NDIS Access Issues for People of Refugee Backgrounds Living with a Disability in Victoria

victorian refugee health network

August 2023
Prepared by the Victorian Refugee Health Network
Contact email: refugeehealth@foundationhouse.org.au

About the Victorian Refugee Health Network

The Victorian Refugee Health Network (The Network) was established in June 2007 with the aim to ensure that all Victorians of refugee background, including those seeking asylum, have timely access to appropriate services and other resources required to build and maintain health and wellbeing. The network does this by facilitating greater coordination and collaboration amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds. The network harnesses the expertise from the health sector and the community to identify and respond to systemic issues and provide credible, trusted advice towards policy and service development.

The Network reports regularly to the Department of Health in Victoria providing advice on the most significant issues that are impacting refugee and asylum seeker health and wellbeing at the current time. More information about the Network may be found on our website: www.refugeehealthnetwork.org.au

Table of Contents

GLOSSARY

BVE	Bridging Visa E
CALD	Culturally And Linguistically Diverse
FRP	Family Recovery Program
HAP	Health Assessment Portal[1]
HAPlite[2]	is a subset of the HAP system, that can be accessed by registered health providers
HSP	Humanitarian Settlement Program
IME	Immigration Medical Examination
LAC	Local Area Coordinator
LGA	Local Government Area
NDIS	National Disability Insurance Scheme
RCH	Royal Children's Hospital

[1] To record IME and manage health undertakings.
[2] Offshore health assessment and the HAPlite system
https://www.rch.org.au/immigranthealth/clinical/HAPlite/

Introduction

The Victorian Refugee Health Network (The Network) welcomes the opportunity to provide a submission for the NDIS Independent Review as a promising piece of reform to Australian disability support services. We commend the government for their political interest in reforming the scheme and considering the needs of people with disability as central to the conversation. The Network is committed to improving the health and wellbeing of people from refugee and asylum seeker backgrounds who are living with a disability in Victoria. Access to appropriate disability support is central to the Networks core values in health equity and justice.

In this submission, the Network will provide a summary of the key issues and concerns impacting people from refugee and asylum seeker background in Victoria with a disability. These issues and concerns have been identified by refugee health and community services who work with people of refugee backgrounds and are specifically related to entry, navigation, and service provision of the National Disability Insurance Scheme (NDIS).

This paper has been informed by the following strategic aims and directives:

- The Network has recently finalised its Strategic Plan for 2022-2024 where 'disability' was identified as a key priority area to focus on over this time. This area of focus was identified through a deliberative engagement process that included a panel of 26 Victorians with lived experience as refugees or seeking asylum and frontline workers and leadership in the refugee health sector that helped guide the development of the Plan. This focus area resonates with feedback the Network has received from its members regarding significant gaps in provision of services for people from refugee and asylum seeker background with a disability.
- The Network has presented these findings to the Victorian Department of Health, Diversity and Access division who requested a briefing paper regarding disability access issues for people of refugee backgrounds in Victoria.
- The Network has recently made a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability highlighting the concerns raised in this report.
- The Network has also made a submission to the NDIA to inform their CALD Strategy.

Case studies and concerns have been collected from Network members who support people of culturally and linguistically diverse backgrounds with a disability, in particular those from refugee and asylum seeker background in Victoria.

Who did we consult for this report?

For this report, the Victorian Refugee Health Network Executive Group consulted with workers from various organisations including case managers from settlement services, refugee health nurses in the Refugee Health Program and English Language schools who offered sector insight into the barriers and need for appropriate disability services for their clients from refugee backgrounds.

The Network also conducted a brief survey that was distributed to subscribed members of the Network. The Network received 39 responses to the survey from people who work across health, settlement, housing, legal and asylum seeker agencies, including 77% of people who worked in Metropolitan Melbourne and 23% who worked in rural and regional areas.

Background

Until 2012, people who had a disability and/or significant health concern were excluded from settling in Australia under the Australian Refugee and Humanitarian Settlement program. Following welcome changes in Commonwealth migration policy in 2012, the Australian Government streamlined a health waiver for humanitarian visa applicants that had previously assessed and created these exclusions based on costs that may be incurred on health or community care services. Prior to this policy change, health, community, and settlement support services, had limited resources for, and experience in dealing with the added complexities of supporting people from refugee and asylum seeker backgrounds living with a disability.

