



victorian refugee
health network

Victoria's Next State Disability Plan

Victorian Refugee Health Network response to the consultation
paper for the next state disability plan 2021–2024

October 2020

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Summary of Recommendations

1. Incorporate intersectionality and equity to a description of inclusion in the next State Disability Plan.
2. The Plan should acknowledge varied cultural understandings of healthcare, disability and development.
3. Acknowledge the strengths and capabilities of people with disability, alongside a description of disability in the Plan.
4. The Office for Disability should consult with people of refugee background with a disability specifically, as well as CALD background communities more generally, to better understand and consider their specific needs in the Plan.
5. The Office for Disability should be both proactive and flexible in their engagement with people of refugee background with a disability.
6. The Victorian Government should fund NDIS equivalent packages of support for people of refugee background holding temporary visas (including bridging visas, Temporary Protection Visas and Safe Haven Enterprise Visas) who meet the non-residency related requirements for the NDIS.
7. The Victorian Government should plan for ongoing access to, and funding for Early Childhood Early Intervention (ECEI) for children seeking asylum, children on Temporary Protection Visas (TPVs) and children on Safe Haven Enterprise Visas (SHEVs). Ensure publicly available guidelines for these services.
8. The next Plan should continue to prioritise improving access to stable, affordable housing for people of refugee background with a disability and their families, including people seeking asylum.
9. Inclusive schools should be an ongoing priority in the Plan, and relevant Victorian Government departments (including DET and Office for Disability) should consider how to promote specialised approaches for children of refugee backgrounds with disability in both mainstream and special schools. The Network recommends the Victorian Government:
 - a. Expand eligibility for Special Schools to access Department of Education and Training English as Additional Language (EAL) funding to:
 - i. Enable special schools to employ specialist EAL teacher/s and Multicultural Education Aids as needed, based on school population or;
 - ii. Employ a Regional EAL Specialist teacher across several regional Special Schools to assess student's language levels, deliver EAL classes and provide advice and support to the mainstream teachers.
 - b. Explore options to support more timely access to the Program for Students with Disabilities (PSD) for children of refugee background, who may have already had delayed access to developmental support.
10. The Office for Disability should consider including actions which address carer wellbeing and inclusion.
11. The Office for Disability should develop a cultural responsiveness framework which addresses the intersection between cultural and linguistic diversity and living with a disability.
12. Include community attitudes as a guiding approach for the new Plan, with targeted strategies for different refugee communities, codesigned with those communities.
13. An outcome around recognition and pride would be valuable in the next Plan and should consider targeted approaches for Victoria's refugee and migrant communities.

14. Ensure schools' Program for Students with Disability (PSD) application processes require school wellbeing staff to gather and supply the necessary refugee background information to developmental assessors, as suggested in the previous Program for Students with Disabilities (PSD) Operational Guidelines.
15. DET and Assessments Australia should consider including more information and guidance on providing provisional diagnoses in the Intellectual Disability professional guidelines.
16. The Office for Disability works with the DET on actions which build schools' staff capacity, including Multicultural Education Aides and bicultural workers, to respond to the needs of refugee background children with a disability.
 - a. Continue to fund specialised training for MEAs on the NDIS beyond June 2020.
17. The Office for Disability considers increasing the availability of specialised, culturally responsive advocacy support to enable more equitable access to the NDIS and implementation of NDIS supports for CALD Victorians, including those of refugee background.
 - a. Advocate with the Commonwealth and the National Disability Insurance Agency for necessary systemic changes to support more equitable access and engagement with the NDIS.

Overview

About the Victorian Refugee Health Network

The Victorian Refugee Health Network (the Network) was established in 2007. The Network facilitates coordination and collaboration amongst health and community services working with people of refugee backgrounds, including those seeking asylum. This collaboration aims to improve service accessibility and responsiveness for people with refugee backgrounds. An executive group provides strategic direction and oversight over the Network's activities. The Network has provided expert advice to the sector and successive State governments on refugee and asylum seeker health issues.

About the submission

This submission is informed by:

- Individual consultations with eight community advisors from Foundation House's Disability Advisory Group. Community advisors included people living with physical and psychosocial disability, and carers of children living with disabilities. Community advisors were from Syrian and Iraqi communities in Melbourne.
- Foundation House's report ['We Need to Raise our Voices: Advice from people of refugee backgrounds living with disabilities and their carers'](#).
- Contributions from members of the Disability Action Group – an inter-sectoral working group, focused on the needs of people of refugee background with disability.
- The documented findings of the Victorian Refugee Health Network's 2018 needs assessment exploring ['Service responses for people with disabilities from refugee backgrounds in northern Melbourne.'](#)
- Foundation House Schools Support Program and other Foundation House staff with experience working with schools, school staff and students and families from refugee backgrounds.

