12
3.6 Access needs of people living with disabilities from refugee backgrounds.....	12
3.7 Intersectionality: compounded disadvantage.....	13
3.8 Carers from refugee backgrounds.....	14
4. Responding to discussion paper’s themes.....	15
4.1 Theme 1-3: Active citizenship, realising rights and equality, and economic participation.....	15
4.1.1 Identifying people from refugee backgrounds in disability services.....	15
4.1.2 Identifying people who are living with disabilities in settlement services ..	16
4.1.3 Culturally inclusive approaches.....	17
4.1.4 Trauma informed approaches.....	18
4.1.5 Consult with people living with disabilities from refugee backgrounds.....	19
4.2 Theme 4: Making the most of the National Disability Insurance Scheme.....	20
Case study: Person living with a disability from a refugee backgrounds.....	20
4.2.1 Residency requirements.....	21
4.2.2 Increasing participation rates of people living with disabilities who are culturally and linguistically diverse.....	22
4.2.3 Resourcing for case coordination and language services.....	23
5. Driving outcomes.....	24
Appendices.....	25

1. Introduction

This response to the Discussion paper provides background for people who may not be familiar with the Australian Refugee and Humanitarian Migration Programme. It provides some information about circumstances that people from refugee backgrounds may have experienced and how it may impact them after settlement in Australia.

The response describes policy changes that have led to an increase in the number of people living with disabilities arriving through the Australian humanitarian program and support services people receive when they first arrive.

Responses to the themes in the Discussion paper and recommendations follow in section 4 and 5.

2. Definitions

2.1 Disability

For the purposes of this paper we have adopted the definition of disability developed by the World Health Organisation. Disability is not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers as well as interventions to resolve physical, mental and/or intellectual impairments.³

2.2 People from refugee backgrounds

The term 'people from refugee backgrounds' is used throughout this document to refer to those who have arrived on or have been subsequently granted permanent or temporary humanitarian visas, people seeking asylum and those who come from refugee backgrounds who have another visa type, including family migration and skilled migration.⁴ Where the immigration status a person currently has or had on entry to Australia is significant, this will be noted.

³ World Health Organisation (2016). *Disabilities*. Retrieved from <http://www.who.int/topics/disabilities/en/> accessed 1/7/2016.

⁴ State Government of Victoria former Department of Health (2014). *Refugee and asylum seeker action plan 2014-18*. Retrieved from <http://refugeehealthnetwork.org.au/victorian-refugee-and-asylum-seeker-health-action-plan-2014-2018/> access 1/7/2016.

3. Background

A refugee is defined in the United Nations 1951 *Convention Relating to the Status of Refugees* as someone who has left his or her country and cannot return to it owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.⁵ Globally, the United Nations High Commissioner for Refugees (UNHCR) reported, at the end of 2015 65.3 million people were displaced: 21.3 million people were refugees, 40.8 million were internally displaced persons and 3.2 million were seeking asylum.⁶

3.1 Australia's Refugee and Humanitarian Programme

Australia is a signatory to the 1951 *Convention Relating to the Status of Refugees*. The Australian Government Department of Immigration and Border Protection (DIBP) manage the Refugee and Humanitarian Programme and issue visas to people found to be in need of protection, both offshore and onshore (within Australia).⁷ DIBP issue a capped number of Refugee and Humanitarian Programme visas every year, currently 13,750. This number is set to increase with Commonwealth budget commitments. About a third of humanitarian arrivals settle in Victoria; appendix 2 has a table with numbers of Refugee and Humanitarian Programme entrants that have settled in Victoria in the past 5 years, including country of birth and age on arrival.

3.1.1 Offshore program

The composition of the offshore program is regularly reviewed. Annual targets are set, with a number of places allocated to UNHCR referrals (6,000 places in 2014-15)⁸, a smaller number of places allocated to the Community Proposal (500 places in 2014-15)⁹. The remainder of visas are divided between the Special Humanitarian Program (5,007 in 2014-15)¹⁰ where people are proposed by family or friends already in Australia, and permanent onshore visas (see below).

⁵ United Nations General Assembly (1951). *Convention Relating to the Status of Refugees*. Retrieved from <http://www.refworld.org/docid/3be01b964.html> accessed 1/7/2016.

⁶ UNHCR (2016). *Global trends: Forced displacement in 2015*. Retrieved from <https://s3.amazonaws.com/unhcrsharedmedia/2016/2016-06-20-global-trends/2016-06-14-Global-Trends-2015.pdf> accessed 1/7/2016.

⁷ Department of Immigration and Border Protection (2016). *Fact sheet - Australia's Refugee and Humanitarian programme*. Retrieved from <https://www.border.gov.au/about/corporate/information/fact-sheets/60refugee> accessed 1/7/2016.

⁸ Department of Immigration and Border Protection (2016). *Fact sheet - Australia's Refugee and Humanitarian programme*. Retrieved from <https://www.border.gov.au/about/corporate/information/fact-sheets/60refugee> accessed 1/7/2016.

⁹ Department of Immigration and Border Protection (2016). *Community Proposal Pilot*. Retrieved from <https://www.border.gov.au/Trav/Refu/Offs/Community-proposal-pilot> accessed 1/7/2016.

¹⁰ Department of Immigration and Border Protection (2016). *Fact sheet - Australia's Refugee and Humanitarian programme*. Retrieved from

Victorian Refugee Health Network's response to a discussion paper of the *Victorian state disability plan 2017-2020*

People entering Australia by the offshore programme will have their visas issued in a transit country (where they are waiting after escaping their homeland). Prior to travelling to Australia they will undergo health and security screening.

In 2015 the Australian government also announced a one-off increase in the intake to assist with the humanitarian crisis in Syria and Iraq. The Australian government is currently settling an additional 12,000 people fleeing the conflicts in Syria and Iraq.