The change to the waiver in 2012 has meant that people of refugee backgrounds with a disability and/or significant health concern have since been granted visas and have been able to resettle in Australia through this program. Following this policy change there has been increased prevalence of, and more diversity of disability among people who arrive in Australia as refugees. However, this has not been matched with sufficient resourcing or support to address the needs of this group and promote and improve inclusion in the community.

This report highlights the challenges that people with a disability from refugee backgrounds face when trying to access support for their health and disability needs. Feedback from organisations who work with people of refugee backgrounds have highlighted the following:

- inadequacies in timely and continuous access to primary care
- referral pathways to specialist services
- difficulties in applying for and accessing NDIS
- low levels of literacy in health and service navigation; and
- access to culturally appropriate support services among other pertinent issues.

There are noted variations in the eligibility criteria of vital support services for people of refugee backgrounds which is dependent on visa status. Eligibility criteria for the National Disability Insurance Scheme (NDIS) require an individual to hold permanent residency to gain access to this scheme and associated support. Therefore, people seeking asylum, people who hold bridging visas (BVE) and until recently, Temporary Protection Visas (TPVs) and people with Safe Haven Enterprise Visas (SHEVs) have been ineligible for the NDIS.

Recent changes in Commonwealth policy mean that people who are currently on TPVs and SHEVs will now be eligible to transition to permanent visas. This will lead to an anticipated increase in the number of people from refugee backgrounds eligible to transition to NDIS service provision and will subsequently require support accessing and navigating the system that this group of people have not been eligible for prior to this point.

Recommendations

Recommendation One: A formalised partnership between NDIS and the Department of Home Affairs is established so that newly arrived refugees with a disability (with or without diagnosis) are linked in with NDIS service support as soon as they arrive. A rapid assessment and diagnosis on arrival will help ensure there is timely and appropriate health interventions into NDIS.

Recommendation Two: Brokerage funding is accessible to support community members who are more vulnerable such as newly arrived refugees with lower socio-economic status to cover the costs associated with a NDIS application and entry into the system i.e., specialist assessment reports and consultations, GP costs associated with NDIS applications, etc.

Recommendation Three: That there are transport access options for those who are not yet on NDIS who require support to get to medical appointments.

Recommendation Four: That Free Interpreting Service (FIS) is continued and expanded so that all allied health services have access to free interpreting services.

Recommendation Five: Provision of funding for NDIS to conduct community outreach activities such as information sessions for the community to understand what NDIS is, eligibility criteria and service system navigation.

Recommendation Six: That there is culturally and linguistically appropriate support options to assist CALD members in the NDIS application process, planning, review meetings & advocacy.

Recommendation Seven: Increased provision of resources to Local Area Coordinators (LAC) to undertake a higher caseload and level of support to meet the needs of Culturally and Linguistically Diverse Community members to understand the NDIS Service System and support them in the extensive application process.

Recommendation Eight: Increased provision of resources to Support Coordinators to help clients navigate the NDIS system once a plan has been implemented and advocate for their needs when accessing disability support services e.g., disability services using interpreters where needed, assisting with requests for more funding if required.

Recommendation Nine: To support priority populations, NDIS would benefit from a similar targeted grants program like Information Linkages and Capacity Building (ILC). ILC utilised existing bi-cultural workforce found in health and community service organisations and would be particularly valuable in LGAs with high settlement populations.

Recommendation Ten: Implement a minimum standard of training merits for all Local Area Coordinators, Support Coordinators and NDIS services to support CALD engagement including but not limited to the following areas:

- How to use interpreters (noting codes of conduct and ethical standards)
- Culturally safe and appropriate service provision
- Trauma informed practice standards
- Understanding the refugee experience

Recommendation Eleven: That bicultural workers are employed in LAC and Support Coordinator positions to better support the CALD community to access the NDIS and help with outreach to these communities. A minimum standard of training should also be implemented for bicultural workers in these roles to help ensure there is benchmarking in best practice standards when hiring bicultural workers. Bi-cultural casework support will also assist with broader service navigation of disability support services with cultural knowledge of community barriers to access such support.