Definitions

People from refugee backgrounds

The term 'people from refugee backgrounds' is used throughout this submission to refer to those who hold 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.¹ Where the immigration status a person currently has or had on entry to Australia is significant, this has been noted.

Disability

For this submission, 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'.²

Why focus on people of refugee background?

There are increasing numbers of people of refugee background who have a disability settling in Victoria. From 2012, the health requirements of the Migration Act have been waived for humanitarian entrants, meaning refugees with a disability are now able to settle in Australia. The exact numbers of refugees with a diagnosed disability upon arrival is unknown, as the reasons for health waiver grants to humanitarian entrants are not readily available. Information released following a Freedom of Information request by the Refugee Council of Australia shows overall growth in the number of health waivers granted from the period from 2011 to 2016 (from 76 to approximately 248)³. In addition to increasing arrivals via Australia's offshore Humanitarian Program, there are thousands of people in Victoria seeking asylum, some of whom may be living with a disability¹. Services consistently report increasing numbers of people from refugee backgrounds presenting with growing complexity⁴. Population data indicates people from culturally and linguistically diverse (CALD) backgrounds have similar rates of disability to the general Australian population⁵. However, experiences associated with forced migration, including conflict, displacement, inadequate health care, and torture⁶ may mean people from refugee backgrounds are more likely to have a disability than other populations.

Evidence suggests refugee background children may be at higher risk of developing neurodevelopmental disorders or developmental delays^{7,8}. Many refugee background children have multiple pre-, peri- and postnatal risk factors for developmental delay and disability, including pregnancy and birth complications, malnutrition, infectious diseases, and vision/hearing impairment. Lack of access to healthcare and untreated conditions may compound functional impairment. Trauma experience has implications for neurobiological, cognitive, and emotional development,⁹ and refugee background children have frequently experienced multiple traumatic events before resettlement. Parent trauma experience can also impact on the parent-child relationship, parents' ability to engage with supports and settlement tasks, and family functioning. Insecure visa status (people seeking asylum or people with temporary protection visas) has implications for parental wellbeing and capacity¹⁰.

People of refugee background with disability have specific needs not seen in other population groups. People of refugee background often arrive with no or little documentary evidence of disability, have no Australian service system history, are without necessary aids and equipment and have no links with services. While Victorian-born people typically have a gradual evolution of diagnosis and service access², new arrivals often have immediate support needs, and may not have a clear diagnosis. Delays in assessment, diagnosis, services and equipment have a profound impact on settlement and community access¹¹, and can also negatively impact school entry for children. For those who have recently arrived in Victoria, settlement is a busy time, with many appointments and a multitude of settlement needs.¹² Newly arrived refugees must rely on informed, culturally responsive and coordinated support to assist with navigating unfamiliar health and human service systems. Such supports are not reliably available.

There are ongoing barriers to equitable access and inclusion for people of refugee background living with a disability. The Network welcomed the Victorian Government's action on responding to the needs of refugee people with a disability in *Absolutely Everyone*.

¹ For statistics on Onshore Permanent Protection Visa applications, please see <https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/humanitarian-program>

² Where they have not acquired a disability later in life.

However, considerable barriers to access and inclusion persist. Evidence shows people of CALD backgrounds continue to use National Disability Insurance Scheme (NDIS) funded services at a significantly lower rate than the general Australian population¹³. As of March 2020, 11% of NDIS participants in Victoria are from a CALD background¹⁴, which remains below the National Disability Insurance Agency's (NDIA) expected national rate of 21%¹⁵. The NDIS is a complex system which has proved difficult to navigate for many, and people from refugee backgrounds face additional barriers. These barriers include communication and language, unfamiliar and complex health and social service systems and culturally unresponsive service approaches. Such barriers are encountered both within the NDIS, and in the mainstream services people must navigate to access the scheme.

The lack of services for NDIS-ineligible people of refugee background with a disability is of significant concern. The NDIS permanent residency requirement excludes people seeking asylum and people of Temporary Protection Visas (subclass 785) and Safe Haven Enterprise Visas (subclass 790) from accessing supports under the scheme. As the NDIS has been steadily replacing state-funded disability support services and early interventions services, the transition to the NDIS has significantly reduced available services for those who are ineligible. The Commonwealth has provided minimal access to services for people seeking asylum and is unlikely to support their access to the NDIS in the foreseeable future.

Consultation Response

Topic 1: Improving how we describe disability and disability inclusion in the next Plan

Recommendations:

1. Incorporate intersectionality and equity to a description of inclusion in the next State Disability Plan.
2. The Plan should acknowledge varied cultural understandings of healthcare, disability and development.
3. Acknowledge the strengths and capabilities of people with disability, alongside a description of disability in the Plan.

We support the consultation paper's indication that the social model of disability and a human rights approach will underpin Victoria's next State Disability Plan. Describing the social model will provide a useful foundation for a Plan which includes actions addressing societal and environmental barriers to inclusion.

