

SUBMISSION TO THE DEPARTMENT OF SOCIAL SERVICES
In the context of the National Disability Strategy
Prepared by the Refugee Support Network's Disability Working Group

Introduction

The Disability Working Group of the Refugee Support Network¹ welcomes this opportunity to contribute to the consultations being conducted by the Department of Social Services to inform the development of the next National Disability Strategy.

The Sydney-based and NSW-focused Refugee Support Network was established in the early 1990s to bring together government and non-government agencies working with and for refugees to share information, identify service gaps and promote cross-sectoral collaboration. Nearly 30 years after its inception, the Network remains strong and active, meeting bi-monthly to focus on topical issues.

When deemed appropriate, the Refugee Support Network forms working groups to focus on issues that require more attention than can be given in the main meetings. When concerns about gaps in support for newly arrived refugees with a disability kept being raised, it was decided that this would be an appropriate focus for a working group. The RSN Disability Working Group first met in July 2019 and has met regularly since then.

Given the source of this submission, it follows that its main focus will be on refugees with a disability and their carers, though reference will also be made to broader issues of diversity and inclusion in the responses to the questions that have been posed.

To supplement these answers, the Disability Working Group is also submitting a document that provides an overview of the issues of concern to those working with refugees with a disability and outlines a series of measures that we believe will address the problems identified.

Responses to Questions

QUESTION 1: During the first stage of consultations we heard that the vision and the six outcome areas under the current Strategy are still the right ones. Do you have any comments on the vision and outcome areas being proposed for the new Strategy?

With regard to the proposed vision statement, we note the intention to replace word 'citizen' with 'members of the community', thus making statement as follows:

An inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community.

We are strongly supportive of this revision as newly arrived refugees are not citizens and thus were not covered by the previous vision statement.

It is also relevant to note that while the previous policy has not been enacted to the letter (i.e. humanitarian entrants and permanent protection visa holders do have access to NDIS), there are groups of people to whom Australia has granted refugee status who are ineligible for NDIS. These are

¹ Participants in the Refugee Support Network and its Disability Working Group work for a wide range of government and non-government agencies. While this submission draws on the collective experience of those involved, it does not purport to represent the views of all member agencies.

the refugees who hold a Temporary Protection Visa (visa subclass 785) or a Safe Haven Enterprise Visa (visa subclass 790).

In offering protection (through resettlement or the provision of asylum) to refugees with a disability, Australia has both a legal and ethical responsibility to ensure that they receive no less support than nationals. The former stems from, *inter alia*, Article 23 of the 1951 *Convention relating to the Status of Refugees*, supported by UNHCR ExCom Conclusion No. 110 (LX1) 2010, various provisions within the *International Covenant on Economic, Social and Cultural Rights* (including Articles 12, 13 and 14), and of course Article 1 the *Convention on the Rights of Persons with Disabilities*.

With regard to the outcome areas, we note the suggestion that they remain unchanged in the new Strategy, namely:

1. Economic security
2. Inclusive and accessible communities
3. Rights protection, justice and legislation
4. Personal and community support
5. Learning and skills
6. Health and wellbeing.

While one might extrapolate that terms such as ‘inclusive’ and ‘rights protection’ imply that the Strategy might take into account the diversity (broadly defined²) within the community and the particular vulnerabilities of certain groups, it is regrettable that these vital elements are not explicitly articulated.

The point should also be made that the failure to make explicit reference to diversity in the list of outcomes opens the door to this aspect being excluded in any evaluation of the new Strategy.

QUESTION 2: What do you think about the guiding principles proposed here?

We note the reference to Article 3 of the UN CRPD and the five elements suggested for inclusion in the guiding principles and are supportive of these.

We note in particular reference to priority populations and the need to identify and address issues specific to these populations. While it is appropriate that this is articulated, it is equally important that any focus on priority populations not be regarded as a siloed body of work but rather that the needs of vulnerable groups – and their carers - be embedded within every element of the implementation of the strategy.

So too is it important to recognise that for each of the vulnerable groups, the impact of a person’s disability or disabilities is compounded by a range of other factors. To some extent this is recognised in the 2010-20 Strategy when it refers to refugees:

People from culturally and linguistically diverse backgrounds—in particular newly arrived migrants such as refugees and special humanitarian entrants—can be particularly vulnerable. Those with disability are likely to experience multiple disadvantages. Lack of accessible information, communication difficulties or cultural sensitivities and differences can create barriers to services and support.

