



**MULTICULTURAL
AUSTRALIA**
it's who we are

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

09 June 2021
Royal Commission into Violence, Abuse, Neglect and Exploitation
of People with Disability
Email submission: DRCEnquiries@royalcommission.gov.au

To Whom it May Concern

Re: Culturally & Linguistically Diverse People with Disability: Promoting Inclusion

Multicultural Australia is pleased to provide this submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of people with disability.

We welcome the Commission's focus on the experiences of culturally and linguistically diverse (CALD) people with disability; as well as promoting the inclusion of people experiencing disability. As a result, Multicultural Australia would like to bring attention to issues impacting inclusion for people with disability who are from asylum seeker, refugee, and humanitarian entrant background in Australia.

Multicultural Australia exists to create a welcoming and inclusive community for all new arrivals to Queensland. We work to enable successful settlement across the lifespan and inter-generationally – understanding that resettlement is complex, requiring strong practice frameworks and community supports. Our experience highlights that the settlement and inclusion of people with disability from refugee and humanitarian backgrounds is impacted by their interactions with multiple barriers in the community.

Multicultural Australia is committed to making a valuable contribution to the Commission's work through highlighting our experienced settlement practitioners' insights of support to asylum seeker, refugee, and humanitarian entrant individuals and families. This submission highlights key themes that impact this communities' successful integration into the Australian health and disability system. These areas include; (1) barriers to inclusion, (2) inconsistent models of support, and (3) the need for strong advocacy supports.

This submission will share some of Multicultural Australia's settlement specific case management experiences. It is informed by practitioners experience directly supporting humanitarian arrivals with disability from CALD backgrounds through the settlement journey. This does not include the direct voice of our clients and community members. Multicultural Australia firmly believes that people with disability from asylum seeker, refugee, and humanitarian backgrounds and their families/carers should be able to share their own stories and experiences. We are committed to working towards greater community understanding and support, so people with disability from

asylum seeker, refugee, and humanitarian backgrounds have a strong voice in decisions affecting their lives, and are therefore, empowered to self-advocate.

Multicultural Australia hopes to remain engaged in this significant work through the Royal Commission. We would be happy to assist with any further information concerning this submission. Please contact Rose Dash at rosed@multiculturalaustralia.org.au if you have any further queries in relation to the submission.

Yours sincerely,

Christine Castley
Chief Executive Officer
Multicultural Australia

Introduction

There is growing understanding of the need to consider the experiences of people with disability from recently arrived asylum seeker, refugee, and humanitarian individuals and communities in Australia¹. This has emerged from a confluence of multiple issues; including an increase in the number of humanitarian entrants with disability resettling in Australia², and an obvious disparity in the ability to meet the needs of this cohort through complex support systems with variant support gaps. Limited systemic communication and consistency within the health system, disability services, and the implementation and delivery of the National Disability Insurance Scheme (NDIS) in recent years has increased the disparity seen in the disability sector; particularly for vulnerable individuals from refugee or humanitarian entrant backgrounds.

In making this submission, Multicultural Australia has drawn on consultations with our staff supporting clients with disability, our organisational practice knowledge, internal practice evaluations and a review of relevant research in the field.

Multicultural Australia's position surrounding Disability is that:

A commitment to human rights is non-negotiable. All residents of Australia must be considered in Disability and Health policy regardless of their mode of arrival. There must be specific recognition of the needs of people with disability from Culturally and Linguistically Diverse (CALD) backgrounds, including asylum seekers, refugees, and humanitarian entrants. Creating tailored actions and strategies for these communities to promote inclusion is imperative.