Intersectionality and equity are valuable, complementary concepts which should sit alongside a description of inclusion in the next Plan. The State Disability Plan is an opportunity to embed high-level consideration of how social categories such as disability, race, nationality, gender, and sexual orientation intersect to amplify vulnerabilities and compound barriers to access and inclusion. These intersecting and overlapping systems of discrimination and disadvantage can be highly impactful for the wellbeing and inclusion of people of refugee backgrounds with disability. A focus on improving equity, or 'just and fair inclusion'¹⁶ will also helpfully frame the actions and outcomes of the next Plan.

Diversity and intersectionality, though related, should be distinguished from one another in the next Plan. Diversity is duly recognised in the current State Disability Plan, *Absolutely Everyone*. It states that ‘human rights belong to all people without discrimination and the diversity of the people of Victoria enhances our community’¹⁷. Under the theme of ‘diversity’, *Absolutely Everyone* also acknowledges the overlapping and interdependent systems of discrimination or disadvantage experienced by many people living with a disability. While diversity and intersectionality are related, there are differences which warrant their conceptual separation in the Plan.

There are varied cultural understandings of healthcare, disability and development within and between refugee background communities. Culture informs many aspects of a person’s life, including how disability is perceived by the individual, their family and community, and the role of the carers. For some, ‘hidden’ or ‘invisible’ disabilities such as intellectual disabilities, including autism, and psychosocial disability, may not always be considered a disability. Diverse explanatory models for disability can mean people with a disability and their families have experienced shame, stigma and exclusion in their countries of origin¹⁸. A description of disability should account for these varied understandings.

The Plan should acknowledge the strengths and capabilities of people with disability, alongside a description of disability. Many people with disability experience stigma and discrimination in their lives. When we spoke to Disability Action Group community advisors about the meaning of disability, we heard principally of limitations. As mentioned above, people of refugee background with a disability have often experienced stigma and exclusion in their country of origin. In some cultures, people with a disability are perceived as a burden to the community. The family may hide a family member with a disability as a result of stigma and shame¹⁹. The meaning of disability, therefore, can become negatively internalised for both people with a disability and their families or carers. The next Plan might consider incorporating acknowledgement of the strengths and capabilities of people with a disability, alongside a description of disability itself.

Topic 2: Including people with disability in making the next Plan

Recommendations:

4. The Office for Disability should consult with people of refugee background with a disability specifically, as well as CALD background communities more generally, to better understand and consider their specific needs in the Plan.
5. The Office for Disability should be both proactive and flexible in their engagement with people of refugee background with a disability.

The Victorian Government must be proactive and flexible in their engagement with people of refugee background with a disability. A part of proactive engagement is ‘going to where people are’:

“Ideas for how services could better engage with people from refugee backgrounds living with disabilities and their carers included the importance of ‘going where people are’, but also a recognition that some people living with disabilities in their communities may be hidden, isolated and disconnected. Recommendations included working with English language schools, Centrelink

and other commonly accessed services, and efforts to bring more people together.” ([We need to raise our voices: advice from people of refugee backgrounds living with disabilities and their carers, 2019](#))

People of refugee background have distinct needs and experiences to those who may be from more established migrant communities and the general community. People of refugee backgrounds, especially those who are newly arrived, may have low English proficiency, an experience of trauma, constrained resources and limited knowledge of opportunities and engagement processes. The experience of forced migration and settlement impacts on the health and wellbeing of all humanitarian entrants to Victoria. For those living with a disability, these impacts are likely to be pronounced. We recommend the Victorian Government consult with people of refugee background with a disability specifically, as well as CALD background communities more generally, to better understand and respond to their specific needs. The Victorian Government can engage more inclusively with people of refugee background people by:

- Being trauma-informed during engagement and consultation. Many people of refugee backgrounds have experienced trauma in their countries of origin or the course of forced migration. For those living with a disability, this may be compounded further by stigma and exclusion experienced in the country of origin.
- Building collaborative relationships with refugee communities. A collaborative, authentic approach to building relationships with communities can enable broader participation and the promotion of engagement opportunities through community leaders and other community preferred channels.
- Collaborating with organisations who work with people of refugee background, especially those with bicultural workforces.
- Facilitating engagement and participation in preferred languages. Promoting opportunities in-language, providing the opportunity to make written submissions in a preferred language, and offering consultations with an interpreter (group and individual) all reduce barriers to participation for people of refugee background.
- Offering multiple modes of engagement; offline methods are an essential complement to an online engagement strategy, as many people of refugee background may have low digital health literacy or limited device access.
- Allocating adequate time and other resources to engage, especially when working with interpreters.