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

Findings

The information below provides some background on the settlement process in Australia and some key barriers in the diagnosis and early identification of disability support needs for people from refugee backgrounds.

We highlight in particular:

- the settlement process including health needs and the prohibiting factors to uptake NDIS services.
- the need for the Scheme to improve its linkage with the Department of Home Affairs and settlement services providers to improve early identification of disability in offshore health checks. This is critical in so that health and settlement services have information tailored for people arriving with disability, with or without a diagnosis.
- that general practitioners provide key engagement for people from refugee backgrounds and often are the primary point where a disability need is identified. Workforce development, improved literacy and navigation of the Scheme and knowledge of supported referral pathways would greatly improve the Schemes engagement with people from refugee backgrounds with a disability.
- the limited financial means to afford allied health assessments that are required to substantiate entry into the Scheme. Targeted brokerage programs could be used to assist with out-of-pocket expenses for evidence gathering to support NDIS applications to ensure that the participant is eligible for National Disability Insurance Scheme (NDIS).

Please find below an outline of the current gaps and barriers in accessing systems and service delivery models specifically related to the NDIS which deleteriously impacts the health and wellbeing of people living with a disability from refugee backgrounds. Each section is followed with the question ‘What should the NDIS system look like?’ that prompts recommendations to ensure NDIS address all identified gaps and barriers in this review and reform process.

I. Early identification of disability support needs

Immigration medical examination (IME) Offshore health assessment and the HAPlite system

Before clients arrive in Australia, clients complete an IME offshore health assessment and settlement services are subsequently informed by the Refugee Health Program whether there is a health alert on the HAPlite system. An alert may indicate whether an individual has any mobility issues or diagnosed health conditions identified in this offshore health assessment.

Offshore health information is not always provided in a timely manner and/or information is often outdated e.g., offshore health information available has been reported to be 12 months old. Health workers are, at times, only notified of the need for complex healthcare on or after arrival. This places new entrants at risk and puts strain on state health systems. Entry into NDIS is based on diagnosis, and new refugee arrivals with disability may not have a formal diagnosis. Without comprehensive and timely offshore and onshore health screening processes there is a lack of prior warning and preparation regarding individuals who have arrived with significant health conditions that require immediate linkages with specialists to assess and facilitate the process of an NDIS referral.

Additionally, offshore health assessments reportedly do not incorporate specific sections on disability, causing inconsistencies in capturing health information and assessing for disability in this process.

Onshore health assessment

Currently there is no mandated process or measure on how many individuals and families arriving under the Humanitarian Settlement Program (HSP) have completed an on-arrival refugee health assessment. Previously there was an MBS item that specifically provided the billable means for General Practitioners to conduct a 'Health assessment for refugees and other humanitarian entrants' (Items 714 and 716)[3]. These specific MBS items recognised that differing practice standards for health assessments are required for this cohort consistent with good clinical practice. These MBS items have since been removed and this assessment now fall under MBS item numbers 701, 703, 705 and 707 for general health assessments. At this stage it is unclear how many people have these assessments on arrival, as the MBS billing item number is the same item as these other assessment types.

Due to this, there is no visibility on how many individuals and families arriving under HSP have completed an on-arrival refugee health assessment. This raises concerns of the delay identifying and responding to the health concerns and disability support needs of newly arrived refugees.

What should the NDIS system look like?

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).[4]

[3] Australian Government Department of Health and Ageing (2006) http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/B55546F33798EF39CA257CD00081F202/$File/2006-11-MBS.pdf Pg.50-53

[4] 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

Without immediate linkages to onshore health screening processes, there are substantial delays in accessing urgent support for individuals who have arrived with significant health conditions, including disability treatment and support needs.

Often these individuals and families require immediate linkages with specialists to assess and facilitate the process of a NDIS referral or state-based disability services. Ensuring access to complex tertiary care requires as much notice as possible to ensure continuity of treatment after arrival and adequate handover to the treatment facility.