3.1.2 Onshore program

According to Australian law, depending on the mode of entry, whether a person had a visa on arrival (such as a student, travel or business visa) and their date of arrival, people may have a right to seek either permanent or temporary protection in Australia. While people wait for their protection application to be assessed they are referred to as asylum seekers (see below).

People who receive onshore permanent protection visas have the same entitlement to access Commonwealth and state services as those who were issued offshore visas (2,747 permanent onshore visas were issued 2014-15).¹¹

People who receive temporary protection, are issued either a Temporary Protection Visa or a Safe Haven Enterprise Visa; these visas have slightly different conditions.¹² Visas offering temporary protection are issued on top of the 13,750 visas offered in the Refugee and Humanitarian Programme. Given the intricacies and complexities of this area of policy and law, only information relevant to accessing services for people living with disabilities will be discussed.

3.2 People seeking asylum living in the Victorian community

There are a number of people living in the community, who have arrived by boat or by plane who are waiting for their protection applications to be assessed, these people are referred to as asylum seekers.¹³ Depending on when they arrived, the mode of their arrival and at what stage their application is up to they will have varying entitlements to Australian government services. In September 2015 Victoria was home to 11,032 people who arrived by boat and were waiting for their protection

<https://www.border.gov.au/about/corporate/information/fact-sheets/60refugee> accessed 1/7/2016.

¹¹ Department of Immigration and Border Protection (2016). *Fact sheet - Australia's Refugee and Humanitarian programme*. Retrieved from <https://www.border.gov.au/about/corporate/information/fact-sheets/60refugee> accessed 1/7/2016.

¹² See: DIBP (2016). *Illegal Maritime Arrivals: Safe Haven Enterprise Visas*. Retrieved from <http://www.ima.border.gov.au/en/Applying-for-a-protection-visa/Safe-Haven-Enterprise-visas> accessed 1/7/2016; DIBP (2016). *Illegal Maritime Arrivals: Temporary Protection Visas*. Retrieved from <http://www.ima.border.gov.au/en/Applying-for-a-protection-visa/Temporary-Protection-visas> accessed 1/7/2016

¹³ See: Victorian Refugee Health Network (2015). *Asylum seeker information sheet for Victorian health services*. Retrieved from <http://refugeehealthnetwork.org.au/asylum-seeker-factsheet/> accessed 1/7/2016

application to be processed.¹⁴ Statistics about people who have arrived by plane and then seek protection are more difficult to source.

3.3 Health impact of refugee experience

Many people from refugee backgrounds will have experienced interrupted access to health care prior to arriving in Australia. This may be due to the breakdown of health services in situations of war and conflict; constraints on their access to health services in the context of human rights abuses; or limited access to health care in countries of first asylum. Refugee-producing countries often have poorly developed healthcare infrastructure and have a limited capacity to treat those with acute health concerns, let alone offer the illness prevention and mental health support programs.¹⁵

As a result, people from refugee backgrounds may have injuries, diseases and conditions (some sustained or acquired as a consequence of deprivation and trauma) that have been poorly managed in the past. They are also likely to have had limited or disrupted access to mental health support or to illness prevention programs such as immunisation.¹⁶ Patterns of disability in particular countries (of origin or transit) are influenced by trends in health conditions, by the environment and other factors,¹⁷ including deprivation of the basic necessities to sustain life, and exposure to torture, war and other trauma.

3.3.1 Impact of traumatic events characteristic of the refugee experience.

People from refugee backgrounds will almost certainly have been exposed to traumatic events. These may have included: threats to their own lives or those of their family or friends, witnessing of cruelties inflicted on family or other people, perilous flight or escape, separation from family members, extreme deprivation: poverty, unsanitary conditions, lack of access to health care, persistent and long-term political repression, deprivation of human rights and harassment, interrupted or lack of education.¹⁸ The physical and psychological impact of experiencing traumatic events are numerous.

¹⁴ Department of Immigration and Border Protection (2016). *Illegal maritime arrivals on bridging E visas: September 2015*. Retrieved from <https://www.border.gov.au/ReportsandPublications/Documents/statistics/ima-bve-september-2015.pdf#search=IMA%20BVE> accessed 1/7/2016.

¹⁵ From: Victorian Foundation for Survivors of Torture (2012). *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 1/7/2016.

¹⁶ From: Victorian Foundation for Survivors of Torture (2012). *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 1/7/2016.

¹⁷ World Health Organisation (2011). *Summary: World report on disability*. Page 8. Retrieved from http://apps.who.int/iris/bitstream/10665/70670/1/WHO_NMH_VIP_11.01_eng.pdf accessed 1/7/2016.

¹⁸ From: From: Victorian Foundation for Survivors of Torture (2012). *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people from* Victorian Refugee Health Network's response to a discussion paper of the *Victorian state disability plan 2017-2020*

Some examples of the functional impact of trauma responses include:¹⁹

- Ability to carry out everyday tasks and attend to basic needs can be seriously impaired by feelings of powerlessness and lack of connection to others.
- Learning ability, which is crucial to adjustment in a new country, is seriously disrupted by poor concentration, memory impairment and sleep disturbance.
- Pain, whether caused by injuries or psychosomatic in nature, can be debilitating.
- Relationships are affected by distrust or loss of faith in people.
- Survivor guilt and guilt about choices that had to be made can prevent people from enjoying life, and they may expiate guilt through self-destructive behaviour.

3.4 'Health waivers' for humanitarian program entrants

The Commonwealth Migration Act 1958 and Migration Regulations 1994 are exempt from the Commonwealth Disability Discrimination Act 1992.²⁰ Until 2012, the Health Requirement in the Migration Act and Regulations often prohibited people living with disabilities from migrating to Australia including through the Refugee and Humanitarian Programme.