² The word ‘diversity’ must encompass both all forms of diversity and the intersectional nature of ‘diversity’. For example, a person can be considered ‘diverse’ on the basis of his or her ethnicity and religion and culture and sexuality and any other factor relevant to their identity. Each one of these factors is separately and collectively relevant to their support needs.

As set out in the accompanying paper, however, the needs of newly arrived refugees are far more complex than presented here. The same could be said for any of the other vulnerable groups. Unless there is a holistic analysis of needs and barriers, the capacity to address these is greatly diminished.

When looking at the needs of vulnerable groups it is also necessary to look at issues particular to their carers. Take for example newly arrived refugees. As outlined in the accompanying paper, the failure to address the needs of the person with a disability means that their carer (or carers) cannot focus on their own settlement journey (learning English, acquiring skills, obtaining employment, participate in community life ...) and this in turn has long term implications both for those directly impacted and for the wider society.

Equally relevant is the fact that many refugees come from communal cultures where the views and/or aspirations of the person living with a disability are not seen as separate from the needs of the family as a whole. An inclusive approach needs to incorporate this framework as well as considering the needs of the individual.

QUESTION 3: What is your view on the proposal for the new Strategy to have a stronger emphasis on improving community attitudes across all outcome areas?

We are strongly supportive of the proposal that the responsibility for removing barriers and shaping attitudes rests with all levels of government and with the community at large.

In saying this we reiterate the point previously made that achieving this objective rests not just with the arms of government and the community sector agencies that have an explicit focus on disability but on all entities with whom people come in contact. The accompanying paper sets out the impact of the failures of various generalist agencies to make proper accommodation for refugees with a disability.

We also reiterate the importance of looking at people holistically. For many people with a disability, it's not just their disability that shapes community attitudes towards them but also their indigenous ancestry or their ethnicity or their religion or their sexual orientation or any one of a number of other characteristics.

Equally important is recognising the diversity of opinions about disability within the community. For example, one of the significant challenges faced by people from refugee backgrounds with a disability is the cultural construct of disability within their own community. The same could be said about many other CALD communities. It is not possible to change attitudes within CALD communities without first understanding the context and genesis of these attitudes and then identifying culturally appropriate ways to reshape attitudes and remove barriers.

QUESTION 4: How do you think that clearly outlining what each government is responsible for could make it easier for people with disability to access the supports and services they need?

The simple answer to this question is that there needs to be a mechanism that ensures the responses from the different levels and arms of government are coherent, consistent and all embracing.

Further to this, it is not enough to provide guidelines and trust that each agency will give full expression to them in their policies and services. Some form of accountability needs to be embedded. The NSW Joint Partnership Working Group process, overseen by the NSW Coordinator General for Refugees, is an excellent model for achieving this. After setting shared objectives and assigning responsibility to a senior person within each agency, the model requires regular reporting on progress to their peers from other agencies within the JPWG process.

Moving to the issue of outlining specific responsibilities, we would like to draw attention to Appendix B of the accompanying paper. This identifies a range of responsibilities which, if assumed by relevant agencies, could greatly enhance the lives and prospects of refugees with a disability.

QUESTION 5: How do you think the Strategy should represent the role that the non-government sector plays in improving outcomes for people with disability?

Here too reference is made to NSW's Joint Partnership Working Group (JPWG) model. This brings together senior level bureaucrats and key people from the community sector, under the leadership of a very senior and well connected person whose mandate stems from the Premier. Each of the members reports to JPWG in the progress of their agency towards meeting the mutually agreed objectives. Through doing this, the government and community sector agencies have built mutual understanding and respect and see themselves as partners not adversaries. So too has JPWG provided opportunities for different government agencies to collaborate with each other on projects, something that happens all too rarely in government.

Implementation of such a model will necessarily vary according to function but the key is complementarity and this can only be achieved with a shared vision, mutual respect and regular communication. It is heartening to see recognition of the importance of this in the discussion paper.

QUESTION 6: What kind of information on the Strategy's progress should governments make available to the public and how often should this information be made available?

It is noted that the commentary for this section looks at measuring outcomes and reporting and it is upon this which we will focus in the first instance.

We were heartened to see the reference to measuring outcomes. For too long the focus has been on outputs which, by extension, shifts the focus to the provider rather than the person for whom the service is being provided.

