



# Refugee Council of Australia

JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

## **SUBMISSION TO THE INQUIRY INTO ACCOMMODATION FOR PEOPLE WITH DISABILITIES AND THE NDIS**

The Refugee Council of Australia (RCOA) is the national umbrella body for refugees, asylum seekers and the organisations and individuals who work with them, representing over 200 organisations and around 1,000 individual members. RCOA promotes the adoption of humane, lawful and constructive policies by governments and communities in Australia and internationally towards refugees, asylum seekers and humanitarian entrants. RCOA consults regularly with its members, community leaders and people from refugee backgrounds and this submission is informed by their views.

RCOA welcomes the opportunity to give feedback on the issue of accommodation for people with disabilities and the NDIS. 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 and accessible housing, the standard of living of these individuals is severely compromised. We strongly support consideration of the following issues faced in gaining access to suitable accommodation for people with disabilities who have entered Australia through our Refugee and Humanitarian Program:

- Placement into inappropriate housing
- The lack of recorded data on incidences of disability
- Insufficient resources to assist humanitarian entrants with disabilities

### **1. Background on Australia's Refugee and Humanitarian Program**

- 1.1. Australia's Refugee and Humanitarian Program has two main components: the offshore program, for people who are resettled in Australia from overseas (usually after either being referred to Australia by the United Nations High Commissioner for Refugees, or being sponsored by a person or organisation in Australia); and the onshore program, for people who apply for refugee status after arriving in Australia as asylum seekers and are found to be in need of Australia's protection.
- 1.2. Australia's Humanitarian Settlement Services (HSS) program provides on-arrival settlement support and orientation to most people who are resettled in Australia from overseas and some people who arrived as asylum seekers with a visa. Services include provision of short-term accommodation on arrival and assistance with finding long-term private rental accommodation (for which humanitarian entrants then have full financial responsibility). Humanitarian entrants who are sponsored for resettlement by individuals or organisations in Australia are not eligible for all HSS services (for example, their sponsors are expected to provide accommodation on arrival and assist them to find long-term accommodation). People who have lived in the Australian community while seeking asylum are not eligible for any form of assistance under the HSS.

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- 1.3. Upon exiting the HSS program (usually six to 12 months after arrival), humanitarian entrants have access to a range of services under the Settlement Grants Program (SGP), which is designed to provide assistance with longer-term settlement needs. SGP services vary between locations but most focus on casework, referrals, provision of settlement-related information, advocacy services and community development activities. Some SGP services have a specific focus on housing and employ specialist housing workers to provide support to clients in securing and maintaining successful tenancies.

## **2. Placement into inappropriate housing**

- 2.1. During RCOA's annual consultations, service providers noted that, because of changes to the health requirement for people resettled in Australia on humanitarian visas, there had been a significant increase in the number of people arriving in Australia with disabilities and other health concerns. While community members and services welcomed this on the basis that Australia should be taking in the most vulnerable, many commented that this policy change needed to be supported with increased funding and settlement support for those with a disability.
- 2.2. RCOA has heard from numerous service providers regarding the placement of people with disabilities who have arrived under the Refugee and Humanitarian Program into inappropriate housing. 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 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.*

- 2.3. 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.*

### **Recommendation 1**

**RCOA recommends that additional disability appropriate short term accommodation is provided for people arriving through the humanitarian program with a disability.**

### **3. The lack of recorded data and information on humanitarian entrants with disabilities**

- 3.1. A critical barrier to proper housing, mobility and accessibility tools being provided to new arrivals under the Refugee and Humanitarian Program is a lack of recorded data on the prevalence of disability amongst new entrants. At present there is no recorded data covering disability issues in the humanitarian entrant population. This has the effect of limiting the resources settlement services can provide. In some instances this means that individuals requiring mobility equipment have their needs unmet. A recent consultation with settlement services highlighted a case of an individual who had to be carried off the plane on a family member's back as it was not recorded that they required a wheelchair. In turn, this results in requirements related to disability not being acknowledged when accommodation is sought. Recording incidences of disability would also be useful in measuring demographics and allowing for support services to distribute their resources into critical areas.
- 3.2. Participants 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. In the words of one participant, "We have clients who are getting off the plane and need a wheelchair and we don't know that they need a wheelchair. They're met at the airport and having to carry family members on their back and that kind of thing."

#### *Recommendation 2*

*RCOA recommends that data about incidences of disability in people arriving under the Refugee and Humanitarian Program should be passed on to service providers to allow them to coordinate to secure suitable housing. By recording individual's specific requirements, housing can be adjusted to ensure that they have accommodation that suits their needs.*

#### *Recommendation 3*

*RCOA recommends that the Department of Immigration and Border Protection review the on-arrival information that they provide to settlement agencies in order to ensure that all adequate health and disability information is provided.*

### **4. Insufficient resources to assist humanitarian entrants with disabilities**

- 4.1. Settlement services focus particularly on orientation, information and referral and may lack the necessary expertise on disability to adequately assist humanitarian entrants with disabilities. This lack of expertise may result in confusion in what specific requirements humanitarian entrants with disabilities have in terms of the specific accommodation they require.
- 4.2. These issues are further exacerbated by the lack of proper support and cultural awareness in the disability sector. 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.
- 4.3. Additionally, funding has not increased to support reported increases in disability incidences, and services therefore have difficulty 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 HSS or Complex Case Support 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 is 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 then only their family understands them, how do you work with them with an interpreter?*

- 4.1. This issue was also raised in terms of the introduction of the NDIS. There were 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. 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. Many also reported a lack of interpreters and cultural competency in the NDIS program and with NDIS contractors. Others also expressed concern that those on a TPV or SHEV are not eligible for the NDIS

*Recommendation 4*

*RCOA recommends improved coordination between government-funded disability and refugee settlement services to ensure that humanitarian entrants with disabilities receive the assistance they need to fully settle into their new lives. Coordination would assist in securing appropriate accommodation with access to public transport and refugee support services, also enabling settlement and disability service providers to work together to address gaps in either party's knowledge.*

*Recommendation 5*

*RCOA recommends that additional funding be provided to support settlement workers provide adequate assistance to newly arrived refugee and humanitarian entrants with disabilities. In particular, funding should be set aside to ensure settlement services are able to support people with disabilities to complete the NDIS referral.*