

# **The changing face of disability and refugee services and policy in Australia: Implications for social work**

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## **Abstract**

People in Australia living with disabilities who are also from refugee backgrounds, or who are seeking asylum, face enormous challenges. In addition to the difficult histories they bring with them, the shifting political and policy landscapes have resulted in a fractured and disintegrated service response, with changes to immigration policy and the introduction of the National Disability Insurance Scheme set to exacerbate existing issues in the system. This paper outlines the shifting policy contexts and presents findings of a consultation process undertaken by the Refugee Council of Australia that highlights the barriers that people from refugee backgrounds living with disability face. The three main themes identified are the shifting sectors in practice, reflecting changes at the policy level, the barriers to service and the consequences of poor service provision. These themes give rise to a number of implications for social work which are explored.

## **Introduction**

At the intersection of two of Australia's most disadvantaged and ostracised communities, people living with a disability who are from refugee backgrounds, or who are seeking asylum, already face significant challenges. Leading lives of disruption, persecution and dislocation, those who make it to Australia, in the face of draconian and increasingly restrictive immigration policies, may find themselves doubly disadvantaged and discriminated against, on the basis of their refugee or asylum seeker status, and their disability. Now, with multiple policy responses creating uncertainty in both the Australian disability and refugee service sectors, there exists a potential for service disintegration which may see this group of people fall through ever widening gaps, and be denied services fundamental to social inclusion and wellbeing.

The number of people with a disability coming to Australia via the Refugee and Humanitarian Program has risen markedly in recent years, due to policy changes in response to developments in international human rights law. At the same time, Australia's disability services sector is undergoing profound changes as the National Disability Insurance Scheme (NDIS) is introduced, in an attempt to shift choice and control toward people receiving services. This shift also moves disability service provision from the States and Territories into the domain of the Federal Government. However, as Soldatic et al. note, "refugees and asylum seekers with disabilities remain largely absent from both resettlement literature and disability research" (Soldatic et al., 2015, p. 501). There are significant concerns that our institutions, bureaucracies and services are

failing to rise to these emerging challenges and are not upholding the rights of people from refugee backgrounds living with disabilities (Duell-Piening, 2018).

This paper reports on this precarious state of affairs by presenting findings of a consultation process undertaken by the Refugee Council of Australia (RCOA), the Australian national peak body for refugee communities and the organisations that work with them. The policy context is first explored from an immigration policy perspective, then from a disability policy perspective. The key themes from the consultations are presented, reflecting the fractured nature of service sectors in flux, highlighting the barriers to service for this group of people, and articulating the consequences of poor access and service provision. Finally, the lack of social work scholarship and guidance for social work practice is explored, to demonstrate the need for a social work response to this critical issue.

These communities are diverse and complex, defined in contested and politicised language. This paper uses ‘refugee communities’ and ‘people of refugee background’ in line with RCOA policy, other than when referring to ‘refugees’ as a legal definition.

## **Disability, asylum and refugee rights**

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 people seeking asylum and are found to be in need of Australia’s protection (Hirsch, 2017; O’Sullivan, 2015). The Refugee and Humanitarian Program is capped at 18,750 per year. Of this, a majority (around 16,000) are resettled through the offshore program (Refugee Council of Australia, 2016a). Since 2013, any person who arrives in Australia by boat without a visa is either returned at sea or sent to the island nations, Papua New Guinea or Nauru, for ‘processing’ and resettlement in a third country (Hirsch, 2017).

Until recently, Australia’s Refugee and Humanitarian Program has discriminated against people with a disability. The *Migration Act 1958* and regulations are exempt from the *Disability Discrimination Act 1992* (s 52), allowing the Government to discriminate against people with a disability in the area of migration. To receive a visa through the offshore program, a person must meet the health requirements set out in Public Interest Criteria 4007. This requires that the Immigration Minister not grant a visa if:

- (i) a person who has [a disease or condition] would be likely to:
  - (a) require health care or community services; or
  - (b) meet the medical criteria for the provision of a community service;... and
- (ii) the provision of the health care or community services would be likely to:
  - (a) result in a significant cost to the Australian community in the areas of health care and community services; or
  - (b) prejudice the access of an Australian citizen or permanent resident to health care or community services; regardless of whether the health care or community services will actually be used in connection with the applicant

(Migration Regulations, 1994: sch 4 cl 4007 (1)(c))

Those who failed this health requirement because of a disability or other health concern were not eligible for resettlement in Australia. This resulted in separated families being unable to reunite, and vulnerable people with disabilities left to reside in refugee camps or urban areas without adequate care or support (Mirza, 2011). This discrimination in the resettlement program is in clear violation of Australia's non-discrimination obligations under international law. Indeed, under article 11 of the *Convention on the Rights of Persons with a Disability* ('CRPD'), Australia has committed to:

... take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters (CRPD, art 11).