¹ See for example:

- A. AMPARO Advocacy Inc. (2016). *The NDIS and Culturally and Linguistically Diverse Communities: Aiming High for Equitable Access in Queensland*. <http://www.amparo.org.au/wp/wp-content/uploads/2016/11/AMPARO-report-for-CALD-NDIS-hr-003.pdf> Accessed 22 March 2021
- B. Refugee Council of Australia (2016). *Humanitarian Arrivals with Disabilities: Discussion Paper*. <https://www.refugeecouncil.org.au/wp-content/uploads/2016/06/1606-SPN-disability.pdf> Accessed 21 March 2021
- C. FECCA, NEDA, Refugee Council of Australia (RCOA) & Settlement Council of Australia (2019). *Barriers and Exclusions: the support needs of newly arrived refugees with disability*. https://www.refugeecouncil.org.au/wp-content/uploads/2019/02/Disability_report_WEB.pdf Accessed 22 March 2021

² Hirsch, Asher et al (2019). *The changing face of disability and refugee services and policy in Australia: Implications for social work*. *Social Work & Policy Studies: Social Justice, Practice and Theory* (Vol 2, No 1 2019). <https://openjournals.library.sydney.edu.au/index.php/SWPS/article/view/12775> (Accessed 27 May 2021)

Key Issues

With the above position at the core of this submission, Multicultural Australia's submission would like to highlight key themes surrounding the experiences of asylum seeker, refugee, and humanitarian entrants with disability. These include (1) barriers to inclusion, (2) inconsistency of service, and a (3) need for individual and community advocacy.

Inclusion: the experiences of migrant and humanitarian entrants with disability

The Australian disability and health care system is complex and confusing for many asylum seeker, refugee, and humanitarian entrant clients and communities. There are variant obstacles to understanding services and unfamiliarity with negotiating entitlement and price for disability supports.

Multicultural Australia has looked into experiences of asylum seekers, refugees and humanitarian entrants with disability through our various settlement and case management support programs. We see a diversity of experiences in our service. Individuals have arrived in Australia with, or develop a disability after arrival. Consequently, their prior experiences as refugees or seeking asylum may increase the probability of disability³.

The below de-identified case examples demonstrate the almost 'double disadvantage' and exclusion of people with disability from asylum seeker, refugee, and humanitarian entrant backgrounds. The individuals and communities we work with span generations, gender, and cultures. They live in metropolitan or regional areas and may be chronically ill and/or have mental health issues.

Inclusion: Case examples as identified by Multicultural Australia's Case Managers supporting clients experiencing disability.

1. Case Example

A family has been asked to secure psychological assessments for their children. These

³ See also, King, Julie et al (2016). *Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia*. *Disability and the Global South* Vol.3, No. 1, 843-864

assessments incur costs and wait periods. The family paid a paediatric psychologist \$320.00 for a child's assessment; they have two other children requiring assessment and there is a wait period of two to three months. Engagement with required supports were delayed further due to barriers of life skills and financial capacity. Families in early settlement typically do not have the information, financial means or cultural capital to navigate complex health systems to secure appropriate supports. This family is referred into a specialist program (Specialised and Intensive Services⁴) to provide intensive, time-specific support to address (some) complex barriers to settlement.

2. Case Example

A client seeking asylum arrived in Australia with a disability (an artificial leg). His ineligibility for supports leaves his GP with no appropriate referral options; and the individual unable to work or seek employment. This has contributed to the client's very low self-esteem and left the client's caseworker 'frustrated and helpless' within an inequitable system.

3. Case Example

A client with vision impairment sought asylum in Australia. He secured a positive outcome on his visa application and is now a citizen of Australia. He has also secured appropriate NDIS supports. However, he struggles to secure employment even as a qualified IT professional. As with most humanitarian entrants, he faces a labour market disadvantage including lack of local work experience and/or overseas qualification. Coupled with his vision impairment, this poses a dual disadvantage. The client is left feeling frustrated, unsettled, and feels he does not belong to this society; even after many years in Australia.