To let people know their perspectives have been taken into account, the Victorian Government could consider:

- Sending accessible, translated summaries of identified consultation themes to all consultation participants.
- Sharing accessible, translated copies of the finalised Plan directly with people who participated

Topic 3: Strengthening the state disability plan outcomes framework

Recommendations:

6. The Victorian Government should consider funding NDIS equivalent packages of support for people of refugee backgrounds holding temporary visas (including

bridging visas, Temporary Protection Visas and Safe Haven Enterprise Visas) who meet the non-residency related requirements for the NDIS.

7. The Victorian Government should plan for ongoing access to, and funding for Early Childhood Early Intervention (ECEI) for children seeking asylum, children on Temporary Protection Visas (TPVs) and Safe Haven Enterprise Visas (SHEVs) and ensure publicly available guidelines for these services.
8. The Plan should continue to prioritise improving access to stable, affordable housing for people of refugee background with a disability and their families, including people seeking asylum (who are not eligible for public housing).
9. Inclusive schools should be an ongoing priority in the Plan, and relevant Victorian Government departments (including the Department of Education and Training and Office for Disability) should consider how to promote specialised approaches for children of refugee backgrounds with disability in both mainstream and special schools. The Network recommends the Victorian Government:
 - a. Expand eligibility for Special Schools to access Department of Education Training English as Additional Language (EAL) funding to:
 - i. Enable special schools to employ specialist EAL teacher/s and Multicultural Education Aids as needed, based on school population or;
 - ii. Employ a Regional EAL Specialist teacher across several regional Special Schools to assess student's language levels, deliver EAL classes and provide advice and support to the mainstream teachers.
 - b. Explore options to support more timely access to the Program for Students with Disabilities (PSD) for children of refugee background, who may have already had delayed access to developmental support.
10. The Office for Disability should consider including actions which address carer wellbeing and inclusion in the next Plan.

The Network welcomed Absolutely Everyone's commitment to understanding and addressing the needs of people of refugee background with a disability. We would like to take this opportunity to outline some ongoing priority areas for change as we move beyond 2020.

Access to services and support for people ineligible for the NDIS

We recommend the Victorian Government consider options for NDIS equivalent packages of support for people of refugee background holding temporary visas who meet the non-residency related requirements for NDIS. The NDIS permanent residency requirement means people seeking asylum and people holding Temporary Protection Visas (subclass 785) and Safe Haven Enterprise Visas (subclass 790) are excluded from accessing supports under the scheme. As the NDIS has been steadily replacing state-funded disability support services and early interventions services, there are significantly reduced available services for those who are ineligible for the scheme. 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.

Specialist refugee health services in Victoria report seeing many adults of refugee background with temporary visas, who have either arrived with a disability or acquired a disability post-arrival. This cohort's exclusion from the NDIS and the absence of adequate state-funded disability supports can have severe health and wellbeing consequences. For example, for those who have a level of disability which requires supported accommodation, without access to the NDIS, their only options may be to privately fund nursing home accommodation or live in sub-optimal conditions without necessary supports, hence posing health risks. Funding care privately is not feasible for most people seeking asylum and holders of other temporary visas, as they typically have minimal income and may lack social and community supports. The Network has heard reports of patients in this cohort spending extensive periods in hospital due to the absence of safe discharge options. Spending many months in hospital, with limited social interaction, independence or possibilities for engaging in recovery goals can lead to both physical and psychosocial deterioration. Furthermore, in the absence of resources afforded by the NDIS, people seeking asylum and holders of other temporary protections visas are unable to access care and support services required to optimise health and well being and promote health independence. This includes experiencing challenges in accessing vital aids and equipment required to improve functioning and prevent deterioration.

The Network recommends the Victorian Government fund NDIS equivalent disability support packages for people of refugee backgrounds with temporary visas who meet the non-residency requirements of the NDIS. Recipients of these packages could then access vital support services within the NDIS service market, without changes being made to the residency requirement for the scheme as a whole. The delivery of Status Resolution Support (SRSS) payments through Services Australia provides a good example of how Government (Department of Home Affairs in this case) can utilise a national agency's infrastructure to deliver services for non-residents.

The Victorian Government has allocated funding for Early Childhood Early Intervention (ECEI) for a small number of non-resident children in previous state budgets. However, the continuation of these arrangements has not been confirmed, and information about eligibility and access pathways is difficult to find. The Victorian Refugee Health Network is concerned about the lack of assured continuity of funding for ECEI for non-resident 0-6-year-olds seeking asylum and children on temporary protection visas³. Evidence suggests refugee background children may be at higher risk of developing neurodevelopmental disorders or developmental delays^{20,21}. Children of refugee background have often not had the benefit of a gradual evolution of diagnosis and service access, so prompt access to early intervention is especially important for optimising developmental outcomes. Delays in assessment, diagnosis, services and equipment have a profound impact on settlement and community access²², and can also negatively impact school entry. While we welcomed the allocation of funding for ECEI in the 2019-20 budget, information about this allocation was not easily accessible, and access pathways have been unclear, even to experienced health professionals. Unclear information and access pathways constitute a systemic barrier for children of refugee background to access early childhood intervention services in a timely way. We recommend the Victorian Government allocate further funding for ECEI for children who do not meet the NDIS permanent residency requirement and improve access pathways and visibility.