Following a Parliamentary inquiry into the migration treatment of disability (Australian Parliament Joint Standing Committee on Migration, 2010), changes to Australia's migration policies were made in 2012. These changes provided that while the health requirements still stand, a person applying for resettlement can receive a health waiver, even if they are likely to place significant costs on Australian healthcare or community services (Department of Immigration and Border Protection, 2017). Since July 2012, this has resulted in greater numbers of refugee and humanitarian applicants with a disability arriving in Australia through the resettlement programme. However, those who are likely to "prejudice the access of an Australian citizen or permanent resident to health care or community services" are still denied resettlement in Australia (Department of Immigration and Border Protection, 2017).

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 eligible refugees from resettlement to Australia" (Refugee Council of Australia, 2016b). As a consequence of these changes, the number of people with disabilities receiving visas under the Refugee and Humanitarian Program has increased (Refugee Council of Australia, 2016b). However, the proportion of humanitarian entrants that arrive in Australia with a disability is largely unknown, due to the lack of available statistics (King, 2016).

Members of refugee communities with a disability have additional human rights protections which Australia has committed to uphold. Not only do these people have protection under general human rights law, but they are also protected under the *Convention Relating to the Status of Refugees 1951* ('Refugee Convention') and the CRPD. The CRPD adopts a social model of disability, which sees disability as a consequence of an environment which fails to address the needs of all members of society. Article 13 of the CRPD states that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (CRPD, art 13). Thus, people with a disability "are no longer to be viewed as 'objects' requiring charity and care; rather they are 'human subjects' enjoying human rights on an equal basis with everyone else" (O'Mahony, 2012, p. 884).

Under the CRPD, Australia has committed to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (CRPD, art 1). Further, Australia must refrain from all forms of discrimination on the “basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds” (CRPD, art 5). These commitments apply equally to nationals of Australia and all others within Australia’s territory and jurisdiction (Crock et al., 2012). Likewise, the *Refugee Convention* requires that states provide people from refugee backgrounds with “the same treatment with respect to public relief and assistance as is accorded to their nationals” (CRPD, art 23). Thus, people seeking asylum or from refugee backgrounds with a disability should expect full and equal participation in Australia, not just on par with other people with a disability, but ultimately in line with the whole community. Unfortunately, the gaps identified below represent a significant failing of Australia’s responsibility under both the *Refugee Convention* and the CRPD.

## **Funded disability schemes and the NDIS**

The NDIS is a fundamental shift in disability funding and services policy and has been described as the most important social reform since the introduction of Medicare in 1975 (Goggin and Wadiwel, 2014). The NDIS was trialled in 2013 following recommendations from the 2011 Productivity Commission report which described Australia’s disability support arrangements as “inequitable, underfunded, fragmented, and inefficient” (Australian Productivity Commission, 2011, p. 5). The NDIS aspires to shift choice and control toward people with disability and their families through individualised support packages in a social insurance rather than welfare framework. Choice and flexibility are intended to expand through a marketised disability services sector where consumer demand and market competition are intended to drive service quality and funding efficiencies (Australian Productivity Commission, 2011). This policy shift is transforming disability funding and support in Australia and presents both opportunities and challenges for people with disabilities and their families as well as for providers who are restructuring service and finance models to accommodate new market conditions and evolving consumer expectations.

The NDIS, which is administered by the National Disability Insurance Agency (NDIA), commenced a staggered geographical rollout across Australia in July 2016. When fully implemented in 2020 it is anticipated that 460,000 Australians with disability, aged up to 65, will have joined the NDIS and that funding will reach \$22 billion per year (Australian Government, 2016). Eligibility criteria for individualised plans and support packages include, being an Australian citizen or holder of a Permanent Visa or a Protected Special Category Visa, aged under 65 years, evidence of a permanent impairment or condition which significantly impacts functional capacity or psychosocial functioning in activities of daily life and social and economic participation, or early intervention requirements (National Disability Insurance Scheme Act, 2013 Sections 21-25). The NDIS also includes the Information Linkage and Capacity Building framework (ILC) which is a series of strategies to support community engagement and inclusion as well as advice and linkage to individuals and families ineligible for individualized packages.

