INTRODUCTION

The quarterly Settlement Policy Network (SPN) teleconferences convened by the Refugee Council of Australia (RCOA) and the Settlement Council of Australia (SCOA) provide an opportunity for RCOA and SCOA members to hear from guest speakers with expertise in particular areas of settlement policy, raise issues of concern, share ideas for ways forward and participate in planning joint advocacy on settlement issues.

This SPN teleconference focused on the implications for humanitarian entrants of two recent policy developments: the relaxation of the health requirement for humanitarian entrants being resettled from overseas, which has allowed larger numbers of people with disabilities to be resettled in Australia under the Refugee and Humanitarian Program; and the progressive rollout of the National Disability Insurance Scheme (NDIS).

PRESENTATIONS

Dwayne Cranfield, CEO, National Ethnic Disability Alliance (NEDA)

- NEDA the national peak organisation for people from culturally and linguistically diverse (CALD) and non-English speaking backgrounds (NESB) who have a disability. It is the only national peak that offers policy advice to government on the needs of CALD and NESB people with disabilities.

- NEDA has member organisations in every state and territory of Australia.

- NEDA provides systemic, not individual, advocacy. It provides input to the government on cultural competency and aims to ensure that policies and services are responsive to the needs of CALD and NESB people who have a disability.

- It is estimated that around 20% of the current National Disability Insurance Scheme (NDIS) cohort are CALD and NESB people. NEDA believes that the NDIS has not adequately considered the needs of these groups. In particular, there is a need for further consideration of: a workforce strategy for CALD and NESB people who have a disability; the needs of older CALD and NESB people who have a disability (with over 50% being over 60 years of age); and targeted approach to ensure that CALD and NESB people are aware of and able to access NDIS services. NEDA suspects that the government has underestimated the number of people who will be eligible for NDIS services, as some communities are not yet aware that these services are available.

- There is concern that the removal of block funding may have a significant impact on the capacity of some service providers to remain operational, particularly in rural and remote communities.

- CALD and NESB people tend to have a lower rate of participation in disability employment programs than people from Anglo-Australian backgrounds. However, those who do participate...
in these programs have better employment outcomes. A research project currently underway is exploring these trends in further detail.

- NEDA is also working on a data cube project, which will provide data on ethnicity, language, place of birth and disability by geographical region. The tool can be used to find out how many people with a disability from a particular national or language group are living in a particular area, and how severe their disabilities are.

**Sandy Eagar, Nurse Manager, NSW Refugee Health Service**

- The NSW Refugee Health Service (RHS), a branch of NSW Health, is based in Liverpool in Sydney and provides a variety of programs and services to asylum seekers and people from refugee backgrounds.

- One of the RHS’ most important services is the Refugee Health Nurse program, which provides on-arrival physical, mental and dental health assessments to newly-arrived refugees who are resettled from overseas.

- In the past, refugees with disabilities have often been excluded from Australia’s resettlement program. This changed in 2011 when a Senate Committee challenged the cost-benefit analysis used to exclude people with disabilities from the migration program and recommended changes to the health requirement for humanitarian entrants. As a result, refugees with disabilities are now being resettled in Australia.

- The Refugee Health Nurse program has assessed 4,200 people over the past 15 months and only 12 people have had disabilities which require everyday assistance. Disabilities have included acquired brain injuries, Down syndrome, cerebral palsy, multiple sclerosis and amputation.

- RHS found that mainstream disability support services were unfamiliar with the needs of people from refugee backgrounds and that many are confused about who is entitled to what due to the asylum seeker debate.

- Waiting periods for disability support services can be very long: every disability association has a three-month waiting period for urgent referrals, and waiting periods for occupational therapist assessments (necessary to obtain some equipment and aides) can extend to 14 months. This presents a particular challenge for people from refugee backgrounds as they generally arrive with nothing and may have had to leave their aides and equipment behind. The general disability pack provided usually includes only incontinence pads or nappies. In addition, people from refugee backgrounds have no service history. If someone acquires a disability in Australia, they do not go home until they have been provided with rehabilitation, seen an occupational therapist and been referred to disability associations. This does not occur for people who acquired disabilities before arriving in Australia.

- All of the people with disabilities assessed by RHS have been beautifully cared for by their families in often terrible pre-arrival circumstances. However, their carers need the right equipment so that they can provide better care to their family members without putting themselves at risk of injury.

- People with intellectual disabilities have often been cared for at home for the whole life and have never had the opportunity to access education. It is very difficult for them to engage with the Australian education system as they have never had the opportunity to learn.

- There is a dearth of accommodation suitable for people with disabilities in Sydney, which can make simple things like moving around inside, using the toilet and leaving or entering the house very difficult.

- RHS held a forum last year which brought together mainstream disability support services with organisations working with refugees and asylum seekers. The forum was very successful, helping to build relationships and facilitate referral pathways.

- RHS negotiates closely with the Department of Immigration to source overseas medical records before people arrive so that referrals can begin immediately (the contact email is Health.Operations.Centre@immi.gov.au). It has sourced a supply of equipment and aides
available on a short-term rental basis for new arrivals. RHS also follows up with clients and provides advocacy services to ensure that their needs are met.