***Recommendation One**: A formalised partnership between NDIS and the Department of Home Affairs is established so that newly arrived refugees with a disability (with or without diagnosis) are linked in with NDIS service support as soon as they arrive. A rapid assessment and diagnosis on arrival will help ensure there is timely and appropriate health interventions into NDIS as soon as possible.*

http://refugeehealthnetwork.org.au/wp-content/uploads/PRHonline-editionJuly2012.pdf

II. Delays and barriers for formalised assessments and diagnosis to receive NDIS support.

Obtaining a diagnosis for disability evidence

As previously mentioned in this report, there is often no diagnosis, health information or documents that report on mobility issues or health concerns before the client arrives in Australia. A medical assessment is vital to identify impairment and/or disabilities and refer for comprehensive assessment, diagnosis and appropriate support services. An Occupational Therapy (OT) report, among other therapist assessments is often required to apply for and be approved for Disability Support Pension (DSP), My Aged Care (MAC), NDIS & other support services available. Findings from the survey and consultation with the sector suggest that in many cases it is taking up to a year to access OT assessments.

Service providers commented that newly arrived people with a disability faced significant delays in accessing basic services such as equipment, occupational therapists, and specialist doctors[5]. 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.

Without a formal diagnosis this also prevents access to early intervention supports for children, including enrolment in special needs schools.

General Practitioners (GP) workforce capacity and development

There continues to be significant challenges in identifying GP practices that have an interest in, and capacity for, refugee primary healthcare provision. Obstacles to engaging GPs in both private practice and community health include concerns about time constraints and the financial viability of service provision, given language difficulties and the often complex medical and psycho-social health needs of refugee patients. Many GPs feel they lack the training, skills, and knowledge to be able to address their more complex and less common health concerns, despite the range of resources and training opportunities that have been developed. There are ongoing reports that GP's and practices are not taking new clients, which is a significant issue for new arrival clients.

Additionally, GPs do not always have access to the HAP pre-arrival report, so it is important to ensure that NDIS have specialist access that allows checking the HAP portal for additional information.

Incurred costs at GP Practices for NDIS Application

There are also reports that many practices are charging an initial fee for a first consultation at a GP practice and then subsequently bulk billing. This out-of-pocket expense is a deterrent for people of refugee background especially those who have recently arrived, with larger families and may experience delays in receiving their Centrelink payments.

Additionally, the costs for required medical assessments can be an additional barrier for families experiencing financial hardship as these assessments are not fully covered by Medicare or funded by the NDIS scheme. The

[5] Victorian Refugee Health Network (2016) Response to a discussion paper of the Victorian state disability plan 2017- 2020 https://refugeehealthnetwork.org.au/wp-content/uploads/Submission_2016_July26_State-disability-plan.pdf

Network have been made aware of some concerning reports regarding financial charges at GP clinics that have been impacting on people from refugee backgrounds who are seeking to access disability support services. According to these accounts, clients have been asked to pay $170 to fill the GP section of the NDIS application form. This is an additional barrier for vulnerable communities with low socio-economic status who require immediate disability support through NDIS without additional financial burdens and barriers. Reports from the sector have also highlighted that not all GPs are adequately trained to accurately complete a NDIS application which has caused additional delays for clients receiving disability support as the NDIS applications are being denied due to the inaccurate reporting by the GPs and require multiple attempts.

Specialist Assessments for NDIS Evidence

The Network received feedback from another survey that was conducted on mental health service access issues as part of the reforms on mental health service systems in Victoria. Respondents reported that some clients need support letters from psychologists to access the NDIS, however reportedly not all psychologists provide this service to clients[6].

CASE STUDY

"Client is a 67-year-old Karenni man who is isolated and lives with severe PTSD. He has no means of transport and doesn't speak English. He lives in poverty. He is unable to access transport to see a psychologist, he is unable to access NDIS because that requires evidence from a psychologist, and he is unable to find a psychologist who is willing to provide a report for NDIS." (General Practitioner, VRHN Survey Respondent, 12/22)

In addition, most mainstream psychologists do not use interpreters or are not experienced in working with interpreters, which limits the support clients can receive. If a client can access a psychologist, intake and assessment can usually take a few sessions, which is time and resource intensive. Therefore, there are significant delays in refugee and asylum seekers clients finding an appropriate psychologist to access NDIS support.