⁴ **Specialised and Intensive Services** (SIS) is a component of the Humanitarian Settlement Program available to humanitarian entrants and other eligible visa holders who have complex needs. SIS offers short term needs-based support to help people access appropriate mainstream services and develop necessary skills to manage needs independently. Eligibility into the program requires people demonstrate an inability to independently engage with appropriate supports and be impacted by multiple or complex barriers (that may include disability, mental health issues, severe, critical long term and/or unmanaged health needs etc.)
See <https://immi.homeaffairs.gov.au/settling-in-australia/humanitarian-settlement-program/specialised-and-intensive-services>

4. Case Example

A young refugee female is non-verbal; with cerebral palsy like symptoms and epilepsy. Her family structure includes her mother (carer), young sibling, and niece. There are concerns for the individual with disability, as well as her mother/carers, who is illiterate, has low life skills, and her memory and cognition are impaired. The family was assisted by Multicultural Australia to secure NDIS supports. However, Multicultural Australia staff were very concerned when NDIS supports were abruptly withdrawn, following concerns around a provider. A range of providers and services have been engaged with this family, for example; the Public Guardian to direct the young woman's care, settlement supports for the mother, youth program for the sibling, Department of Child Safety, etc. The family has been assessed with intense/complex needs, and significant risks for the family identified if any of these services cease. Services and support systems have been mostly involved in crisis intervention situations, for example; at the time of writing this submission, Multicultural Australia Case Manager was working through a tenancy eviction notice for the family and looking for appropriate housing.

Above is an experience of many new arrivals with disability, who are often left negotiating system failures and addressing urgent issues with their case managers. Supporting individuals with disability and their carers into meaningful community participation and inclusion, through understanding rights-based advocacy, and helping them visualise a 'good' life in Australia, takes time, and often can be missed in dealing with urgent situations.

Inconsistent models of support: exclusion through inconsistency and service fragmentation

Refugees and asylum seekers on temporary protection visas or no visas are unable to access the NDIS; including the Early Childhood Early Intervention supports. There are no specialised disability funding and supports available for this cohort. The few general supports available may be complicated by issues like Medicare entitlement. Multicultural Australia would like to draw attention to the submission provided by Amparo Advocacy Inc. to the Disability Royal Commission and their examination of the ways in which asylum seekers with disabilities on temporary protection visas in Queensland are experiencing systemic neglect, abuse, and discrimination as they cannot access disability supports through NDIS nor through the programs of the Queensland

Government⁵. Multicultural Australia agrees with this sentiment as we witness the basic violation of rights and dignity of asylum seeker individuals with disability, through our daily work.

Inconsistent Models of Support: *Case examples identified by Multicultural Australia Case Managers supporting clients with disability.*

5. Case Example

A family seeking asylum in Australia was increasingly concerned about the social attention and communication behaviours of their child. However, they were unable to secure any early intervention assessments or supports for the child as they were ineligible for NDIS.

6. Case Example

Families seeking asylum and living in community face hardships (e.g., financial, housing, employment), and many individuals requiring disability supports and aids are not receiving these. Daily indignities wear people down, such as, not being able to access incontinence pads for adults, and bibs and nappies for children with spina bifida. There are no support options available to many people; they are dependent on charities to secure basic needs.

Strong Advocates Matter: the importance of supporting clients with the navigation of complex health systems

Multicultural Australia staff and case managers are strong advocates for their clients and community members. As settlement providers and independent of any disability service provider or NDIA, our staff can work to promote and protect the rights of individuals. They can raise issues of abuse or neglect, as well as assist individuals to participate in community and services including, participation in quality or oversight process. The following cases illustrate this point:

Advocacy: *Case examples as identified by Multicultural Australia's Case Managers supporting clients experiencing disability.*

