Refugee Council of Australia

DISCUSSION PAPER

Humanitarian Arrivals with Disabilities

1. The consequences of a welcome change in policy

The number of people with disabilities receiving visas under the Refugee and Humanitarian Program has increased in the years following changes to the Australian Government's visa health requirement in 2012. RCOA was one of many organisations to support these changes, having expressed concern that the government's previous policy framework had resulted in the exclusion of highly vulnerable refugees from resettlement to Australia.

Inevitably and appropriately, refugee settlement service providers have noticed an increase in the prevalence and severity of incidences of disability among newly resettled refugees. This is a sign that the 2012 policy changes are being put into effect – but also a reminder that collectively we need to ensure that newly arrived refugees with disabilities have the support services they need to make a new life in Australia. Without proper access to equipment, specialist services and accessible housing, the standard of living of these individuals is severely compromised.

2. Lack of recorded data and information on new entrants with disabilities

A critical barrier to accessing proper housing, mobility and equipment for new arrivals under the Refugee and Humanitarian Program is a lack of recorded data on the prevalence of disability among new entrants. At present there is no publicly available data covering prevalence of disabilities among humanitarian entrants. This has the effect of limiting the resources settlement services can provide. In some instances, this means that individuals requiring mobility equipment do not have their needs met upon arrival. A recent consultation with settlement services highlighted a case of an individual who had to be carried off the plane by a family member as neither the service nor airline was notified that they required a wheelchair. Recording incidences of disability would also be useful in measuring demographics and allowing for support services to distribute their resources into critical areas.

Participants in RCOA's annual national consultations in 2015 also expressed concern at the inadequate nature of the information about the needs of people with disabilities prior to their arrival. Many noted that they do not receive information that a person is sick or in need of specialist support. A service provider in Victoria commented:

> *Often we have seen that people are actually quite sick when they come by plane and once they get here they have to attend multiple medical appointments. We don't really know until the time they jump on the plane and then on the other end we have to get ourselves ready. But that's not giving us enough time to respond; that's one of the critical things.*

Question 1: *How can the Department of Immigration, The Department of Social Services and service providers improve data collection and dissemination relating to humanitarian entrants with disabilities?*

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3. Lack of adequate on-arrival support

As settlement services focus particularly on orientation, information and referral services, they may lack the necessary expertise in disability services to adequately assist humanitarian entrants with disabilities. Lack of expertise may also result in people with a disability not being given the appropriate referral or made aware of services and supports available to them.

Importantly, funding has not increased to recognise increased number of people with a disability, and therefore services are facing difficulties in stretching already strained resources to provide suitable accommodation for persons with disabilities. During our annual consultations, many service providers noted that there is not enough funding in the Humanitarian Settlement Services (HSS) or Complex Case Support (CCS) programs to help people find appropriate disability and health services. As explained by a service provider working with the Bhutanese community in Adelaide:

> *The caseworkers on the ground are hugely overworked and certainly what we're finding is the complexity of the cases coming in now has really escalated. For instance, with Bhutanese clients, we've got probably a cohort of 40 with sensory disability along with cognitive impairment; they're deaf, blind, various degrees of what looks like dementia but isn't dementia. We can't get them disability support or carer support through Centrelink because they haven't got a diagnosis. There's nobody in Adelaide who can diagnose because [of a lack of] diagnostic tools. If they're deaf, blind and only know pidgin language only their family understands, how do you work with them with an interpreter?*[1]

Question 2: *What are the gaps in service delivery affecting new entrants with a disability?*

4. Accessing appropriate diagnosis and cognitive disability screening

While formal testing tools have been designed and standardised within the majority Australian born population, these methods have not been validated for use with communities from refugee backgrounds.[2] The cognitive testing used among healthcare providers is generally language based and these tests require English literacy, which some community members may lack.[3] Some people may also have limited literacy in their first language. Furthermore, factors associated with a history of persecution and trauma can influence test performance when assessing cognitive function. When combined with lack of familiarity with the testing environment, anxiety about the purpose of the test, fear of authority figures, and fear about the use and purpose of test results, these factors compromise the testing process.[4] The use of interpreters may also result in some elements of the test being lost in the translation.[5]