The inadequate use of interpreters in allied health appointments

Translating and interpreting services are not funded for all allied health services including services such as OT, physio and speech pathology which are often crucial in disability care plans. It is the responsibility of these services to organise their own interpreting services, typically from fee-for-service language service companies or by directly employing accredited interpreters.

This has meant significant language barriers for both refugees and asylum seekers when seeking support from allied health practitioners to conduct accurate assessments. Translating and Interpreting Service (TIS National) has recently expanded the Free Interpreting Service (FIS) as part of a pilot program to select Local Government Areas (LGA) in each State or Territory[7]. Allied health professionals within these LGA's require significant guidance and encouragement to opt in and register for TIS to ensure they are an accessible service for all Australians.[8]

[6] Victorian Refugee Health Network & Foundation House (2023) Diverse Communities Mental Health and wellbeing project.

[7] Casey, Greater Dandenong, Hume, Wyndham, Brimbank, Melton, Greater Geelong, Greater Shepparton, Mildura, Wodonga

[8] 'Find out if you are eligible for the Free Interpreting Service' https://www.tisnational.gov.au/Agencies/Charges-and-free-services/Free-services-through-TIS-National.aspx

What should the NDIS system look like?

As previously highlighted, acceptance into NDIS is based on diagnosis, and new refugee arrivals with a disability often do not have a formal diagnosis prior to entry into Australia. Once a formal diagnosis is obtained this can then be used as evidence for a NDIS application, provided they meet the other eligibility requirement as a permanent resident of Australia.

The NDIS would benefit from targeted brokerage programs that can be used to assist with out-of-pocket expenses for evidence gathering to support NDIS applications. This would help ensure that participants eligible for National Disability Insurance Scheme are supported with entry into the system.

***Recommendation Two**: Brokerage funding is accessible to support community members who are more vulnerable such as newly arrived refugees with lower socio-economic status to cover the costs associated with a NDIS application and entry into the system i.e., specialist assessment reports and consultations, GP costs associated with NDIS applications, etc*

***Recommendation Three**: That there are transport access options for those who are not yet on NDIS who require support to get to medical appointments.*

***Recommendation Four**: That Free Interpreting Service (FIS) is continued and expanded so that all allied health services have access to free interpreting services.*

III. How NDIS can better support people from CALD/refugee backgrounds

The 2021 Census found that almost half of Australians have a parent born overseas (48.2 percent) along with 350 languages recorded, indicating the significant linguistic diversity of Australian society.[9] Reports from the NDIS continue to show extremely low engagement of people who are culturally and linguistically diverse. According to the most recent NDIS quarterly report, 9.2% of the 21,127 participants entering and receiving a plan were from CALD backgrounds[10].

Assistance with applying for and navigating NDIS.

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.

Local Area Coordinators (LACs) are often the first point of contact for community members accessing the NDIS. The role of LACs is to help individuals and families learn about supports that are available in the local community and help create, implement, and change a NDIS support plan.[11] Feedback from consultations with the sector highlight that LACs are not adequately resourced to work with the specific needs of people with a disability and their families from culturally and linguistically diverse backgrounds.

Often newly arrived refugees have limited/no prior knowledge of the Australian health system and require additional support and consistent use of interpreters to effectively understand information about the NDIS, services and supports. Whilst settlement service workers have outlined that they have been helping to submit an NDIS application on behalf of the client this can take much longer than referring a client to a NDIS provider if they were to provide appropriate language support and time to explain and complete the application and plan with them. This is also not currently funded as part of the Humanitarian Settlement Program and requires additional capacity for services to assist with these additional needs.

NDIS Consumer Driven Approach

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[12]. 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[13].

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 backgrounds is evidence of this. Accessing the NDIS is based on finding funded

[9] 2021 Census: Nearly half of Australians have a parent born overseas https://www.abs.gov.au/media-centre/media-releases/2021-census-nearly-half-australians-have-parent-born-overseas

[10] NDIS (2023) Report to disability ministers for Q3 of Y10 Summary Part A https://www.ndis.gov.au/about-us/publications/quarterly-reports

[11] https://www.ndis.gov.au/understanding/what-ndis/whos-delivering-ndis/lac-partners-community

[12] 30 Warr, D, Dickinson, H, Olney, S, et. al. 2017, Choice, Control and the NDIS, Melbourne, University of Melbourne.