³ Alongside other cohorts including children of temporary resident parents, many of whom will become permanent residents in the long term.

Secure, affordable housing for people of refugee background with disability

Housing was a key priority area in *Absolutely Everyone*. Feedback from the community advisors we consulted with indicates this should be an ongoing priority in Victoria's next State Disability Plan. Community advisors were unanimous in emphasising the fundamental importance of stable housing for the safety and wellbeing of themselves and those in their care. Some Community Advisors who were caring for children with a disability had successfully secured a private rental but had been compelled to change properties due to short-term leases not being renewed. Research has shown issues like housing affordability, difficulty navigating the housing market, and discrimination mean securing private rental property is often difficult for people of refugee backgrounds, including those seeking asylum²³. For people of refugee backgrounds living with a disability there are additional challenges navigating the housing market, and additional considerations, such as the ability to make house modifications. We have heard reports of property owners refusing to allow tenants to make necessary modifications to their rental property.

Community advisors recommended people with disability should be prioritised for social housing. Not all community advisors were aware of processes for application and prioritisation on Victoria's Housing register, suggesting more coordinated information sharing and referral support is needed to ensure people of refugee backgrounds are aware of their options. However, given limited public housing supply and current prioritisation guidelines, the Victorian Government should also explore alternative options for supporting stable, affordable housing for people with of refugee background with a disability and their families. This includes identifying avenues for supporting people seeking asylum with a disability to maintain stable, affordable housing.

Inclusive schools

Optimising educational and developmental outcomes for children of refugee background with a disability requires tailored learning environments which respond to both the refugee experience and the disability experience. Supportive, inclusive school communities can also play a valuable role in settlement and recovery for children of refugee background with a disability and their families. Below we identify several areas where change could support more equitable, inclusive schooling. Acknowledging some of the suggested actions may be beyond the scope of the State Disability Plan itself, the information may be of use for associated pieces of work.

English as an Additional Language Approaches (EAL) are vitally important in both mainstream and special schools. It can take 5–7 years to learn EAL for academic purposes, or up to 10 years or more for those with disrupted schooling for children and young people of refugee background²⁴. Children and young people of refugee background with a disability are likely to have had limited, or significantly disrupted education, if not excluded from education entirely.

Victorian Special Schools do not have access to EAL funding, which limits their ability to be responsive and inclusive to refugee background children with a disability. Not having access to EAL funding has both direct and indirect impacts for children with disability who have a refugee (or CALD) background. As well as funding EAL teachers, Multicultural Education Aides (MEAs) and bicultural worker roles are also derived from EAL funding. Without this funding, Special Schools do not have the support of these valuable professionals. MEAs provide vital support to refugee background children in mainstream schools, assist with communication between the school and parents of students

from language backgrounds other than English and share their cultural knowledge and understanding with teachers and other schools staff²⁵.

Indirectly, a lack of EAL funding for special schools can lead to low EAL visibility, which, in turn, leads to a lack of EAL approaches for students from refugee backgrounds with disabilities. We understand some special schools do not routinely collect accurate data on countries of birth or languages spoken at home, possibly because this data is not directly linked to EAL funding. We also understand teachers are not consistently aware of EAL levels within special schools. As classroom instruction is in English, some students are disadvantaged and unable to participate fully in the class and may not progress with their English proficiency. Like mainstream schools, there is inconsistent use of interpreting services in Special Schools, and some Special Schools are not engaging with parents of CALD backgrounds. Families from refugee backgrounds place a high value on education, but they are often unaware of schools' expectations of parent involvement and engagement in learning. In many Special Schools, enrolment procedures are carried out by office staff handing out and collecting forms without family interviews to meet parents and assess their needs.

We recommend Special Schools become eligible for Department of Education and Training (DET) EAL funding to enable them to better support the needs of culturally and linguistically diverse children, including those of refugee backgrounds living with disabilities. EAL funding would enable Special Schools to employ specialist EAL teachers to support both students (in the first five years after arrival) and to support teachers to embrace EAL strategies in their teaching. EAL funding would also enable Special Schools to employ MEA's and improve their engagement with parents who do not speak English. Alternatively, a Regional EAL Specialist teacher could be employed across several regional Special Schools to assess student's language levels, deliver EAL classes and provide advice and support to the mainstream teachers.