The 2010 *Inquiry into migration treatment of disability* by the Australian Parliament's Joint Standing Committee on Migration found the migration "Health Requirement reflects old-fashioned approaches to disability ... and so unfairly discriminate[d] against those who have disability."²¹ The Committee recommended "that offshore refugee applicants who have a disability or other health condition have access to the consideration of a waiver of the Health Requirement."²²

In November 2012 the Australian Government responded to the recommendations stating that from 1 July 2012, "a humanitarian visa processing officer will not consider

refugee backgrounds. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 1/7/2016. Page 46.

¹⁹ From: From: Victorian Foundation for Survivors of Torture (2012). *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 1/7/2016. Page 50.

²⁰ See: Commonwealth Disability Discrimination Act 1992, Section 52. Retrieved from http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/s52.html accessed 1/7/2016

²¹ Joint Standing Committee on Migration (2010). *Enabling Australia: Inquiry into the Migration Treatment of Disability*. Paragraph 1.3. Retrieved from http://www.aph.gov.au/parliamentary_Business/Committees/House_of_Representatives_Committees?url=mig/disability/report.htm accessed 1/7/2016.

²² Joint Standing Committee on Migration (2010). *Enabling Australia: Inquiry into the Migration Treatment of Disability*. Paragraph 1.9. Retrieved from http://www.aph.gov.au/parliamentary_Business/Committees/House_of_Representatives_Committees?url=mig/disability/report.htm accessed 1/7/2016.

any costs for health or community care services undue.”²³ Refugee and Humanitarian Programme entrants were provided access to a Health Waiver.²⁴

Since 2012 the Refugee and Humanitarian Programme have settled increasing numbers of people living with disabilities through the offshore program.

3.5 Support services for humanitarian arrivals

The majority of people who arrive through the offshore program receive support through the Commonwealth Department of Social Services (DSS) funded Humanitarian Settlement Services (HSS), delivered by AMES Settlement and its partners in Victoria.²⁵ The HSS programme assists people to find a place to live, set up that home with furniture, register with government agencies, orientate to the local area and enrol in English classes.²⁶

Settlement case managers also link newly arrived humanitarian entrants with a general practitioner within four week of arrival. The Medical Benefit Schedule funds a voluntary one off *Health assessment for refugees and other humanitarian entrants* within one year of arrival or visa grant.²⁷ Appendix 3 has a map of pathways to health services after arrival. The Victorian Government Department of Health and Human Services funds the Refugee Health Program, delivered through community health services in 17 local government areas, which supports access to primary care and coordination of care for people from refugee backgrounds.²⁸

The HSS programme supports people for the first 6-12 months after arrival.

²³ Australian Government (2012). *Australian Government response to the Joint Standing Committee on Migration report: Enabling Australia Inquiry into the Migration Treatment of Disability*. Retrieved from <https://www.border.gov.au/ReportsandPublications/Documents/reviews-and-inquiries/joint-standing-comm-enabling-australia.pdf> accessed 1/7/2016.

²⁴ See: Department of Immigration and Border Protection (2016). *Health Waivers*. Retrieved from <http://www.border.gov.au/Trav/Visa/Heal/Meeting-the-health-requirement/Health-waivers> accessed 1/7/2016; Department of Immigration and Border Protection (2016) *Visas that have a health waiver provision*. Retrieved from <http://www.border.gov.au/Trav/Visa/Heal/overview-of-the-health-requirement/visas-that-have-a-health-waiver-provision> accessed 1/7/2016.

²⁵ See: AMES Australia (2016). *Humanitarian Settlement Services (HSS)*. Retrieved from <https://www.ames.net.au/settling-in-australia/humanitarian-settlement-services.html> accessed 1/7/2016.

²⁶ Department of Social Services (n.d.). *Humanitarian Settlement Services (HSS) Information Sheet*. Retrieved from <https://www.ames.net.au/files/file/Settlement/HSS/3.4.1-Att%206-HSS%20Client%20Information%20Sheet-Nov13.pdf> accessed 1/7/2016

²⁷ The Department of Health (2014). *Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants*. Retrieved from http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees accessed 28/6/2016

²⁸ Department of Health and Human Services (2015). *Refugee Health Program*. Retrieved from <https://www2.health.vic.gov.au/primary-and-community-health/community-health/population-groups/refugee-health-program> accessed 1/7/2016.

3.5.1 Complex case support

Complex Case Support (CCS), another DSS funded program, is a short-term intensive case management service for people experiencing a number of complex settlement needs. People from refugee backgrounds are eligible to access CCS within five years from the time of arrival in Australia.²⁹ Case management support is generally for 3-6 months, focusing on linking people with services who are able to provide on-going support. People identified as living with disabilities and requiring a range of support services are often referred to CCS.

3.6 Access needs of people living with disabilities from refugee backgrounds

People from refugee backgrounds have specific health needs upon arrival in Australia. For people living with a disability from refugee backgrounds those health needs may be more extensive and/or the service access barriers may be greater.

On arrival in Australia, negotiating a new and unfamiliar health system may be a complex undertaking for people from refugee backgrounds, particularly for those with multiple health needs requiring numerous investigations and follow-up appointments. This can often be compounded by cultural and language differences between new arrivals and healthcare providers. Many new arrivals will be unfamiliar with illness prevention approaches and may be unaccustomed to the culture that characterises relationships between healthcare users and providers in Australian (e.g. the emphasis on choice and informed consent).³⁰

Some may find it difficult to prioritise health concerns in the context of other settlement tasks, many of which are central to their survival in Australia (e.g. finding housing and employment). Moreover, sub-optimal health may be something they have learned to live within the context of prolonged deprivation.³¹

Furthermore, for newly arrived people living with a disability, with no treatment history in Australia, this assessment is vital to identify impairment and/or disabilities and refer for comprehensive assessment, diagnosis and appropriate support services. This was documented by the Refugee Council of Australia:³²

²⁹ AMES Australia (2016). *Complex Case Support*. Retrieved from <https://www.ames.net.au/settling-in-australia/complex-case-support.html> accessed 1/7/2016.

