



# Refugee Council of Australia

VICTORIAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## **VICTORIAN STATE DISABILITY PLAN 2017–2020**

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 provide feedback to the Victorian State Disability Plan. This submission will focus on the experiences of people from refugee backgrounds who arrive in Victoria with a disability, particularly in relation to access to appropriate equipment, services and support. It will also highlight the issues humanitarian entrants face in accessing the National Disability Insurance Scheme.

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

The natural consequence of this policy change has been an increase in the prevalence and severity of incidences of disability among newly resettled refugees. This change is to be welcomed, but at the same time we need to ensure that newly arrived refugees with disabilities have the support services they need to live a life of dignity. The quality of life of these individuals can, and is, being severely compromised due to inadequate access to equipment, specialist services and accessible housing.

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

- 1.1. Australia's Refugee and Humanitarian Program has two main components. Under the first component, the offshore program, people 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 an organisation in Australia). Under the second component, the onshore program, people apply for refugee status after arriving in Australia and are found to be in need of Australia's protection.
- 1.2. The Australian Government funds the Humanitarian Settlement Services (HSS) program to provide on-arrival settlement support and orientation to most people in the offshore program, and also to some people in the onshore program who arrived with a valid visa. In addition, the Complex Case Support (CCS) program is available to humanitarian entrants who experience additional barriers to settling and require additional casework support.
- 1.3. However, the HSS and CCS programs do not provide specific support for people with a disability. Instead, new arrivals are assisted to access mainstream services. As such, caseworkers in these programs are not trained to work with people with a disability, and are not experts in the services and programs available to support this group of people. In addition, as discussed below, while the HSS and CCS programs are designed to act as referral and casework services, many services providers are reporting extended delays in accessing state disability services.

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## **2. Lack of adequate support services and access to medical specialists and equipment**

- 2.1. A person who is hospitalised after acquiring a disability in Australia is not discharged until they are provided with rehabilitation, see an occupational therapist and referred to relevant disability support services. This does not occur for people who acquire disabilities before arriving in Australia, including refugees who arrive with disabilities. As a result, they may have to wait for long periods before obtaining even basic equipment such as mobility aids.
- 2.2. 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. 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.*

- 2.3. 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. In our consultations with them, service providers and refugee community members have 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. Others have 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.
- 2.4. 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.<sup>1</sup> Diversitat have also highlighted the need for linkages between refugee settlement services and government disability services.<sup>2</sup>

## **3. Issues in accessing appropriate housing**

- 3.1. Service providers have also highlighted the lack of adequate accommodation for the placement of people with disabilities who have arrived under the Refugee and Humanitarian Program. This may be housing without ramps, with staircases, or with inappropriate 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*

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<sup>1</sup> 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](http://eccv.org.au/library/file/projects/ECCV_Project_Report_Talking_Disability_May_2014.pdf)

<sup>2</sup> Diversitat, *Disability Findings Report*, available at [http://www.diversitat.org.au/documents/Settlement/Diversitat\\_Disability\\_Findings\\_Report.pdf](http://www.diversitat.org.au/documents/Settlement/Diversitat_Disability_Findings_Report.pdf)

*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.*

- 3.2. Another service provider illustrated 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.*

#### **4. Moving towards the National Disability Insurance Scheme**

- 4.1. While settlement service providers have welcomed the National Disability Insurance Scheme (NDIS), they have also raised a number of concerns regarding access and support. In particular, there are 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 a determination of eligibility for NDIS eligibility and throughout the NDIS planning process.
- 4.2. Services providers also raised the issue of the lack of flexibility under the NDIS model address the needs of the refugees with disabilities. For example, while the self-management aspect of the NDIS is useful in empowering people with a disability, this may complicate the process for refugees. The NDIS model assumes an ability to know what support is on offer and an ability to define and articulate their goals, which may not be appropriate for many refugee community members. As indicated in 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 the lack of interpreters, the lack of translated information resources and lack of cultural competency in the NDIS program and with NDIS contractors.
- 4.3. 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 visas, including those on Temporary Protection Visas and Safe Haven Enterprise Visas (visas that apply to many people who have arrived by boat). Unlike permanent humanitarian visa holders, refugees on temporary visas have to renew their visas every 3 or 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 dependent 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.

#### **5. Recommendations**

##### ***Recommendation 1***

*RCOA recommends that humanitarian arrivals with a disability have priority access to disability services, specialist, equipment and housing.*

**Recommendation 2**

*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.*

**Recommendation 3**

*RCOA recommends that medical providers continue to be encouraged to use interpreters when providing care to people from refugee backgrounds, with the possibility of imposing fines or other penalties for practitioners who do not adequately use interpreters.*