Question 3: *How can individualised diagnosis and treatment be improved for humanitarian entrants?*

5. Issues in accessing medical specialists and equipment

Settlement services have reported considerable delays in accessing basic services such as equipment, occupational therapists and specialist doctors for newly arrived people with a disability. 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. For example, a person who is hospitalised after acquiring a disability in Australia 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 acquire disabilities before arriving in

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[1] Refugee Council of Australia, *Submission to the Inquiry into Accommodation for people with Disabilities and the NDIS* (2016), available at http://www.refugeecouncil.org.au/wp-content/uploads/2016/03/Accommodation-for-People-with-Disabilities_Submission_RCOA_Mar2016.pdf

[2] Refugee Health Network, *Disability Screening, Assessment, and Diagnosis,* available at http://refugeehealthnetwork.org.au/learn/screening-assessing-and-diagnosing-disability/

[3] Refugee Health Network, *Disability Screening, Assessment*

[4] Refugee Health Network, *Disability Screening, Assessment*

[5] Refugee Health Network, *Disability Screening, Assessment*

Australia. As a result, they may have to wait for long periods before obtaining even basic equipment such as mobility aides. As one service provider from Victoria noted:

> *The process at the moment is that once they come in you send them to the refugee health GP or yourself can refer to the local council occupational therapist. It's usually three months or so for them to be able to come and make an assessment. And then when they come and make an assessment they put in an application for a wheelchair (or whatever it might be); that takes approximately a year, sometimes a year and a half…The thing that I think makes it hardest is that there's no accelerated pathway for those clients who are without equipment.*

General practitioners, practice nurses, reception staff and specialists in private practice have access to free telephone interpreting and limited onsite interpreters through the Translating and Interpreting Service National. However, the lack of awareness among medical providers about the linguistic needs of the disabled refugees and other refugees is a key barrier in terms of effective referral and performance of primary health assessments.

There have been many reports of refugee and humanitarian entrants being turned away by disability services and other health institutions which are poorly equipped to support people with limited English. Further, when services have taken on clients, service providers have reported that interpreters were not being adequately used. Service providers and refugee community members again highlighted the failure of some health services to use interpreters, despite the fact that free interpreting services are available to them. Many also expressed frustration that some General Practitioners and medical services are turning away people from refugee backgrounds. Participants of RCOA's annual consultations highlighted the need to continue promoting the Doctor Priority Line for interpreters and for doctors and medical staff to be trained in the appropriate use of interpreters.

The Ethnic Communities' Council of Victoria' (ECCV) report, *Talking Disability*, states that disability care is not prioritised in refugee settlement services and the services are therefore disconnected.6 A need for linkages between refugee settlement services and government disability services was also highlighted by Diversitat.[7]

Question 4: *What are the experiences of humanitarian arrivals with a disability in accessing specialist medical providers, support and equipment?*

Question 5: *How can settlement services, mainstream disability services and healthcare providers improve access to support for humanitarian entrants with a disability?*

6. Issues in accessing appropriate housing

The lack of adequate accommodation regarding the placement of people with disabilities who have arrived under the Refugee and Humanitarian Program into inappropriate housing was also highlighted as a concern by service providers. This may be housing without ramps, with staircases or lacking in disability appropriate toilets and bathrooms. As one service provider noted during our annual consultations:

> *People arriving in Australia through the Humanitarian Program receive short term accommodation on arrival until they can find their own accommodation. However, they can't even get inside the home if there are stairs to get in. And they can't use the toilet because a lot of toilets in Australia are those little narrow ones and if they need help to get in, there's no support for them. They end up going to the toilet outside. We've had a few clients in that situation, they can't shower on their own. We had a client recently, for the first 14 months in Australia they weren't able to have a shower. That kind of situation's not really acceptable. Most clients, you have to wait about six weeks before an OT [occupational therapist] can come, at the earliest and make an assessment, and then another six weeks before their first*