³⁰ From: Victorian Foundation for Survivors of Torture (2012). *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 1/7/2016.

³¹ From: Victorian Foundation for Survivors of Torture (2012). *Promoting refugee health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 1/7/2016.

³² Refugee Council of Australia (2016). *Australia's Response to a World in Crisis: Community views on the 2016-17 Humanitarian Program*. Retrieved from <http://www.refugeecouncil.org.au/wp-content/uploads/2016/04/2016-17-Intake-submission-FINAL.pdf> accessed 1/7/2016

Service providers across Australia commented that newly arrived people with a disability faced significant delays in accessing basic services such as equipment, occupational therapists and specialist doctors. 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. A person who is hospitalised after acquiring a disability in Australia, for example, would not be discharged until they had been provided with rehabilitation, seen an occupational therapist and been referred to relevant disability support services. This does not occur for people who acquired disabilities before arriving in Australia. As a result, they may have to wait for long periods before obtaining even basic equipment such as mobility aides. As one service provider from Victoria noted:

The process at the moment is that once they come in you send them to the refugee health GP or yourself can refer 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 (or whatever it might be), that takes approximately a year, sometimes a 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.

3.7 Intersectionality: compounded disadvantage

People living with disabilities from refugee backgrounds are not a homogenous group, however it is likely they will face greater disadvantage than other people entering through the Australian Refugee and Humanitarian Programme.

Similarly, people living with disabilities “are far more likely to experience discrimination and exclusion, especially when their identity is layered with a range of characteristics outside the ‘norm’ in terms of disability, gender, minority religious status,...migration”³³ and language.³⁴

The Victorian refugee and asylum seeker health action plan 2014-2018 identified subgroups that may require special arrangements for accessing services, including people living with disabilities.

³³ Soldatic, K., Somers, K., Buckley, A., & Fleay, C. (2015). “Nowhere to be found”: disabled refugees and asylum seekers within the Australian resettlement landscape. *Disability and the Global South*, 2(1), 501–522. Page 514 citing Dosa (2008).

³⁴ Soldatic, K., Somers, K., Buckley, A., & Fleay, C. (2015). “Nowhere to be found”: disabled refugees and asylum seekers within the Australian resettlement landscape. *Disability and the Global South*, 2(1), 501–522. Page 508.

3.8 Carers from refugee backgrounds

Carers from refugee backgrounds are diverse in their education levels, health literacy, and English proficiency, and hold diverse beliefs about the cause, impact and prognosis of the impairment experienced by the person they are supporting.

Carers from refugee backgrounds are a significant resource; they often hold significant information about the person they support, an understanding of the context(s) they have escaped and knowledge of important cultural considerations.

Nonetheless, carers also face many similar barriers to the person they are supporting. Carers from refugee backgrounds require support to understand health and disability service pathways, develop health literacy within their new context, complete practical tasks and manage the on-going effects of trauma.

Furthermore the refugee and settlement experiences have profound impacts on family dynamics and functioning; this may manifest as drastic alterations in roles, protectiveness of remaining family members, constant worry for those who are not there, secrets in the family and so on. People within a family often acculturate at different rates; the exposure to new values can produce generational conflict. Parents and children usually adapt to the new culture at different rates and to different extents. When children relinquish the values of the old culture, this compounds the sense of loss for parents.³⁵

³⁵ Kaplan, I. (1998). *Rebuilding Shattered Lives*. Melbourne: Victorian Foundation for Survivors of Torture Inc. Retrieved from http://www.foundationhouse.org.au/wp-content/uploads/2014/08/Rebuilding_Shattered_Lives_Complete.pdf accessed 8/7/2016. Pages 49-50.

4. Responding to discussion paper's themes

4.1 Theme 1-3: Active citizenship, realising rights and equality, and economic participation

Active citizenship, realising rights and equality, and economic participation all align with policy and program goals of those working in humanitarian settlement. The settlement sector, the disability service sector and the broader community should work to realise these goals together. Better identification in service data sets of people living with disabilities from refugee backgrounds assist with greater visibility and enable targeted responses to these goals.

4.1.1 Identifying people from refugee backgrounds in disability services

*Challenges to rights and equality are compounded by disadvantage and discrimination that people with a disability can also experience on the basis of gender, age, sexuality, Aboriginality, cultural background, faith and migration status.*³⁶

The Discussion paper identifies that people's identity and life circumstances are influenced and contributed to by many factors, including those listed in the above quote. Better identification of the population group is the first step to understanding how people are faring in accessing services, participating in civic life and their social, health, educational, safety, and mobility indicators.

Identification of this population group in data will build a picture over time of barriers and enablers for participation in civic and economic activities and how they engage with and realise their rights. This information will inform targeted approaches to engaging and working with people living with disabilities from refugee backgrounds.³⁷

Data items that assist in the identification of people from refugee backgrounds include: (1) Country of Birth, (2) Year of arrival, (3) Interpreter required, (4) Preferred language.³⁸

³⁶ State Government of Victoria Department of Health and Human Services (2016). *A discussion paper of the Victorian state disability plan 2017-2020*. Retrieved from http://statedisabilityplan.vic.gov.au/application/files/4514/6369/6913/Victorian_State_Disability_Plan_Discussion_Paper.pdf accessed 4/7/2016. Page 9.

³⁷ See: Paxton, G., Smith, N., Ko Win, A., Mulholland, N., & Hood, S. (2011). *Refugee Status Report: A report on how refugee children and young people in Victoria are faring*. Melbourne. Retrieved from <http://www.education.vic.gov.au/about/research/Pages/reportdatarefugee.aspx>; Victorian Refugee Health Network (2014). *Identifying people from refugee backgrounds: health data collection, storage and access*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/Brief_Identifying-people-from-refugee-backgrounds-Oct2014.pdf accessed 5/7/2016

³⁸ Victorian Refugee Health Network (2014). *Identifying people from refugee backgrounds: health data collection, storage and access*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/Brief_Identifying-people-from-refugee-backgrounds-Oct2014.pdf accessed 6/7/2016.