Fundamental to the measurement of outcomes is reaching agreement about what these are. Here too we emphasise the need to ensure that the agreed outcomes are not generic but rather embrace individual differences and give full reflection of the diversity of the caseload. Further, outcomes should not just focus on the person with a disability but on their carer(s) and/or family.

It is also necessary to recognise that the ability to both measure outcomes and report on these is predicated on collecting the right data in the first instance. One of the things that became apparent to the Working Group as we were seeking to assess the challenges facing newly arrived refugees with a disability is that few of the agencies working with them record relevant information. Key omissions include visa subclass and date of arrival. These data sets allow the refugee background to be recognised – and hopefully included as relevant in the service provided - and for the progress of the refugees to be tracked over time. Also relevant is ethnicity and language spoken, not least because with refugees, both are critical in terms of ensuring that the support provided is appropriately targeted and not likely to cause further trauma.

This segues into the main focus of the question: what kind of information should governments make available to the public.

There are many ways in which the use of the term 'the public' in this question could be interpreted. We have chosen to interpret it as meaning ensuring that information relevant to enable providers to make informed discussions about the need for particular services, where services should be located and the particular characteristics of the target groups for these services is available those for whom this information is relevant. If this is the case, we would argue that this information is vital and should

be as current as is possible. Demographic information should be complemented by other information of relevance to service providers and those seeking to access services.

Formal reporting requirements are of course a different matter. The discussion paper references options about which we say the following:

- *The responsible Ministerial Council release an annual, public statement outlining government policy commitments to lift outcomes for people with disability: while there is merit in doing this, it should not be considered a 'progress report' in the sense that it focus on aspirations rather than achievements.*
- *A progress report to be published every two years. This report would analyse progress towards outcomes against the outcomes framework and identify the contribution of government policies/programs towards achieving these outcome: this is by far the preferred of the two options as embedded within it is the concept of accountability – both to the public but more importantly to the people within Australia who live with a disability. The reference in the document to stakeholders favouring annual reporting is noted and supported.*

What ever form of reporting is chosen, it needs to be honest and rigorous, clearly identifying challenges as well as achievements, and pointing the way to incremental enhancement.

QUESTION 7: What do you think of the proposal to have Targeted Action Plans that focus on making improvements in specific areas within a defined period of time (for example within one, two or three years)?

We are supportive of the action-oriented approach to implementation and the use of Targeted Action Plans but wish to insert a caveat here. The reference in the discussion paper to 'achieving specific deliverables' should never be interpreted as being output focused. Rather, the focus must always be on achieving mutually agreed outcomes.

QUESTION 8: How could the proposed Engagement Plan ensure people with disability, and the disability community, are involved in the delivery and monitoring of the next Strategy?

It is probable that you will have received some very useful guidance on this from people with a disability, their carers and the agencies that work with them. Rather than seeking to approach this question from a general perspective, we will therefore focus on the area of particular relevance to the Working Group.

We argue first that engagement with people with a lived experience of disability is not negotiable and that given this, the engagement plan must ensure that it captures the voices of people with a disability from as diverse backgrounds as possible. This is of course much more complex than simply engaging with the high profile disability advocates but it is a great deal more authentic.

Capturing the voices of people from refugee backgrounds will necessarily require:

- approaching consultations with an understanding of the complex interplay of culture, trauma and disability, plus the overlay of any other characteristics that the person uses to define their identity;
- working through trusted intermediaries to overcome the understandable fear most refugees have of 'government' and their fear that they might lose their visa if they say the wrong thing;
- compensating for the natural tendency of many refugees to feel that they must show gratitude for all that they have been given and that it is impolite to say anything critical;

- recognising the impact on carers and the family, both in terms of their ability to undertake all that is necessary for them to adjust to life in Australia and on their capacity to engage with and be supported by their own community.

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In closing, the RSN Disability Working Group wishes to thank DSS for the opportunity to contribute to the next National Disability Strategy, reiterate the importance of focusing on diversity and stress that amongst the diverse groups of people with a disability within our community, newly arrived refugees have complex and often overlooked needs. Once more we commend the accompanying issues paper to those reviewing the submissions and ask that this be studied carefully.

Should any additional information be required, please feel free to contact Margaret Piper, chair of the RSN Disability Working Group, at margpiper@optusnet.com.au.