The *NDIS Act 2013* builds on the rights aspirations of the National Disability Strategy 2010-2020 and intends to give effect to Australia’s obligations under the CRPD in its promise to provide the ‘reasonable and necessary supports’ required to live an ‘ordinary life’. The NDIS seeks to promote the rights of people with disabilities to be ‘active agents’ in their community and to enjoy

opportunities for social and economic participation equal to all Australian citizens (Australian Government, 2016). The NDIS is also intended to give effect to other international instruments including the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) and *International Convention on the Elimination of all forms of Racial Discrimination* (CERD).

The move toward an individualised funding and support model reflects a global trend in industrialised countries toward consumer directed approaches and marketisation, not only in disability but in other social service areas such as aged care, health and education. Consumer based models are linked to self-determination and autonomy and, as such, are located in the intersection between rights-based and neoliberal market approaches to social policy and practice (Needham, 2011).

Tensions exist, however, in the assumptions such models make about individual empowerment and equal capacity to articulate needs, effectively navigate a complex human services sector, and to exercise informed choice in funding and support options (Mladenov et al., 2015). It has been argued that these assumptions gloss over entrenched cultural, social and structural barriers to accessing such systems and benefits (Diversitat Settlement & Community Programs, 2014). When not understood and addressed, these barriers can further exclude marginalised groups, including those from minority ethnic or refugee backgrounds and those for whom English is an additional language (Zhou, 2015). Disadvantage is perpetuated for those less able to compete as ‘citizen consumers’ in a rapidly shifting and choice-based policy and service context (Clarke et al., 2007).

Insufficient policy attention given to the complex and intersecting needs of people seeking asylum and people of refugee background with disabilities has been described as a ‘grave oversight’, exemplified by inadequate consideration by the NDIA for the relationship between the migration and settlement needs of these groups and implications for social and economic inclusion. Access barriers are reflected in low disability services participation rates of people from culturally and linguistically diverse (CALD) backgrounds, despite this population representing the second largest group of people living with disability in Australia, after women (Diversitat Settlement & Community Programs, 2014; NSW Council of Social Service, 2016). In relation to the NDIS, 9% of all participants to receive an NDIS plan are from CALD backgrounds, significantly less than the projected full scheme rate of 20% (COAG, 2018; NDIS Annual Report 2017-18). NDIS data identifying participation of people from refugee backgrounds is currently not available. This significant accessibility gap exposes multiple barriers and the “cumulative disadvantage” these groups experience through the intersection of cultural, social and disability exclusions (Soldatic et al., 2015, p. 508). The NDIA has recently released its Cultural and Linguistic Diversity Strategy, recognising barriers for this group, however it is too early to observe the impact of this strategy (NDIS Annual Report 2017-18).

Inadequate data on the experiences of people of refugee background with disabilities in Australia has also hindered service responses and contributed to their ‘invisibility’ in the community and as a policy and research subject (Soldatic et al., 2015, p. 502; Duell-Piening, 2018). This is despite the reality of complex and intersectional needs related to their cultural and social dislocation and the trauma of their history, journey, detention (NEDA, 2015) and resettlement. These needs amplify challenges in accessing and navigating services and yet, as Soldatic et al. argue, service practices and protocols can negate rather than acknowledge the “existence of disabled refugees and asylum

seekers and their complex experiences of resettlement” (2015, p. 514), undermining more proactive, rights based, and culturally inclusive approaches.

A small body of emerging Australian research identifies barriers to services and supports as typically relating to: literacy; lack of accessible and culturally appropriate information and communication about service, rights and eligibility; lack of access to interpreting services including in critical assessment and planning processes; lack of early intervention and support for service navigation; insufficient advocacy support; lack of knowledge about available services; lost or incomplete health and personal records, and, lack of culturally inclusive practice knowledge and practitioners (Diversitat Settlement & Community Programs, 2014; Zhou, 2015; King et al., 2016a, 2016b). A further barrier relates to cultural differences regarding disability and stigma surrounding impairment and disability, including stigma relating to mental illness. Fear or shame can prevent disclosure to authorities about impairment related needs resulting in further service delay. Knowledge gaps in this area can impede development of culturally inclusive systems and practices and further contribute to refugee families becoming ‘lost in the system’ and going without critical health, disability and accommodation supports (King et al., 2016b), and indeed wrongful detainment (Soldatic and Fiske, 2009).