Recommendation 1: All Victorian government state funded disability support and advocacy services to include in administrative datasets identifiers for people from refugee backgrounds.

4.1.2 Identifying people who are living with disabilities in settlement services

As discussed in previous sections encouraging active citizenship, realising rights and equality, and economic participation are program goals of settlement programs. Nonetheless, it is unclear to what degree people living with disabilities are participating in activities that support these program goals. Similar to the previous section, settlement programs need to increase the visibility of participants living with disabilities to provide the support they require to participate in these activities along with other people who have recently settled in Australia. One method of doing this is through identification of people living with a disability in administrative datasets, those that are routinely completed for funding and service planning.

Furthermore, as settlement services only have a recent history of working with people living with disabilities, they should have articulated strategies, policies and guidelines to ensure inclusive service delivery and opportunities for participation.

Recommendation 2: The Victorian government advocate to Commonwealth Department of Social Services to include in settlement administrative datasets identifiers for people living with disabilities.

Recommendation 3: The Victorian government advocate to Department of Social Services that funded settlement services have articulated strategies, policies and guidelines to ensure inclusive service delivery and opportunities for participation of people living with disabilities.

Recommendation 4: All Victorian government state funded settlement support, including grants and programs delivered through the Office of Multicultural Affairs and Citizenship, to include in administrative datasets identifiers for people living with disabilities.

Recommendation 5: All Victorian government state funded settlement support, including grants and programs delivered through the Office of Multicultural Affairs and Citizenship, have articulated strategies, policies and guidelines to ensure inclusive service delivery and opportunities for participation of people living with disabilities.

4.1.3 Culturally inclusive approaches

*Aboriginal people with a disability and people from culturally and linguistically diverse backgrounds require additional consideration to ensure that interactions are culturally appropriate.*³⁹

The Victorian Multicultural Commission summary of the 2011 Census reported that 26.2% of Victorians were born overseas in more than 200 countries, 74.5% of these people came from 'non-main English speaking countries'.⁴⁰

The Victorian Auditor-General assessed the accessibility of government services for migrants, refugees and asylum seeker in 2014 and found that "most service delivery departments do not have current, comprehensive and evaluated cultural diversity plans."⁴¹ These plans are vital to inform workforce development, services design and delivery. Cultural diversity plans should also include strategies for the adequate provision of language services to promote inclusion of people with low English proficiency.⁴²

Culture informs people's health beliefs, including what they may believe caused their disability, it informs how the disability is perceived by the individual, their family and community, and the role of the carers, among many other aspects of a person life. Nonetheless, it is important to avoid cultural stereotypes.

Working cross culturally requires a set of skills that enables people to sensitively negotiate how an individual and their family view the world, their values and priorities – without making assumptions.⁴³ Service systems need be designed to be inclusive to people from diverse cultures and staff need to have the skills to work with the diverse communities in Victoria.

Aspirations such as "We want a Victoria where people with a disability live independently,"⁴⁴ may resonate with some community members, but others may

³⁹ State Government of Victoria Department of Health and Human Services. (2016). *A companion document to a discussion paper of the Victorian state disability plan 2017–2020*. Retrieved from http://statedisabilityplan.vic.gov.au/application/files/4814/6369/7384/Victorian_State_Disability_Plan_Companion.pdf accessed 6/7/2016.

⁴⁰ Victorian Multicultural Commission (n.d.). *2011 Census: A snapshot of our diversity*. Retrieved from <http://www.multicultural.vic.gov.au/population-and-migration/victorias-diversity/2011-census-a-snapshot-of-our-diversity> accessed 6/7/2016

⁴¹ Victorian Auditor-general. (2014). *Access to Services for Migrants, Refugees and Asylum Seekers*. Parliament of Victoria. Retrieved from <http://www.audit.vic.gov.au/publications/20140529-Migrants-Services/20140529-Migrants-Services.pdf> retrieved 5/7/2016.

⁴² Vanstone, R., Szwarc, J., Casey, S., Maloney, M., & Duell-Piening, P. (2013). *Promoting the engagement of interpreters in Victorian health services*. Melbourne. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/FHinterp_June2013_for_web.pdf accessed 6/7/2016.

⁴³ See resources from the Centre for Culture, Ethnicity and Health. Retrieved from http://www.ceh.org.au/knowledge-hub/?_sft_category=cultural-competence

⁴⁴ State Government of Victoria Department of Health and Human Services (2016). *A discussion paper of the Victorian state disability plan 2017-2020*. Retrieved from Victorian Refugee Health Network's response to a discussion paper of the *Victorian state disability plan 2017-2020*

prefer to live with extended family as they would have expected whether they had a disability or not. For this reason we recommend that the *Victorian state disability plan 2017-2020* emphasise supporting and enhancing opportunities for choice for people living with disabilities. We endorse the wording in the Companion Document which talks of people's "freedom to choose their own living arrangements – including where they live, who they live with and the type of home in which they live."⁴⁵

The need for all staff to be trained in processes for engaging credentialed interpreters and the provision of adequate infrastructure to use phone interpreters when required are essential to engaging with people living with disabilities from refugee backgrounds.⁴⁶ 93% of people who arrived through the Refugee and Humanitarian Migration Programme in the past 5 years have spoken 'nil' or 'poor' English on arrival.⁴⁷

Recommendation 6: All Victorian government state funded disability support and advocacy services to have a cultural diversity plan which addresses service design, work force development and the adequate provision of language services for people with low-English proficiency.

4.1.4 Trauma informed approaches

A point of difference for people who arrive in Australia through the Refugee and Humanitarian Migration Programme as compared to most people who arrived through Skilled Migration and Family Migration Stream is their significant exposure to traumatic life events. This trauma may be closely linked to the physical, psychological, mental or cognitive impairment a person is living with; the impairment may be a result of or exacerbated by torture, war related trauma and other deprivations.