- It was noted that asylum seekers living in the community without access to Medicare face great difficulties in accessing disability support services.

**DISCUSSION**

**Key issues and challenges**

- There is a lack of targeted support for primary-school aged children from migrant and refugee backgrounds who have disabilities.
- There is a need for organisations to provide outreach services to clients’ homes.
- Many humanitarian entrants have low literacy and find it difficult to advocate on their own behalf.
- It is difficult to obtain an official diagnosis of disabilities from a medical professional, especially for mental health issues, which can present a barrier to accessing specialist disability support services and the disability pension. It was reported that the waiting time for an assessment can be between eight and twelve months.
- People with disabilities need to attend numerous appointments and accessing public transport can be a challenge.
- Lack of language support presents a major barrier to accessing services. It was noted that many NDIS materials are not translated into other languages and that it is difficult to access qualified interpreters in some areas.
- There has been some confusion from NDIS staff about whether people on humanitarian visas are eligible for NDIS services.
- Some people in the last stages of a serious illness have been resettled in Australia without their families and therefore do not have the emotional support that they need.
- Some people from refugee backgrounds may not be familiar with services and equipment that in Australia are seen as basic necessities for people with disabilities and, as such, may not seek out support independently.
- Disabilities can have a serious impact on positive settlement outcomes through hampering access to employment, education and engagement with the broader community.
- Several participants noted the specific challenges faced by people with vision and hearing impairments, particularly with regards to engagement with the broader community.
- There is concern that children of humanitarian entrants born in Australia may miss out on targeted support, as they may be considered “Australian-born” children rather than as children from refugee backgrounds.
- There is a need for adults who have intellectual disabilities to be able to have access to additional AMEP hours. It was noted that people with mild intellectual disabilities are often undiagnosed and thus may not realise that they need or are entitled to support.
- Some humanitarian entrants have “hidden” disabilities which haven’t been detected prior to arrival. Some are reluctant to disclose disabilities before arrival due to fears that it may jeopardise their chances of securing a visa.
- There is both a lack of cultural competency amongst mainstream service providers and a lack of awareness amongst humanitarian entrants about the services available to them. In addition, some people with disabilities don’t identify as being disabled.
- There have been some cases of people with disabilities being financially abused. In some countries of origin and asylum, for example, people with disabilities were largely confined to their homes and had their finances controlled by their family. This may continue in Australia and can be quite difficult to negotiate.
- There is the ongoing challenge of inconsistent use of interpreters by GPs.
- There is limited access to psychiatrists through the public health system.
Action items

- RCOA to seek information from DIBP about the number of humanitarian entrants with a disability who have arrived in Australia in recent years.
- SCOA to liaise with DSS regarding links between settlement services and disability services.
- NEDA to forward most recent NDIS update to RCOA for distribution
- NEDA to investigate issue of Australian-born children of humanitarian entrants potentially missing out on targeted services.
- Further inquiries regarding the NDIS to be sent to NEDA via ceo@ned.org.au

UPDATES

RCOA update

- New resources recently produced by RCOA include:
  - A research report on housing issues and challenges faced by humanitarian entrants and the strategies service providers and communities are using to address them, which is nearing completion and will be released in the coming months.
  - A resource for NSW Government agencies on working with humanitarian entrants: [http://www.refugeecouncil.org.au/r/rpt/2014-NSWGovt.pdf](http://www.refugeecouncil.org.au/r/rpt/2014-NSWGovt.pdf). RCOA is interested to hear from SPN members in other states about how this resource could be adapted or expanded to make it relevant to other jurisdictions.
- Seminars on the Refugee Welcome Zone program have been organised in Melbourne and Sydney, with the aim of encouraging local councils to share information about the good work that they’re doing in supporting refugees and asylum seekers.
- There is still no further information about the status of SGP contracts expiring in June. RCOA has been told that more information will be made available in the Federal budget (to be announced on 13 May). RCOA will endeavour to get this information out to members as fast as possible.
- Refugee Week will take place from 15 to 21 June. SPN members are encouraged to order posters, download the resource kit and register events for the national Refugee Week events calendar. Details can be found at [www.refugeeweek.org.au](http://www.refugeeweek.org.au)
- RCOA’s Bright Ideas publication highlights innovative programs, initiatives and projects developed to support refugees and asylum seekers. It provides a way to share ideas, success stories and good practice to improve service provision and assist organisations and communities in addressing key issues and challenges. If you have an initiative you think could be profiled in Bright Ideas, contact RCOA through admin@refugeecouncil.org.au.

SCOA update

- SCOA is currently conducting national consultations and consultations on the development of national settlement service standards.
- SCOA is developing a research portal which will be a “one stop shop” for research on issues relevant to the sector.
- Training sessions on navigating government have been organised in Sydney, Melbourne and Brisbane. Sessions can be organised in other cities if at least 15 people participate.

Other updates

Loddon Campaspe Multicultural Services has developed an interactive online program aimed at people who have low English literacy, which provides information about navigating the private rental market. For further information, contact Noemi Cummings on (03) 5441 6644 or n.cummings@lcms.org.au