Personalised, timely, accessible and culturally appropriate information provided by a trusted source is central to informed choice and yet such systems are far from established, equitable or joined up in the NDIS (Laragy et al., 2016). The NDIS legislation requires that information is provided in accessible formats and technologies and ‘to the maximum extent possible ... in the language, mode of communication and terms which that person is most likely to understand’ (National Disability Insurance Scheme Act, 2013: s 7(1)). The NDIS is also obliged to recognise and accommodate the cultural rights of NDIS participants (Goggin and Wadiwel, 2014). Yet the rapid pace of implementation and the pressure to transition eligible participants into the NDIS by 2020 means that information, assessment and planning processes are not as accessible or person-centred as originally promised. An example of this has been the now discontinued practice of conducting NDIS planning meetings over the telephone rather than face-to-face, a practice which disadvantages those with complex needs and/or literacy and comprehension barriers and who are unsure of their rights to request an alternative meeting. In addition to challenges inherent in NDIS structures, disruption to traditional service models and the challenges of market contestability are placing pressure on the sector’s readiness and capacity to respond to diverse and complex needs across cultural groups. Insufficient linkage and communication between disability and settlement services is further contributing to the fragmented experience of refugee communities (Diversitat Settlement & Community Programs, 2014; Soldatic et al., 2015).

The NDIS and State funded disability services enshrine the right for all Australians to access supports required to live ‘ordinary’ lives. And yet it appears that people from culturally and linguistically diverse backgrounds, including refugee backgrounds, continue to be marginalised by the limitations of disability and settlement policy and practice as well as the disconnect between these two support areas.

## **Voices from the field**

This research took place as part of RCOA annual consultations with refugee communities, people seeking asylum, and the service providers supporting them. These consultations have been

conducted since 1984, and cover a wide range of issues affecting refugee communities and people seeking asylum in Australia and globally (Refugee Council of Australia, 2017). These consultations are conducted in line with RCOA's *Ethical Guidelines for Research* and approval for both research and publication was granted by RCOA Board of Management. The data for this research is taken from consultations in 2014, 2015 and 2016. The consultations were conducted in all capital cities and in 25 regional cities and towns. Further consultations were focused specifically on women, young people and people seeking asylum. In addition, six consultations were held via teleconference and 47 face-to-face group consultations were held in 2014, 50 in 2015 and 63 in 2016. In total, over 2,300 people, of whom half included refugee community members from over 36 ethnic and national groups, participated in these consultations. The other participants were representatives of over 200 organisations which provide support to refugee communities, including settlement support, health and disability services. Where required, interpreters were used during the consultations, although most consultations were held in English.

This consultation process resulted in some limitations of the data collected. The audio recordings were transcribed in such a way that it was not possible to distinguish all participants in the larger groups. No details are provided, other than the state where the consultation was conducted and if a person was a service provider or a member of a refugee community. Many participants were from refugee backgrounds and were also providing disability or refugee support services. Given the limited number of providers and ongoing issues of funding insecurity, it is not possible to provide the type of service without identifying the service, so these details are not provided to ensure anonymity.

Furthermore, the consultations are not conducted primarily for academic purposes, but for formulating policy advocacy, and not specifically for the purpose of understanding the intersections of disability and the experience of being a refugee. In the 2014 and 2015 consultations, issues relating to disability were raised in response to generic questions about settlement support services. As a result of the regularity with which this issue was raised, in the 2016 consultations, participants were asked:

- What has been your experience of disability services for people from a refugee background?
- What has been your experience in referring people to the National Disability Insurance Scheme?

The data from these consultations were transcribed and deidentified. The transcripts were coded, using open then axial coding techniques (Ezzy, 2002), for content relating to experiences of disability and access to services. The data was analysed using double blind thematic analysis, by a policy expert from RCOA then by an experienced qualitative research academic.

Three main themes were identified and provide a snapshot of service providers' experiences and concerns. The themes are: the shifting refugee and disability sectors, barriers to service, and the consequences of poor service provision. The findings from this analysis are presented here, with exemplary quotes used to highlight the voices of contributors.

## **The shifting refugee and disability sectors**

People from refugee backgrounds identified that service provision is haphazard and inconsistent. One participant, a person from a refugee background who worked a settlement service, told the consultation:

I know an African family – 3 brothers, all have three have the same disability, one got a significant package to look after a person, the second brother has waited years, third brother has nothing. The system is crazy, exactly the same conditions. (Refugee and Service Provider, Western Australia)

Service providers identified two main influences on the sector detailed above, both of which are having profound impacts on service delivery. The first of these relates to policy changes which have seen a significant rise in the number of people with a disability arriving through Australia's refugee programme including an increase of people with acute conditions requiring immediate support. Providers expressed concerns regarding lack of resources and capacity to adequately meet. This service provider highlighted the significance of this shift:

Because we haven't had people with a disability before. That's the issue. They've just not come. Australia has a policy not to accept people with disabilities. (Service Provider, South Australia)

This has had a corresponding impact on the ability of services to provide quality support:

...the increase in clients with acute situations such as disability, including both physical and intellectual and mental health concerns, whilst there have always been a proportion of our clients facing those issues, we've felt there's been an increase in prevalence. And the severity has also gone up. (Service Provider, Victoria)

Service providers noted that there has not been a corresponding increase in support services for people of refugee background with a disability, although some suggested that the other major shift in the sector, the NDIS, might have a beneficial impact. Because of the timing of this research, much of the discussion in the consultations was anticipatory and based on information available about the NDIS transition at the time. A key concern related to what would happen during the transition phase and worries that gaps would emerge as state based services transitioned to the federal scheme. Overall, the response to the coming of the NDIS was not overly hopeful:

The answer that we get when we advocate is that the NDIS is coming. The NDIS is replacing what's already there it's not necessarily adding much. And at least where I work it's not going to happen until 2018 and we need some solutions in the meantime. And beyond that it's still reliant on diagnoses and things that happened after the initial period that we're working with clients, which is pretty much the most critical period anyway. (Service Provider, Victoria)

Other service providers suggested that the NDIS would actually mean less services for this group, as refugee specific disability services may be replaced by generic services

On the NDIS... what used to happen was the Disability Services Commission here in [the state of Western Australia] will allow us at [organisation] to cater for the refugee population. But they've now changed that and said they're going to follow the same guidelines as NDIS. ... As of last funding round. [The head of the Disability Services

Commission] has been quite open about it. He said we are not going to fund any refugee services by the disability service groups. (Service Provider, Western Australia)

Some were more hopeful about the greater access to services that the NDIS might provide. A refugee from South Sudan said:

That is why the NDIS is important, people were getting help dependent on how you get the injury, the NDIS will change things. (Refugee, Western Australia)

In general, the concerns with the implementation of the NDIS were focused on the current barriers to services not being addressed; concerns which are explored in the next section.

## **Barriers to service**

The consultations indicated that people of refugee background with a disability were excluded from mainstream disability services in several ways which are common to all areas of service provision. These included language, culture, visa status and discrimination, both on grounds of being a refugee and on grounds of having a disability. Governments were accused of having difficult-to-access forms and processes, and service providers complained about insufficient funding. The disability workforce was not necessarily skilled in working with people of refugee background, and refugee community services were not always trained in working with people with a disability. For people seeking asylum, there is the additional concern of how their disability might impact on their refugee application, in addition to the limitations on the support they are funded to receive. Three key issues have been identified as being most relevant and specific to the intersection of supporting people of refugee background with a disability are explored here in detail: the delay in accessing services, the lack of communication between services, and issues with housing.

For those who were seeking asylum and having their claims for refugee status assessed, having a disability was still seen as a potential black mark, despite the changes in the official policy:

Deal[ing] with asylum seekers with disabilities, so quite a different situation. Asylum seekers don't have as much support as a refugee. Also seeing how it impacts on their application, it could be viewed as a point against them particularly if they have other points against them such as a boat arrival or not. (Refugee and Service Provider, Western Australia)

For those who had already been granted refugee status, the most common feedback from service providers regarding services was the delay involved in accessing services. In many cases, people were simply going without essential equipment for long periods of time:

... once they come in you send them to the refugee health GP or yourself can refer to the local council occupational therapist. And the best case scenario that I've seen in metropolitan Melbourne was six weeks. 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 a [...] application for a wheelchair (or whatever it might be), that takes approximately a year, sometimes a year and a half. (Service Provider, Victoria)

This is particularly problematic for people newly arrived to Australia, who have to join local waiting lists, and who often have no equipment with them. Resourceful individuals and service providers

were sometimes able to work around these issues, but these short-term solutions were not always ideal:

The good news is that they can source second hand equipment in the meantime, but that's usually going to take a minimum of another six weeks first. And whilst that's not as bad as a year (it's obviously significantly better), that's six and a half months without equipment which just doesn't work for people... There are rotary clubs, nursing homes, hospitals that are getting rid of stuff. And we've picked it up before but there are issues around indemnity and insurance and safety and making sure everything's ok. (Service Provider, Victoria)

This service provider pointed out the significant consequences of having delayed access to equipment, on the person themselves, but also their carers and the community:

...the cost to the system is significantly greater when they don't get provided with those things. Because the impact on carers and carer support for stress and mental health issues as well as physical health issues for those involved as well as for those people who do tend to deteriorate having not received that support for so long. Some people are even used to having that in their own country but can't bring it with them. (Service Provider, Victoria)

Service providers reported being told by services that the long waiting lists were an issue of equity, although this did not take into account the complexity of the refugee experience:

Which is always the counter argument that they give- 'we have to have equal access for everyone', but what they don't recognise is, in putting [newly arrived humanitarian entrants] on a waiting list that everyone is on, it creates an unequal access. Because [Australian] people already had access to those services for years and years prior. (Service Provider, Victoria)

This issue was commonly linked to another barrier to service – the lack of communication between agencies, especially between the Department of Immigration, which is responsible for refugee resettlement, and the settlement service that support people on arrival. A number of service providers suggested that suffering could have been avoided if only a person's disability had been properly communicated prior to their arrival:

...we have clients who are getting off the plane and need a wheel chair, and we don't know that they need a wheel chair. They're met at the airport and having to carry family members on their back and that kind of thing. That's the kind of situation where we could probably use just a little bit more information. (Service Provider, Victoria)

One service provider pointed out how easy this would be to organise:

...at the moment the situation is that the information is protected. Which is fine, we don't need full medical records, that's not necessary. But they still disclose certain things in terms of alerts or torture and trauma history, there's little tick boxes for that. I don't see why you wouldn't have the same for disabilities that have severe limitations. (Service Provider, Victoria)

This issue of poor communication between services was repeated across the sector. This was particularly true of the relationship between the disability service sector and the refugee service sector. A service provider called on the government to assist in bridging this gap:

And it can't always be left up to the sector to build these kind of relationships on their own because both sectors are already stretched. There's a role for them to play in bridging relationships. (Service Provider, Victoria)

These two issues of delay and poor communication culminated in respect of providing housing services. One service provider, who was also a refugee, communicated the frustrating delays in sourcing accommodation:

I have put many applications for families with disabled family members with Housing NSW and they say OK your application will take 10 years before it is your turn. What should these families do? So this is affecting all refugee communities, no matter where they are from. (Refugee and Service Provider, New South Wales)

This meant that people were often living in substandard housing, which was often degrading and unsafe:

...they can't even get inside the home, if there's 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... (Service Provider, Victoria)

In one case, a child with a disability was apparently lucky to escape with her life:

You can't get modified accommodation anyway. If you applied through the government, they will ask you to wait for 10 years until your turn comes. 3 weeks ago, there was a family whose house was burnt and one of their children was disabled and autistic and they couldn't get her out. She is now 90% burnt. (Refugee and Service Provider, New South Wales)

The delay in providing appropriate services, the lack of communication between agencies, and inappropriate housing has apparently left a child, who has already experienced the trauma of leaving her country of origin, and who already faced the challenge of living with autism, severely burnt. This incident, and the sector's inability to provide the most basic services speaks volumes to the reality of the pain, suffering and social exclusion suffered by people of refugee background with a disability in contemporary Australia. The next section highlights the inevitable consequences of this inadequate service system.

## **The consequences of poor service provision**

The experience of poor services has far reaching implications. The role of carers and other informal supports was raised in the consultations, highlighting the importance of that role, but also the consequences if carers were not properly supported. Echoing the barriers to service explored above, one service provider described the experiences of a carer who is physically injured as a result of inadequate service provision.

...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 the local sports and aquatic centre, and they have to pay ten dollars 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. (Service Provider, Victoria)

A person of refugee background noted the way the lack of support would impact on other family members:

... depending on the severity of disability, that also requires the time of another family member to care for them as well which impacts on the ability to find work, be educated. (Refugee, Western Australia)

Another person of refugee background noted the lack of available supports, and a lack of knowledge of where to access those supports that are available:

One of the people in my community was in wheelchair, he came by himself with other young people...This year, he released from the hospital, he sleep on his own in the house, which can cause a lot of emotional person because he's a young person living by yourself. We've been trying to put an application through, trying to get money. Where can he get money? (Refugee, Queensland)

The lack of adequate and timely supports was compounding opportunities and capacity for social and economic inclusion. For both carers and people with a disability, the difficulties many people of refugee background face in finding paid employment were exacerbated by a lack of support. This was especially felt by people who were still seeking asylum and were yet to be granted a protection visa:

Then there are clients mentioned earlier who cannot work and want to work and asking us for work, we cannot send them to anyone. Those who did get work rights, due to illness or some sort of disability or injury cannot work. Last week we had a fellow who...said he was working...now he's showing me all his injuries and cannot work...he's back to square one...he lived in poverty at the moment. He's not eligible for any payments because Centrelink will not help him until his residency is sorted out. (Service Provider, Victoria)

In addition to the challenges refugee children with disabilities face, poor service provision is preventing them from timely access to support in schools:

Education departments typically have 18 months' notice to get ready for a child living with a disability enrolling in their school. For humanitarian entrants that lag can mean lengthy periods where the child is denied access to schools. (Service Provider, National)