Knowledge about trauma and torture and its physical and psychological sequelae is important for several reasons. Namely:

- such information is integral to planning of support services, including referrals for counselling and other forms of specialised care

http://statedisabilityplan.vic.gov.au/application/files/4514/6369/6913/Victorian_State_Disability_Plan_Discussion_Paper.pdf accessed 4/7/2016. Theme 3 – economic participation

⁴⁵ State Government of Victoria Department of Health and Human Services. (2016). *A companion document to a discussion paper of the Victorian state disability plan 2017–2020*. Retrieved from http://statedisabilityplan.vic.gov.au/application/files/4814/6369/7384/Victorian_State_Disability_Plan_Companion.pdf accessed 6/7/2016. Page 15.

⁴⁶ Vanstone, R., Szwarc, J., Casey, S., Maloney, M., & Duell-Piening, P. (2013). *Promoting the engagement of interpreters in Victorian health services*. Melbourne. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/FHinterp_June2013_for_web.pdf accessed 6/7/2016.

⁴⁷ Data extracted from the Settlement Reporting Facility (<http://www.immi.gov.au/settlement/srf/>), on 6/7/2016 including those who speak English 'nil' or 'poor' who have arrived in Victoria through the Humanitarian Migration Program from 1 July 2011 to 30 June 2016.

- a person’s trauma history may have an impact on a support workers capacity to elicit accurate information for planning of support services
- special care needs to be taken, as a planning consultation may be a source of anxiety for a traumatised client.⁴⁸

Recommendation 7: All Victorian government state funded disability support and advocacy services to have a trauma informed approach to working with people from refugee backgrounds, reflected in service design, policies and practices, and work force development.

4.1.5 Consult with people living with disabilities from refugee backgrounds

Given the short history of humanitarian settlement of people living with disabilities there is a dearth of knowledge about their experience of settlement in Australia.

Resettlement inherently involves changing environments, both social and physical. Given disability is an interaction between a person’s impairments and their environment there may be opportunities and advantages as well as losses and disadvantages associated with settlement for people living with disabilities. For instance, people living with disabilities may have experienced confinement and limited opportunity for participation in the past – opportunities may change with new environment. Conversely people who may have been active in their community in their country of origin and transit, may have limited opportunities in their new environment due to language barriers, difficulty accessing services, distances to community events and so on.

KPMG in their review of Humanitarian Settlement Services (HSS) and Complex Case Support (CCS) recommended that the Commonwealth Department of Social Services “collect more evidence on the quality of the settlement journey experienced by HSS and CCS clients with disabilities.”⁴⁹ Soldatic echoed this, stating: “[t]here is no doubt that this dearth of qualitative accounts would make the policy change process more difficult for advocates as they would have few personal narratives to draw upon for their work.”⁵⁰

Due to access barriers outlined throughout this paper, targeted approaches are required to include the voices of people from refugee backgrounds in consultations. Approaches should include:

- provision of interpreters for people with low-English proficiency,

⁴⁸ Victorian Foundation for Survivors of Torture Inc. (2012). Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds (3rd ed.). Melbourne: Victorian Foundation for Survivors of Torture Inc. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf accessed 6/7/2016. Page 46.

⁴⁹ Ernst & Young for Department of Social Services. (2015). *Evaluation of the Humanitarian Settlement Services and Complex Case Support programmes*. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/DSS_2015_Evaluation-of-the-HSS-and-CCS-programmes.pdf pg 58-9, footnotes omitted

⁵⁰ Soldatic, K., Somers, K., Buckley, A., & Fleay, C. (2015). “Nowhere to be found”: disabled refugees and asylum seekers within the Australian resettlement landscape. *Disability and the Global South*, 2(1), 501–522. Page 504.

- carefully chosen venues which ensure access,
- time spent to develop of trust,
- minimising the financial and time burden that may be placed on people,
- consideration of cultural and religious factors which may impact the consultation such as the gender of the group and facilitator, the time of the consultation, the venue, the process of the meeting and the catering.

A typical barrier is lack of child minding services; people from refugee background often do not have an extended network of family and friends living locally.

Recommendation 8: All Victorian government state funded disability support and advocacy services to have targeted approaches to include people living with disabilities from refugee backgrounds in consultation processes.

4.2 Theme 4: Making the most of the National Disability Insurance Scheme

Case study: Person living with a disability from a refugee backgrounds⁵¹

A 20 year old woman with cerebral palsy requiring a wheelchair for mobility arrived in Australia with her sister and mother through the Australian Humanitarian Program on a 204 subclass visa, women at risk. The woman was born in Afghanistan where there were complications at birth; a doctor who consulted the family said that all functional issues should be resolved by the time she turned four. The family fled to Pakistan where they lived for a time and from there were resettled.

The woman arrived in Australia with the wheelchair she used in Pakistan, which, while insufficient, allowed her to leave the house and attend appointments. When she arrived she did not have a formal diagnosis however was assessed and granted access to the NDIS. The NDIS referral was facilitated by the HSS provider who is part of a large Migrant Resource Centre who also offer support services for people with disabilities.

The woman has significant contractures of both her arms and legs due to lack of access to rehabilitation and other interventions. She is able to communicate orally, with a slurred voice, and has picked up some English. Despite her clear aptitude for learning a new language she is not attending English classes due to the fact that they are mixed gender.

The woman requires 24 hours a day support for personal activities of daily living, a role that has been completed by her mother her entire life. The Refugee Health Program facilitated an allied health assessment that has recommended many supports. The refugee health nurse advocated that these recommendations needed to be discussed with the woman living with a disability and her mother for acceptability before implementation.

⁵¹ This case study has been used with the permission of the woman and her mother.