[13] Ibid.

mainstream services for information, assessment, advocacy, and other supports to enter the scheme. These interfaces must be more assertive, informed, and coordinated in responding to and supporting people of refugee backgrounds to access the NDIS.

CASE STUDY

"A 6-year-old child with Global Developmental Delay had a Self-Managed NDIS Plan that was unused for over 12 months. Her mother was experiencing significant barriers in navigating services, didn't know how to access support and did not know how to Self-Manage the plan (i.e., pay invoices and etc). The mother had not received any support from her LAC to navigate supports or training on how to self-manage the plan. This resulted in the mother feeling completely overwhelmed and concerned about her daughter not having access to the disability support she required. This impacted the child's ability to engage in school and access to early intervention. The FRP case manager supported the mother to request a NDIS Plan Review and based on her preference, change how the NDIS plan was managed. The original plan was set to Self-Manage and following the review, this was changed to Plan Managed with funding included for a Support Coordinator to work alongside the family in identifying and accessing appropriate supports." (Family Recovery Program, VRHN consultation 2022)

Culturally and linguistically diverse support

Feedback from this survey suggest that without formalised and appropriate supports for CALD community members available, NDIS rely on the support from family, friends or community services to provide information about the Scheme and complete Access Request forms.

Support Coordination can be an additional component of a NDIS plan as part of the Capacity Building budget which provides a "fixed amount for a support coordinator to help you use your plan"[14]. This additional support can be critical to support many culturally and linguistically diverse community members who face language barriers and have a limited understanding of supports available under NDIS. Support Coordinators can help with accessing these supports and advocate for funding during Plan Review meetings. There is also additional support in paying invoices/ disability supports Unfortunately, not all NDIS participants receive funding to access support coordination and/or culturally appropriate support (use of interpreters, culturally safe practice standards by NDIS workers) so are reliant on other services to help navigate and self-advocate through this system.

Based on the way the NDIS is structured, the outcome of Planning meetings or Plan Review meetings often reflect the ability of the individual to self-advocate for the continuation and increased provision of resources. Limitations in health and service literacy mean there can be a deficit in CALD communities' knowledge of service navigation and their rights as a NDIS consumer. This, added to possible reluctance to criticise or complain, means that people are less able to self-advocate than others with better understanding of the system. Without appropriate supports, culturally and linguistically diverse community members can experience challenges communicating their needs and consequently receive less funding.

What should the NDIS system look like?

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[15]. Service systems need to be designed to be inclusive to people from

[14] 'Support coordination' https://www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination

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

diverse cultures and staff need to have the skills to work with the diverse communities in Australia.

CASE STUDY

"Another family had been struggling to access speech therapy for their son for almost 9 months of trying to navigate the NDIS system independently. The father had contacted a speech therapy service via phone and thought his referral for his son was complete. He reported to the FRP case manager that he was very concerned as the service had not yet contacted his family to commence services. The case manager followed up with the service who emailed the father a referral form and were waiting to receive the completed referral form from the family. Due to language barriers and the service not engaging with an interpreter during the initial phone conversation with the father, this was not adequately communicated to the family, and they were unaware that they had been emailed the referral form. The FRP case manager advocated that the service completes the referral with the family over the phone as they were unable to complete the email referral form due to language and computer literacy barriers. As a result, the service completed the referral over the phone (it took approx. 10 minutes) and the child commenced speech therapy services 3 weeks later." (Refugee Health Program, VRHN consultation 2022)

Recommendation Five: *Provision of funding for NDIS to conduct community outreach activities such as information sessions for the community to understand what NDIS is, eligibility criteria and service system navigation.*

Recommendation Six*: That there is culturally and linguistically appropriate support options to assist CALD members in the NDIS application process, planning, review meetings & advocacy.*

Recommendation Seven*: Increased provision of resources to Local Area Coordinators (LAC) to undertake a higher caseload and level of support to meet the needs of Culturally and Linguistically Diverse Community members to understand the NDIS Service System and support them in the extensive application processes.*

Recommendation Eight*: Increased provision of resources to Support Coordinators to help clients navigate the NDIS system once a plan has been implemented and advocate for their needs when accessing disability support services e.g., disability services using interpreters where needed, assisting with requests for more funding if required.*

iv. Culturally and Linguistically Appropriate Service Provision

Investment in Bi-Cultural workers

There are often very limited support options for culturally diverse community members who are wanting to engage with a disability service provider who speaks the same community language or are from the same cultural background. This is even more limited in regional and rural areas where there are already limited options for disability support services. Stronger investment in bicultural workers would help develop organisational capacity to engage with people of refugee backgrounds who are looking for and accessing disability support services.