For those in detention centres, the standard of services, and the consequences of the lack of support, were described as even more extreme:

...the other thing concerning me is regard to the provision of disability care and services in detention centres. That's just staggeringly worrying there. We know for example... We know that every person with epilepsy has actually had their medication removed

from them because they are considered to be a suicide risk. Now we also know from neurologists that people with epilepsy... who don't have their medication administered in time will die. (Service Provider, Western Australia)

The consultation process clearly highlighted the challenges emerging from the shifts in the refugee and disability service sectors, as a result of the introduction of the NDIS and changes to Australia's refugee policy. These have the potential to exacerbate existing barriers to service, and while some optimism exists that suggests potential, an articulate policy response is clearly required to manage this risk. Finally, the participants related their experiences of the consequences of poor service provision, which underscores the need for immediate and appropriate action. The consequences of inaction are dire, so the remainder of this paper briefly examines what role social work can play in this response.

### **Implications for social work**

This small-scale, exploratory study provides a snapshot of service provider perspectives and identifies three key challenges: 1) due to the 2012 changes to Australian migration policy, disability, health, settlement and related service providers are experiencing greater numbers of people from refugee backgrounds living with a disability trying to access their services; 2) there are significant barriers for people from refugee backgrounds living with a disability, and their family and carers, to access these services; and 3) this is having a significant impact on their health, wellbeing and opportunities for inclusion. This study confirms the existing Australian, international and cross-disciplinary literature, which identifies that at the complex intersection of disability and forced migration many people from refugee backgrounds living with disability experience significant disadvantage and systemic discrimination, are vulnerable to human rights violations and their voices are largely unheard (Duell-Piening, 2018; Harris 2003; King et al., 2016a; Mirza and Heinemann, 2012; National Ethnic Disability Alliance, 2015; Pisani, Grech & Mostafa, 2016; Soldatic & Fiske, 2009). While this study is preliminary in nature there are a number of implications for social work policy, research and practice emerging from the findings of this research.

First, there is an urgent need for more social work scholarship in this area to inform social work practice and education. As has already been identified, the numbers of people from refugee backgrounds living with a disability in Australia has increased markedly over the past five years (Refugee Council of Australia, 2016b) and our systems and services are struggling to meet increasing need (Duell-Piening, 2018). In addition, there is considerable evidence of the disabling effects of mandatory detention on both adults and children (Austin et al., 2007; Soldatic and Fiske, 2009; Australian Human Rights Commission, 2015; Amnesty International, 2016), which exacerbate existing disabilities and causes further long-term harm and disadvantage. Given this increase in numbers and complexity it is very likely that social workers in Australia will find themselves increasingly working with people from a refugee background living with a disability.

There is a small but growing body of social work literature that explores social work practice with people with a disability in Australia (see scoping review by Bigby, Tilbury & Hughes, 2018); and literature that explores social work practice with people of refugee background and people seeking asylum (see for example, Bowles, 2005; Briskman and Latham, 2017; Clark 2006; Fentiman and O'Sullivan, 2018; Marlowe & Briskman 2018; Maylea and Hirsch, 2017; Nipperess, 2018; Nipperess and Clark, 2016; Robinson, 2013; Robinson and Masocha, 2017) there is little Australian

scholarship that explores social work at the intersection of disability and ethnicity (Liu and Fisher 2017) and in particular in relation to people from refugee backgrounds living with disability and their family and carers. This is not surprising given that Soldatic et al. found in their extensive review of the literature that people of refugee background and people seeking asylum with disabilities were largely absent from the resettlement and disability research literature (2015). Pisani, Grech and Mostafa acknowledge that the ramifications of this 'are that those working in migration remain unaware of and lack understanding in disability, and those working in disability remain uninformed about migration' (Pisani, Grech and Mostafa, 2016, p. 286). Research that centres the lived experiences of people from refugee backgrounds living with a disability and their family and carers is essential to inform social work practice, service design, social policy development and social work education (Harris, 2003).

Second, there is significant value for an intersectional perspective embedded in a human rights approach to inform social work praxis in this space (Clark, Matthew & Burns, 2017; Nipperess, 2018; Stienstra & Nyerere, 2016). Intersectionality "refers to the interaction between gender, race and other categories of difference in individual lives, social practices, institutional arrangements and cultural ideologies and the outcomes of these interactions in terms of power" (Davis, 2008, p. 68). It was originally developed by feminist scholars to account for the different experiences of inequality and oppression between women but has since been widely embraced by scholars across disciplines and is increasingly being acknowledged as an important approach to inform social work (Bubar, Cespedes & Bundy-Fazioli, 2016; Council on Social Work Education, 2015; Mattsson, 2014; Mullaly, 2010; Pease, 2010).