The NDIS package has been beneficial as it has allowed access to interpreters and transport to appointments.

4.2.1 Residency requirements

Protection visas that are temporary

All offshore Refugee and Humanitarian Programme entrants have access to the NDIS. But, some people who are found to engage Australia's protection obligations after they have arrived onshore will not be able to access the NDIS. Holders of Temporary Protection Visas (subclass 785) and Safe Haven Enterprise Visas (subclass 790) do not satisfy the residency requirements, as laid out in the Commonwealth National Disability Insurance Scheme Act 2013 section 23.⁵²

The Commonwealth government has provided Temporary Protection Visa and Safe Haven Enterprise Visa Holders access to a range of services including access to Medicare, social security payments through Centrelink and education.⁵³ It perhaps was not the intent of the Commonwealth to exclude this group from access to the NDIS.

People with Temporary Protection Visas and Safe Haven Enterprise Visas are a small but growing group that should be provided access to the NDIS.

Asylum seekers

People who are seeking asylum in Australia do not meet the residency requirements to access the NDIS. The Commonwealth has provided very limited access to services for people seeking asylum and is unlikely to support access to the NDIS in the foreseeable future. The number of people living with a disability while seeking asylum in Victoria is unknown. For those who currently access state funded disability support services and early interventions services the transition to the NDIS may result in a reduction of services.

Current policy regarding access to disability services and early intervention services should be extended with the introduction of NDIS to ensure continuing access for asylum seekers living with disability in the Victorian community.

Recommendation 9: The Victorian state government advocate to the Commonwealth government that Safe Haven Enterprise Visa and Temporary Protection Visa holders should be able to access the National Disability Insurance Scheme (NDIS).

Recommendation 10: The Victorian state government provide equivalent services for people on Safe Haven Enterprise Visas and Temporary Protection Visas who

⁵² http://www.austlii.edu.au/au/legis/cth/num_act/ndisa2013341/s23.html

⁵³ DIBP (n.d.). *Illegal Maritime Arrivals: Temporary Protection Visas*. Retrieved from <http://www.ima.border.gov.au/en/Applying-for-a-protection-visa/Temporary-Protection-visas> accessed 7/6/2016; DIBP (n.d.). *Illegal Maritime Arrivals: Safe Haven Enterprise Visas*. Retrieved from <http://www.ima.border.gov.au/en/Applying-for-a-protection-visa/Safe-Haven-Enterprise-visas> accessed 6/7/2016.

meet the non-residency requirements for the NDIS until the Commonwealth government addresses the eligibility gap.

Recommendation 11: The Victorian state government provide access to equivalent services for people seeking asylum who meet the non-residency requirements for the NDIS.

4.2.2 Increasing participation rates of people living with disabilities who are culturally and linguistically diverse

Reports from the NDIS continue to show extremely low engagement of people who are culturally and linguistically diverse. Reproduced below is a table from the 31 March 2016 National Disability Insurance Agency (NDIA) report to the Council of Australian Governments (COAG) Disability Reform Council (red circle added).⁵⁴

Table 1.1.1(a). Information about participants with approved plans, split by gender and age

State / Territory	Total	Aboriginal and/or Torres Strait Islander	CALD	M	F	X
NSW_HTR	6,510	6.5%	1.7%	61%	39%	0%
SA	5825	4.5%	5.8%	72%	28%	0%
TAS	1,135	9.3%	1.9%	64%	36%	0%
VIC	4,867	2.4%	2.2%	60%	40%	0%
ACT	3,723	1.5%	7.2%	63%	37%	0%
NT	135	94.1%	65.9%	57%	43%	0%
WA	1,882	4.7%	4.4%	66%	34%	0%
NSW_NBM	1,083	8.7%	3.3%	70%	30%	0%
Total	24,866	5.5%	4.2%	65%	35%	0%

Participation of people who are culturally and linguistically diverse has been consistently low in the NDIA quarterly reports for over 2 years.⁵⁵

The NDIA should be congratulated for keeping statistics about the number people who are culturally and linguistically diverse participating in the NDIS to assist in identifying access issues. Nonetheless, the NDIA and their service delivery arm NDIS need to urgently review (a) whether their data collection processes are rigorous and their data is accurate, and (b) develop some targeted strategies to engage more people who are culturally and linguistically diverse.

⁵⁴ National Disability Insurance Agency. (2016). *Quarterly Report to COAG Disability Reform Council 31 March 2016*. Retrieved from <https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/Quarterly-Reports/11-report-coag.pdf> accessed 6/7/2016. Page 31.

⁵⁵ See: Federation of Ethnic Community Councils of Australia. (2015). *Access and equity in the context of the National Disability Insurance Scheme*. Retrieved from <http://fecca.org.au/wp-content/uploads/2015/06/Access-and-Equity-in-the-Context-of-the-National-Disability-Insurance-Scheme-June-2015.pdf> accessed 6/7/2016. Page 8.

Strategies similar to those outlined in section 4.1 should be employed by NDIS providers including the requirement that all agencies have a cultural diversity plan which addresses service design, work force development and the adequate provision of language services for people with low-English proficiency.

Recommendation 12: The Victorian state government request through the Council of Australian Governments' (COAG) Disability Reform Council that the NDIA review (a) whether participant data collection processes are rigorous and culturally and linguistically diverse participant data is accurate, and (b) develop targeted strategies to engage more participants who are culturally and linguistically diverse.

Recommendation 13: The Victorian state government request through the COAG Disability Reform Council that the NDIA ensure that registered NDIS providers have a cultural diversity plan.

4.2.3 Resourcing for case coordination and language services

Early settlement is a very busy time in an unfamiliar landscape. For people living with disabilities they may have extra demands placed on them to attend specialist and allied health appointment to be assessed for their support needs. The Australian health and human services systems are complex, for people who have low-English proficiency (93% of new arrivals),⁵⁶ no ready access to transport and few local family and friends; negotiating the early requirement of engaging with disability support service system may be overwhelming.