Bi-Cultural Workers are an important resource for any service, using cultural knowledge, language skills, lived experience and community connections to work with people who share a lived experience[16]. Investment in bicultural workers is especially important to ensure health information, prevention, and health promotion activities are as effective as possible. Both State-based and National Disability services should be employing bicultural workers according to best practice standards as they are instrumental in facilitating effective community engagement. In addition to this, bicultural workers understand cultural norms regarding disability and facilitate cultural safety in connecting refugee background communities with the disability service system.

More training and resources to work with people from refugee backgrounds.

"GP's and service providers limited understanding of clients refugee background"[17] was identified in the survey as a barrier for clients to access relevant disability service access. Health providers require resources and training to adequately respond to and understand the experiences and needs of clients from refugee backgrounds. This includes using interpreters, skills in cross cultural negotiation, and health system barriers.[18] Cultural sensitivity training across all health and disability services would help understand varying community views of disability and ways to engage with that community sensitively and respectfully. Resource development and information dissemination is one of many approaches that would help ensure a consistent 'best practice' standard for health care provision in disability, such information would need to be regularly reviewed and updated. [19]

It is also important that services employ a holistic, trauma-informed, and client-centred approach when supporting culturally diverse communities with a disability as without this, added complications can occur including misdiagnosis of certain conditions.

Consistent use of interpreters in NDIS Services

NDIS providers have free and unlimited access to TIS, including for support coordination. Once someone has a plan, all services included in the plan, as long as they are registered with the NDIS themselves, can

[16] https://www.cohealth.org.au/get-involved/bi-cultural-work-program/

[17] VRHN Survey Response, October 2022

[18] Wittick, T., Walker, K., Furler, J.,& Lau, P. (2018) 'An online resource supporting refugee healthcare in Australian general practice: an exploratory study', *Australian Journal of General Practice*. 47(11) 802-806.

[19] Wittick, T., Walker, K., Furler, J.,& Lau, P. (2018) 'An online resource supporting refugee healthcare in Australian general practice: an exploratory study', *Australian Journal of General Practice*. 47(11) 802-806. (p.806).

use free interpreting through TIS[2021]. Reports from consultations with the sector revealed that disability service providers do not consistently engage with interpreters and referral forms are often only available in English. These complex referral pathways without support available from the service to assist linguistically diverse community members create barriers in completing the referral and ongoing engagement with services.

What should the NDIS system look like?

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.

***Recommendation Nine**: To support priority populations, the NDIS would benefit from a similar targeted grants program like Information Linkages and Capacity Building (ILC). ILC utilised existing bi-cultural workforce found in health and community service organisations and would be particularly valuable in LGAs with high settlement populations.*

***Recommendation Ten**: Implement a minimum standard of training merits for all Local Area Coordinators, Support Coordinators and NDIA services to support CALD engagement including but not limited to the following areas:*

- *How to use interpreters (noting codes of conduct and ethical standards)*
- *Culturally safe and appropriate service provision*
- *Trauma informed practice standards*
- *Understanding the refugee experience*

***Recommendation Eleven**: That bicultural workers are employed in LAC and Support Coordinator positions to better support the CALD community to access the NDIS and help with outreach to these communities.*
A minimum standard of training should also be implemented for bicultural workers in these roles to help ensure there is benchmarking in best practice standards when hiring bicultural workers.
Bi-cultural casework support will also assist with broader service navigation of disability support services with cultural knowledge of community barriers to access such support.