[6] Ethnic Communities Council of Victoria, *Talking Disability: Under-representation of Culturally Diverse Communities in Disability Support* (2014), p 14, available at http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf

[7] Diversitat, *Disability Findings Report*, available at http://www.diversitat.org.au/documents/Settlement/Diversitat_Disability_Findings_Report.pdf

> *piece of equipment will arrive. Modifications for the home to make them accessible need to be paid for by the client or by the landlord. As you will appreciate if you're already negotiating with the landlord to take a client who has no employment history, no rental history, he's disabled and has no likely future employment, can't speak English, and they need to spend a few thousand on modifications to the home to accommodate them, the chances of getting a home are nothing at all.*

Another service provider highlighted this issue through the following case study:

> *I often explain about a lady I know for whom it took us a year and she ended up having to keep the short term accommodation we had for all our families to cycle through because we couldn't get her anywhere else. And even that wasn't appropriate. And for the first year the only solution for her for things like showering was that her husband had to carry her to a taxi, that he had to pay for, and the taxi would go to the local sports and aquatic centre, and they have to pay $10 for entry, and then go in, he'd have to carry her in and shower her in the disabled shower, go back in the taxi and then go home. And he ended up with quite severe back issues just from trying to help her, because being unable to move she was not light, and it made extra concerns for him as well.*[8]

Question 6: *What changes in policy or practice can be implemented to support people with a disability in accessing adequate housing, both in terms of short term accommodation and long term housing?*

7. Moving towards the National Disability Insurance Scheme

While the National Disability Insurance Scheme (NDIS) has been welcomed by settlement service providers, a number of concerns regarding access and support have also been raised. Settlement services have expressed concerns that newly arrived community members do not have adequate knowledge and support to be able to negotiate the services available to them, especially when the NDIS is designed to be a consumer-driven service. Some settlement services noted that it takes around 50 hours to support a newly arrived person to complete the NDIS referral, which these agencies are not funded to do. There is no specific case-management funding to support new arrivals with disability prior to NDIS eligibility determination and throughout the NDIS planning process, for example, to facilitate disability assessments.

Services providers also expressed concern with the NDIS's inflexibility to address the needs of the refugees with disability. For example, the self-management aspect of the NDIS is useful in empowering people with a disability but may complicate the process for refugees. The NDIS model assumes a self-empowerment ability to know what support is on offer and how to define and articulate their goals. This could be a foreign concept for many refugee community members. As found by the Diversitat's report, there are many new arrivals with disability who have not been linked with a disability service provider in the past so they will not automatically move to the NDIS and in some cases may not be aware of the NDIS. Another major impediment in accessing NDIS is a lack of interpreters, lack of translated information resources and cultural competency in the NDIS program and with NDIS contractors.

A final concern is the eligibility requirement for the NDIS. The NDIS is only available to Australian citizens and those with a permanent visa. This excludes refugees on Temporary Protection Visas and Safe Haven Enterprise Visas. Unlike permanent humanitarian visa holders, refugees on temporary visas have to renew their visas every 3-5 years, with almost no possibility of receiving a permanent visa. The NDIS eligibility requirements means that refugees on temporary visas will never have access to this system, leaving them dependant on state disability services or without any disability support. This is particularly worrying as people on these visas also have very limited access to other casework services.

[8] Refugee Council of Australia, *Submission to the Inquiry into Accommodation For People with Disabilities And The DNIS* (2016).

Question 7: *What are gaps in providing support to refugees with a disability through the National Disability Insurance Scheme?*

Question 8: *What can settlement service providers do to better support their clients through the rollout of the NDIS?*

Question 9: *How can the rollout of the NDIS be improved to better support the needs of refugee communities?*