Furthermore, a person may have limited understanding of their choices during early settlement and require more support to understand the options available to them in Victoria. For this reason it is essential that NDIS packages offer adequate case coordination and language services provision for people from refugee backgrounds.

Recommendation 14: The Victorian state government request through the COAG Disability Reform Council that the NDIA provide adequate resourcing and direction to NDIS providers to ensure comprehensive case coordination and provision of language services for Australian's Refugee and Humanitarian Migration Programme entrants who access the scheme.

⁵⁶ Data extracted from the Settlement Reporting Facility (<http://www.immi.gov.au/settlement/srf/>), on 6/7/2016 including those who speak English 'nil' or 'poor' who have arrived in Victoria through the Humanitarian Migration Program from 1 July 2011 to 30 June 2016.

5. Driving outcomes

We support the Victorian government's commitment to "strengthen transparency through public reporting."⁵⁷

As discussed throughout this paper, identifying people living with disabilities from refugee backgrounds assists in understanding access and participation rates and indicates whether further inquiry is necessary into barriers that need to be addressed.

We endorse the public reporting of participation statistics of people living with disabilities from culturally and linguistically diverse backgrounds and of interpreter usage in disability support services.

Recommendation 15: The Victorian government publically report on participation rate of people living with disabilities from culturally and linguistically diverse backgrounds.

Recommendation 16: The Victorian government publically report on the rate of interpreter usage in state funded disability support and advocacy agencies.

⁵⁷ State Government of Victoria Department of Health and Human Services (2016). *A discussion paper of the Victorian state disability plan 2017-2020*. Retrieved from http://statedisabilityplan.vic.gov.au/application/files/4514/6369/6913/Victorian_State_Disability_Plan_Discussion_Paper.pdf accessed 4/7/2016. Page 21

Appendices

Appendix 1 Victorian Refugee Health Network Reference group members (July 2016)

(Chair) Dr Joanne Gardiner
Refugee Health Fellow, Specialist GP,
cohealth, Foundation House, Royal Melbourne
Hospital
RACGP Refugee Health SIG

(Deputy Chair) Kim van den Nouwelant
State Manager of Migration Support Programs
Australian Red Cross

(Deputy Chair) Lindy Marlow
State Wide Refugee Health Program Facilitator

Dr Georgie Paxton
Paediatrician, Head of Immigrant Health Clinic
Royal Children's Hospital

Professor Bev Biggs
Immigrant Health Clinic, ID Physician
Royal Melbourne Hospital

A/Professor Andrew Block
ID Physician, Program Medical Director, Special
Medicine
Director, Monash Refugee Health & Wellbeing

Dr I-Hao Cheng
Adjunct Research Fellow, Southern Academic Primary
Care Research Unit, School of Primary Health Care,
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Dr Karen Kiang
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Steve Ballard
Director, Health, North Region,
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Sylvia Barry
Assistant Director, Primary and Community Health
Department of Health & Human Services

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Crystal Russell
Senior Policy Adviser, Refugee and Asylum Seeker
Health Policy, Department of Health & Human
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Shauna Jones
Senior Program and Service Adviser, North Metro &
West Metro Health, Department of Health & Human
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Sarah Daly
Senior Manager Settlement & Asylum Seeker Partners
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Chris Camwell
National Manager of Strategy and Engagement,
National Immigration Support Services, Life Without
Barriers

Sheenagh McShane
Health Program Manager, Asylum Seeker Resource
Centre

Jacquie McBride
Manager, Refugee Health, Monash Health

Tim Andrews
Manager Refugee Services, Primary Care Connect

Merilyn Spratling
Refugee Health Nurse Coordinator, EACH

Sue Sestan
General Manager - Quality and Service Development
Dianella Community Health

Bernice Murphy
Stream Leader - Capacity Building
Centre for Culture Ethnicity and Health

Max Lee
Executive Officer
Hume Whittlesea Primary Care Partnership

Sue Casey
Manager of Sector Development & Partnerships
Victorian Foundation for Survivors of Torture

Dr Sayed Wahidi
Research Assistant, Southern Academic Primary Care
Research Unit, Community Advisor, Afghan
communities

Dina Korkees
Community Liaison Worker, Foundation House
Community Advisor, Assyrian and Chaldean
communities

Appendix 2: Table of offshore arrival and permanent onshore visa grants to Victoria 1 June 2011 – May 30 2016 (5 years). Country of birth and age on arrival.⁵⁸

Country of Birth	Age On Arrival									
	00-05	06-11	12-15	16-17	18-24	25-34	35-44	45-54	55-64	65+
AFGHANISTAN	159	301	258	373	798	1108	736	369	136	45
BURMA	90	393	252	153	774	1180	653	332	158	124
IRAQ	349	436	245	112	402	645	568	358	261	186
IRAN	205	296	199	118	338	732	285	102	27	13
PAKISTAN	124	153	95	75	282	293	75	33	27	4
THAILAND	285	319	204	64	130	37	1	0	0	0
SYRIA	120	117	57	35	106	175	138	109	107	58
MALAYSIA	468	12	2	1	4	10	3	2	0	0
ETHIOPIA	19	35	40	17	85	122	78	31	6	1
SRI LANKA	11	29	14	4	51	158	64	16	6	4
EGYPT ARAB REP OF	61	33	16	10	32	53	43	37	24	16
ERITREA	5	26	23	12	41	64	50	35	15	7
DEMOCRATIC REPUBLIC OF THE CONGO	19	47	34	12	45	53	38	15	7	1
SUDAN	39	38	25	11	27	29	29	18	10	1
SOMALIA	9	27	23	12	41	36	15	13	7	4

⁵⁸ Data from DIBP Settlement Reporting Facility extracted 28/6/2016

Appendix 3: Pathways to health services for people from refugee backgrounds who have recently arrived in Australia.