[20] Accessing Interpreters and the NDIS Fact Sheet https://www.ceh.org.au/resource-hub/accessing-interpreters-and-the-ndis-fact-sheet/

[21] Language interpreting services https://www.ndis.gov.au/understanding/language-interpreting-services

IV. NDIS eligibility criteria create exclusions for asylum seekers in the community.

A key issue that has been identified is lack of access to NDIS services for people of refugee backgrounds who do not meet Commonwealth determined eligibility requirements of permanent residency in Australia. In particular, people who are on temporary visas (Bridging Visas). It is important to note the recent welcome changes in policy regarding people who are currently on subclass 785 Temporary Protection Visas & 790 Safe Haven Enterprise Visas who will now be eligible to transition to permanent visas. This will lead to an anticipated increase in the number of people from refugee backgrounds eligible to transition to NDIS service provision and will subsequently require support accessing and navigating the system that this group of people have not been eligible for prior to this point.

For people seeking asylum living with a disability on Bridging Visas, the exclusion from formal disability supports that other Australian residents can access, continues to have a negative impact on their physical and mental health and on their disability. Without formal pathways to interventions such as NDIS, people seeking asylum in our community are structurally disenfranchised and excluded from basic support services based on their visa status.

People who hold protection visas that are temporary have access to most universal services including Medicare and Centrelink payments and to State funded health services. Lack of access to the NDIS for this group is a significant gap which is greatly impacting people with disabilities, their families and carers. Furthermore, as community mental health services have transitioned to NDIS, there is inconsistencies in access for children and people with serious mental illnesses who hold protection visas that are temporary. This is illustrated in the two case studies below.

CASE STUDY

"A family of six, mother, father and 4 boys-2 of whom have a cognitive and intellectual disabilities, both have also been diagnosed with an ongoing muscle wasting disease which will deteriorate over time. The family survive on a 6-month bridging visas with no disability support or respite, with the mother having comorbidities of physical and mental health issues. The family arrived from, Iraq in 2013 via boat… and one parent must supervise them at all times, and they are not eligible for NDIS funding. Both mum and dad worry that when they pass away their sons will not have the capacity to look after themselves and may become lost in the system (even if the family get a permanent visa). There is also a compounding issue that both boys have limited communication and only speak Arabic, meaning if they could gain support funding language may be a massive barrier… … Due to no external disability support the mother and father must spend much of their time with their 2 children who are living with the cognitive impairment to ensure they are safe, meaning this family has a further barrier to work and engaging in the community... Previously the family were able to be linked in with the Developmental Service at the Royal Children's Hospital however are now unable to access disability care with the only support being their regular GP… With no access to NDIS, support workers or disability specific services this family worries about the life their now adult children will face going forward on top of their current Bridging Visa E and asylum-seeking status. As a project worker who has a background in disability it has been extremely tough to see the ongoing issue for the family and the restrictions that they face due to their visa status...." (Health Service Provider, VRHN Survey respondent, 22/08/22)

CASE STUDY

"I'm in contact with a family who have a child with autism spectrum disorder. They are not eligible for NDIS because of their visa. Father has own mental and physical health issues and has no capacity to work. Mother must look after her small child who is still at home and going to Kinder just 2 days a week. Due to the financial hardship, they are not able to see private health services for their child. All these issues plus the uncertainty they've been experiencing due to their visa impacting the mental wellbeing of the family which might result in more severe issues for them." (Settlement Service Worker, VRHN Survey Respondent, 08/22)

What should the NDIS system look like?

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.

Recommendation Twelve: *Current NDIS policy regarding access to disability services should be extended to ensure continuing access for asylum seekers living with disability in the community.*

Conclusion

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, 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 assist with brokerage funding to support CALD community members and those who are vulnerable with lower socio-economic status to cover the costs associated with a NDIS application and entry into the system. Once CALD community members have been able to access the scheme that the NDIS packages offer adequate case coordination and language services provision for people from refugee backgrounds.

These findings have highlighted the significant challenges and barriers that people from refugee backgrounds who are living with a disability face when trying to access support for their health and disability needs. The Victorian Refugee Health Network have listed several recommendations to help improve the systems, service delivery models and support that are available for culturally and linguistically diverse communities, in particular refugee communities.

We look forward to seeing the reforms of NDIS that ensure the scheme is accessible and appropriate for all Australians.