Exploring options to support more timely access to the Program for Students with Disabilities (PSD) for children of refugee background, who may have already had delayed access to valuable developmental support, would be worthwhile. The Department of Education and Training (DET) require assessments and diagnoses for students with disabilities to access the Program for Students with Disabilities (PSD). Families from refugee backgrounds typically rely on public allied health and specialist service providers to conduct assessments and make a diagnosis. However, significant delays and waitlists are impacting on access to timely assessment and diagnosis. Special provisions, funding for access to non-public providers, for example, would enable children of refugee background who have had delayed access to developmental support to access the appropriate assessments in a more timely way.

Freedom, agency and risk

The Network supports a new outcome area under Fairness and safety around people's exercise of freedom, agency and risk, as suggested in the consultation paper. However, this must be supported by initiatives which support people of CALD backgrounds with a disability, including people of refugee background, to understand and exercise their rights.

Carer wellbeing and inclusion

Inequitable access to disability services for people of refugee background impacts on carers and family members, as well as the person living with a disability. Unpaid informal carers are vitally important for the wellbeing of people with a disability. Community advisors who are caring for children or family members with a disability reported to the Network they have inadequate formal and informal support with their caring responsibilities. This lack of support contributed to experiences of mental and physical stress and was impacting on essential settlement tasks, including English language learning, finding employment, and building relationships in the community.

The availability of formal supports can be especially important for people of refugee background, as they may have limited extended family in Victoria, and still be developing relationships in the community. NDIS plans can include funding for supports which facilitate independent time for both families or carers and participants, providing the supports are associated with capacity building goals for the NDIS participant. Short-term accommodation assistance (STAA) can also be included in participant plans. While both of these avenues allow carers and families independent time, participants and families must be aware of these supports and their respite function. They must also be able to advocate for the inclusion of these supports in the participants' NDIS plan. It has been established that CALD participants, including those refugee background, can be disadvantaged by the consumer-driven requirements of the NDIS. Across all phases of NDIS engagement people who are i) familiar with liaising with professionals and meetings, ii) able to navigate internet-based information and resources, iii) understand the health system and iv) can advocate for themselves or their child, are at a considerable advantage.²⁶ The potential for participants and families and carers to miss out on valuable independent time and respite as a result of these inequities adds weight to the argument for improved advocacy and navigation support for people of refugee background (*see recommendation 17*). Considering the significant impact informal primary carers have on participants' wellbeing, the Victorian State disability plan should also consider including actions or outcomes which address carer wellbeing and inclusion.

Topic 4: Introducing overarching approaches to strengthen government commitments under the new Plan

Recommendations:

11. The Office for Disability should develop a cultural responsiveness framework which addresses the intersection between cultural and linguistic diversity and living with a disability.
12. Include community attitudes as a guiding approach for the new Plan, with targeted strategies for different refugee communities, codesigned with those communities.
13. An outcome around recognition and pride would be valuable in the next Plan and should consider targeted approaches for Victoria's refugee and migrant communities.

Cultural responsiveness

Equitable service access and inclusion for Culturally and Linguistically Diverse Victorians living with a disability, including those of refugee backgrounds requires a

comprehensive approach to cultural responsiveness. There are strong Commonwealth and Victorian policy frameworks addressing cultural competency and responsiveness within Government-funded services. For example, the Department of Health and Human Services' 'Delivering for Diversity' outlines a range of outcomes and objectives to improve cultural and linguistic diversity responsiveness across the spectrum of departmental services, including disability. Victoria's Cultural Responsiveness Framework also provides thorough guidelines for Victorian Health Services. This framework recognises the multidimensional nature of cultural competency²⁷ and includes actions which address the systemic, organisational, professional and individual dimensions cultural competency.

Yet service participation data, reports from Foundation House's Community Advisors and other Network stakeholders all suggest Victoria's disability and mainstream services remain challenged in meeting the needs of people of CALD backgrounds with a disability, including refugees and people seeking asylum. That these challenges persist despite Commonwealth and Victorian policy frameworks addressing cultural competency and responsiveness, shows the complexity of the system changes required and the need for ongoing work. As Delivering for Diversity concluded its cycle in 2019, Victoria's next State Disability Plan should be an opportunity to consider a cultural responsiveness framework which addresses the intersection between cultural and linguistic diversity and living with a disability.

Community attitudes

We support the consultation paper's proposal to focus on community attitudes in the new Plan and recommend codesigned, targeted approaches for refugee and migrant communities. For newly arrived refugees, building connections with groups with whom they share experiences, preferred languages, cultural practices and customs, can be important for positive settlement²⁸. Several community advisors who participated in individual consultations for this submission spoke of experiencing stigmatising attitudes and exclusionary behaviour from within their country of origin communities in Australia. The impacts of stigma are far-reaching and have implications for health, safety, inclusion and a sense of belonging, which are all so crucial for refugees settling well. Noting consultations were with community advisors from Syria and Iraq, there has been some research which suggests people with disability from other countries of origin may have similar experiences of exclusion from their country of origin communities in Australia.²⁹

Community advisors have suggested the Victorian Government should have a role in funding targeted engagement initiatives which provide refugee communities with education and information about the rights of people with a disability and the importance of inclusion. Community advisors also highlighted the value of school-based education programs in promoting understanding of strengths, rights and experiences of people with disability and combatting community stigma.