⁵ Submission shared with Multicultural Australia

7. Case Example

A client waited in the public system for cataract surgery. Waiting for over two years, his vision was significantly impaired, a condition assessed as a preventable issue. Stress associated with the condition, the loss of work and the fear that he would be evicted from his public housing for rent arrears saw him disengage with the housing providers. A referral to Multicultural Australia's Specialised and Intensive Services (n.4 above), saw the Multicultural Australia Case Manager engage the client proactively to ensure safety and security; and address immediate housing and health concerns. This included coordinating an Occupational Therapist assessment, home care supports, and advocacy with a range of providers (i.e., Queensland Health, General Practitioner, Ophthalmologist and Optometrist) to address the root health issue. Successful surgeries and appropriate post-operative care ensured a full recovery. The key element to this experience is the outcomes from the holistic, collaborative, and strengths-based practice of Case Management. An outcome of the Case Management support was evidence of the client's self-belief and confidence in decisions around his health and basic needs. Something as simple as a cataract impacted the client's life extensively. Without a strong advocate to provide support within complex health systems, the client would have remained vulnerable and disenfranchised within the wider Australian society.

8. Case Example

A Multicultural Australia's Specialised and Intensive Services (n.4 above) referral was made when a suspicion was raised that a former refugee with disability was not receiving the supports identified in her NDIS package. While her NDIS support package was sufficient (including supports for home care, transport, rehab etc.); the associated Support Coordinator was not linking the client with any supports and only billing NDIA for Support Coordination fees. Concerns were raised by the supporting Doctor who noted that the client's condition had deteriorated. In this instance, the client's carer (mother) also, a former refugee, illiterate, and not able to advocate for her daughter's care. Multicultural Australia Case Manager advocated extensively for care, billing information, and collaborated with the Doctor and the NDIS Local Area Collaboration (LAC) Partner to raise shared concerns. As a result, the case was reviewed and a new Support Coordinator appointed, ensuring that the client was able to carry over their

funding. Additionally, the Case Manager supported the mother through linking her with an English and Life skills development program.

Looking Forward | Inclusion:

Through our service delivery experience at Multicultural Australia, we note a pattern in how inclusion in the Australian society is impacted by people's experience as asylum seekers, refugees, or humanitarian entrants. As new arrivals in Australia, our clients and communities experience significant struggles around:

- Obtaining accurate diagnoses of disability and resulting interventions;
- Accessing interpreters within health settings;
- Finding appropriate care and supports – especially for those on temporary or precarious visas;
- Addressing access barriers into our public systems (e.g., language, transport costs, complicated referral processes etc.)

These difficulties can impact the inclusion of people with disability in the community, in a number of ways. Absence of appropriate supports, access issues, or delayed access to care can poorly impact the settlement process itself. Settlement support programs are 'time specific' and efforts spent in overcoming multiple barriers mean a lost opportunity to address social engagement, work, and participation in society as these clients exit from our programs.

At Multicultural Australia we have the firm belief that migrant and humanitarian entrants can be connected and thrive in the Australian context with timely and well-designed supports. Our settlement work illustrates that great outcomes are achieved in collaboration with various stakeholders and services, working across multiple domains in a structured and simultaneous manner to create a sense of belonging and wellbeing for recent arrivals.

To realise this fully, we believe:

1. Public systems need to be responsive to diversity

Where systems fail to respond well to multicultural communities, including migrant and humanitarian entrants, people can often feel frustrated, unwelcome, and at worst, fail to access the services they need. This can leave them marginalised or at risk. With the increasing diversity of our populace we implore government and support services to recognise and respond to their clienteles' diversity. This means, (1) seeking out cultural guidance and

understanding of new humanitarian entrant communities; (2) embedding interpreting service access as standard practice for those with limited English; (3) regular training of frontline staff in developing their cultural capability; and (4) employing a workforce reflective of the population it serves.

2. Opportunities for community participation need to be fostered

Multicultural Australia supports our clients and communities to overcome marginalisation and isolation within their community and the wider Australian public. Through a range of programs, often in partnership with key services, we promote the engagement of new arrivals, supporting them to develop peer networks and information supports; subsequently overcoming marginalisation and isolation. These programs cover diverse issues and can be tailored as per identified need. For example, we have covered health forums on promoting communities' health and wellbeing, disability information sessions, life skills, etc. We have individual and group programs that promote economic inclusion for vulnerable asylum seeker, refugee, and humanitarian entrant communities, and we create opportunities for participation in inclusive sports events and sporting clubs.

We strongly believe individuals with disability from an asylum seeker, refugee, and humanitarian entrant background require strong, facilitated programs to participate in the community through solid referral pathways, advocacy, and support services.

As highlighted earlier in this submission, the settlement services are often focused on initial settlement needs, and after early settlement period are often only able to address 'urgent' or emergency needs for asylum seeker, refugee, and humanitarian entrants with disability, as they present. Conversely, settlement occurs across the lifespan⁶. This is particularly true for those experiencing disability.

Support for people with disability from asylum seeker, refugee and humanitarian backgrounds should not be the expert domain of settlement services or a few services with 'CALD' specialisation. Disability support services across the board should support the building of solid pathways for ongoing support. Working to an understanding of settlement across the lifetime, there should be a strong focus on promoting community participation of individuals, to establish robust social and economic inclusion pathways for asylum seeker, refugee, and

⁶ Henkelmann, J., De Best, S., Deckers, C., Jensen, K., Shahab, M., Elzinga, B., & Molendijk, M. (2020). Anxiety, depression and post-traumatic stress disorder in refugees resettling in high-income countries: Systematic review and meta-analysis. *BJPsych Open*, 6(4), E68. doi:10.1192/bjo.2020.54

humanitarian entrants experiencing disability.

3. People with disabilities should be empowered to claim their rights through systemic advocacy and support

The ideal for any service, program of support, or even the community is that people with disability and their carers/family can articulate aspirations for a fulfilling and inclusive life. As such, Multicultural Australia strongly believes leadership development opportunities provided to asylum seeker, refugee and humanitarian entrant communities are imperative in reducing systemic vulnerability for individuals experiencing disability. Multicultural Australia employs staff who experience disability and have lived experience of the refugee journey. With this, both the staff members and the organisation become strong advocates and leaders in the community surrounding disability inclusion.

To *hear* the voice of lived experience is critical. To *engage* the voice of disability is paramount. It is not enough to promote community reference groups without intentional action. Our current policies, systems, and services must continually create leadership opportunities, and social and economic inclusion for those experiencing disability from an asylum seeker, refugee, or humanitarian entrant background. There are two requisites to promoting this vision:

1. *Appropriately resourcing independent and systemic advocacy, peak bodies, and intentional services.* Advocacy organisations strongly supported and appropriately funded can play a critical role in advocacy and systemic change. They can work in culturally responsive and person-centred ways, and can be a solid support for settlement agencies. For example, Multicultural Australia works closely with agencies like Amparo Advocacy Inc., and their work in providing independent individual and systemic advocacy to vulnerable people from CALD backgrounds with disability is impactful and vital. People with disability require advocacy to address complex systemic issues and disadvantage; this can range from understanding their rights and responsibilities, addressing issues with services, resolving complaints and addressing discrimination.
2. *Leadership development opportunities* for people with disability and their families/carers are integral to inclusion. Multicultural Australia would welcome resourcing to co-develop and co-design with community, supports and training packages targeted for individuals and families experiencing disability to engage in self-advocacy. Multicultural Australia's specialist settlement lens, and vital link to community voice is an adept combination for

effective engagement with disadvantaged CALD communities; ensuring social inclusion for those experiencing disability.

Concluding Statement

Current Australian and international research highlights significant gaps in disability literature surrounding migrant and humanitarian entrant experiences in Western nations of resettlement⁷. People from asylum seeker, refugee, and humanitarian entrant backgrounds are marginalised further than the general Australian public, particularly when attempting to navigate complex health and disability systems. Policy change must promote systemic and social inclusion by ensuring robust and interconnected health and disability systems. Additionally, Multicultural Australia emphasises the need for intentional opportunities of community participation and leadership for individuals experiencing disability.

⁷ Soldatic, Karen et al (2015). 'Nowhere to be found': disabled refugees and asylum seekers within the Australian resettlement landscape. *Disability and the Global South* Vol 2 No 1, 501-522