An outcome around recognition and pride would be valuable and should consider targeted approaches for Victoria's refugee and migrant communities. The next Plan needs to recognise people with disabilities' strengths, talents and capabilities. State government actions which support people with a disability to realise the potential of their abilities is an essential step toward equity and inclusion.

Topic 5: Strengthening the NDIS and mainstream interface

Recommendations:

14. Ensure schools' Program for Students with Disability (PSD) application processes require school wellbeing staff to gather and supply the necessary refugee background information to developmental assessors, as suggested in the previous Program for Students with Disabilities (PSD) Operational Guidelines.
15. DET and Assessments Australia should consider including more information and guidance around providing provisional diagnoses in the Intellectual Disability professional guidelines.
16. The Office for Disability works with the DET on actions which build schools' staff capacity, including Multicultural Education Aides and bicultural workers, to respond to the needs of refugee background children with a disability.
 - a. Continue to fund specialised NDIS and disability training for MEAs on the NDIS beyond June 2020.
17. Consider increasing the availability of specialised, culturally responsive advocacy support to enable more equitable access to the NDIS and implementation of NDIS supports for CALD Victorians, including those of refugee background.
 - a. Advocate with the Commonwealth and the National Disability Insurance Agency for necessary systemic changes to support more equitable access and engagement with the NDIS.

There are numerous and significant gaps between mainstream services and the NDIS.

While the NDIS now accounts for the majority of disability-specific services in Victoria, not all those requiring disability services are eligible for the NDIS, and those who are eligible will also engage with mainstream health and wellbeing services. As discussed earlier in the submission, the Network is particularly concerned about the lack of residual services for those living with a disability who are ineligible for the scheme. People seeking asylum, those who hold TPVs and SHEVs do not meet the residency criteria for the NDIS, so are excluded from accessing NDIS funded supports. There are also many people living with a disability who are excluded from accessing the scheme due to not meeting other requirements (e.g. disability permanency). People of refugee background in rural and regional Victoria have more barriers to accessing timely primary care and specialist services. For specialist assessments, people are often required to travel to Melbourne. For families with limited income or health system literacy, this represents a significant additional barrier to access and engagement.

Mainstream services under Victorian jurisdiction including health services, community services and schools, have a valuable role to play in supporting more equitable access to the NDIS for eligible people of refugee background. The NDIS aims to increase choice and control for participants. However, the consumer-driven approach of the NDIS is reinforcing existing inequities driven by social determinants of health, such as English proficiency, health and health system literacy, education, household structure, household income and residential location.³⁰ At all stages of the NDIS access and engagement, people who are i) familiar with liaising with professionals and meetings, ii) able to navigate internet-based information and resources, iii) understand the health system and iv) can advocate for themselves or their child, are at a considerable advantage.³¹ People of refugee backgrounds, especially those who are newly arrived, are often disadvantaged by this consumer-driven approach. The ongoing low rates of NDIS participation from people of

CALD backgrounds⁴ is evidence of this. Accessing the NDIS requires negotiating Victorian funded mainstream services for information, assessment, advocacy, and other supports. These interfaces must be more assertive, informed, and coordinated in responding to and supporting people of refugee backgrounds to access the NDIS. Below, we provide some examples of mainstream contexts which can better respond to the needs of people of refugee background with a disability.

Developmental assessments for children with disabilities

Developmental assessment for children of refugee backgrounds is complex. There is room for improving the level of understanding and responsiveness to these complexities. The acquisition of English as an Additional Language (EAL) combined with the impacts of forced migration or asylum experience – including trauma, family separation and settlement – means development including language acquisition is challenging to assess. There are challenges with the validity of standardised tests (e.g. language assessments, cognitive testing, autism assessment tools) when they are conducted in languages other than English, or with an interpreter. However, results may still be meaningful and useful.

Feedback from Foundation House Counsellor Advocates and other service providers indicates that some students from refugee backgrounds are being assessed as having an intellectual disability without any reference to their refugee history of trauma, language difficulties or disrupted education history.³² However, clinical experience suggests other children with significant delays or disabilities are not being referred for support or intervention because difficulties are incorrectly attributed to trauma or English language acquisition.

When these complexities are not well understood and managed, there can be significant consequences. Early intervention services can significantly improve functioning, or delay or lessen decline in functioning³³, so when there are delays in assessment, diagnosis, services and equipment access, settlement, community access and school entry can all be impacted.³⁴ Foundation House's School Support Program is aware of anecdotal reports of refugee background students being transferred to Special School based on Disability Assessments that were conducted during the first 12 months of settlement in Australia and without the appropriate interpreters. In at least one instance, a student was later deemed to be inappropriately placed in Special School, and requests for transfer back to mainstream schools were resisted.

Collaboration between schools and disability assessors is essential for comprehensive assessments of refugee background children. Assessments Australia is the Victorian Department of Education and Training (DET) contracted provider for assessments of intellectual disability and severe language disorder for critical education needs. The Assessments Australia Intellectual Disability Professional guidelines do include guidance on assessing refugees and other recent arrivals from non-English speaking backgrounds. However, to follow these guidelines and ensure a comprehensive assessment, assessors must have the time and resources to collect and consider critical information about the student's refugee background including education history, English language levels, additional languages or need for interpreters. School wellbeing staff should support this process by gathering and supplying necessary information about refugee

⁴ Data not available for refugee background as a subgroup of CALD.

background to assessors, as suggested in previous Program for Students with Disabilities (PSD) Operational Guidelines⁵. The PSD Operational Guidelines for schools no longer contain instructions for school staff about gathering this information for assessors of students of refugee backgrounds. These guidelines should be reintroduced, to increase the visibility of refugee specific issues and ensure vital background information is collected and shared with developmental assessors.

Given the complexities of developmental assessments for refugee background children, Assessments Australia assessors have the option of providing a provisional diagnosis, as per the guidelines for assessing students of refugee backgrounds in the Intellectual Disability Professional guidelines (Attachment 2). However, there is very little information or guidance on why a provisional diagnosis may be provided. Provisional diagnoses support both timely access to developmental supports and enable a more gradual evolution of diagnosis and assessment of needs. We recommend DET and Assessments Australia include more information and guidance around providing provisional diagnoses.

Schools supporting access and engagement with the NDIS

Schools are an important mainstream interface with the NDIS. Capacity building with key school staff around disability and the NDIS system could support improved outcomes for all children and young people with disability, including those of refugee background. Assessment, diagnosis and subsequent access to required services can be missed for school-aged children from refugee backgrounds who may arrive after key checks that Australian born children receive. Furthermore, families of refugee background who have concerns about developmental delays can be hesitant to disclose these concerns or seek assessment due to stigma and cultural beliefs about disability. In some cases, people seeking asylum or holding other insecure visas can be concerned about their child accessing assessment and support due to a perception developmental delays or disabilities may impact visa status or the outcome of onshore visa applications. These factors can all act as barriers to accessing vital early intervention and developmental support. Supporting school staff to understand these contexts, and develop their capacity to provide information, reassurance and facilitate referral if required, may help improved disability support access and outcomes for children and young people of refugee background.

Multicultural Education Aides (MEAs) and bicultural workers already play a significant intermediary role between children, families and service systems; however, these workforces would benefit from increased support and professional development. As part of their role in supporting communication between the school and parents of students from language backgrounds other than English, MEAs can also help school staff to understand the interactions between cultural beliefs and disability. Foundation House School Support Program staff have heard reports MEAs feel they have an increasing role in supporting school staff to have conversations with families from refugee backgrounds about disability. MEAs report these can be difficult conversations, and while they are well placed to do this culturally, they often lack specialised knowledge about disability or NDIS and available services and require additional supports to perform this role well. The Centre for Culture Ethnicity and Health has been funded to provide training for MEAs on the NDIS in acknowledgement of this need. However, funding has not been allocated for this work beyond June 2020. Continuing this specialised training for MEAs would be valuable.

⁵ It is important that wellbeing staff conduct this step in the process due to confidentiality requirements and the support families from refugee backgrounds require during this process. The impact of receiving a diagnosis of disability requires sensitivity and appropriate support.

Advocacy supports and systemic change

Choice and control are not experienced equitably within the NDIS³⁵. Newly arrived people of refugee background are managing multiple settlement demands, navigating an unfamiliar health and human services system, and typically without English language proficiency. They therefore depend on settlement and mainstream health services to provide sound advice on available supports and coordinate referrals. However, clinical experience and research conducted by the Refugee Council of Australia indicates this does not happen reliably³⁶. Because people of refugee background are not always supported to access information about their rights, access and engagement processes and available NDIS supports, their ability to exercise choice and control within the scheme is constrained.

The Victorian Government should look to systemic advocacy and change to ensure more equitable access pathways to the NDIS and to enable more equitable plan implementation. In the short term, an increase in available specialised, culturally responsive advocacy support is required. The advocacy services who do specialise in working with CALD and newly arrived migrants and refugees are unable to respond to demand, meaning many do not have access to these vital supports. Without adequate advocacy supports, people with disability of refugee background are less likely to access the NDIS or may be more likely to be allocated insufficient supports in participant plans. The constraints on specialised advocacy organisations also mean health and other services are frequently compelled to engage in time-intensive individual advocacy.

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