An intersectional approach identifies the importance of not treating 'people of refugee background' as a homogenous group. People who have sought asylum, and who have eventually been assessed as a refugee according to the Refugee Convention, have different experiences of discrimination and oppression and indeed privilege (Mullaly, 2010; Pease, 2010) depending on their social location in relation to class, gender, race/ethnicity, ability, sexuality, religion, age, language, national origin and so on. Intersectionality is central for understanding the complexity of both privilege and oppression and that "processes of marginalization, discrimination and oppression are interlocking, and cannot be marked into discrete areas of analysis, particularly when developing research which seeks to deepen theoretical and practice understandings of the relationship between differing identity categories" (Soldatic et al., 2015, p. 514). El-Lahib has identified "the continued intersection of ableism, racism and neocolonialism which shapes the experiences of migrants and refugees with disabilities" (El-Lahib 2017, p. 641) and suggests that social work has an important role to play in resisting colonialism, imperialism and indeed ableism.

Third, a person-centred collaborative approach is important in order to dismantle the service silos that are currently being experienced by both service providers and people from refugee backgrounds living with a disability and their family and carers. El-Lahib (2017) notes, "as social workers we engage with issues related to the lives of people with disabilities and those of immigrants, but bringing the two together has not figured prominently in our practice and knowledge base" (El-Lahib, 2017, p. 640). In direct practice there are implications for social workers in recommendations for closer and more person-centred collaboration and communication within the disability and settlement service networks as well as between these two policy and service systems. RCOA consultations reflect the broader literature regarding the

negative impact of service silos and fragmentation on people of refugee background and people seeking asylum with disabilities, both in the period immediately following arrival as well as in the longer-term resettlement process. Given their skill and value base, social workers practising across these systems are well placed to act as mediators and facilitators of more integrated and person-centred service provision, such as wrap around approaches and increased emphasis on vertical and horizontal service integration. These models are rights-based and as such position the person with disability, their needs and hopes at the heart of the service system.

Fourth, co-design and co-production principles are critical to inform service design and research. Systems of co-design and co-production, which are becoming more widely applied in disability and mental health, and beginning to be used with refugee communities (Choi and Brown, 2017), can assist this process. Involving end users in the design and production of services and research projects means that these services and research projects will reflect their real needs.

Fifth, social policy advocacy and law reform is a key responsibility for social workers to contribute to changing the legislation and policy that directly impacts the health and wellbeing of people from a refugee background living with a disability and their family and carers. In Australia the policy context is changing rapidly and as this study shows this is having a considerable impact on the lives of people with a disability who come from a refugee background, their family and carers. Social workers need to understand this changing policy context and the implications for practice. While this research has largely focused on those who have been found to be a refugee offshore, for those who have sought asylum in Australia their rights and access to services is even more limited (Soldatic et al. 2015; Straimer 2011). Social workers have an ethical duty to advocate for the rights of people to claim asylum and to be treated fairly and humanely while their application for refugee status is processed. Briskman (2017) calls for a revitalised, radical model of social work with people seeking asylum, which involves the critical questioning of policies and expectations of practice, particularly for those working in immigration detention settings. Maylea and Hirsch (2017) also suggest that social workers should actively respond to the ethical challenges of working within oppressive systems, such as Australia's immigration processing system, or risk being branded as collaborators with it.

## **Conclusion**

Social work cannot respond to this issue alone, but must create cross-disciplinary linkages and exist as part of a broader network to reconcile the intersectional needs of people with refugee backgrounds living with or caring for someone with a disability. This initial, exploratory study reflects the literature regarding the disabling effect of fractured and siloed service systems which are failing to address the multiple and complex needs of this community. Despite this, change is possible. The policy changes which have contributed most to the issues identified in this paper – the ability for people to apply for a health waiver and be exempted from Australia's prohibition on people of refugee background with disabilities, and the introduction of the NDIS – have been described as a “triumph of human rights” (Duell-Piening, 2018, p. 661) and show how oppressive policies and service responses can become more inclusive and responsive. While this has resulted in new challenges, with more people requiring both refugee and disability services in Australia, it is clearly an improvement on the alternative. However, unlike action on offshore processing, responding to the issues identified in this paper will require a nuanced, considered and careful process of service integration and policy alignment. This needs to be underpinned by significant

improvement in systematic data collection, targeted research, adequate resourcing of a culturally responsive workforce, and increased use of co-design methodology to in developing effective services. As identified above, the conflation of policy and service reform poses major challenges with serious implications for people who need services and for social works charged with the responsibility of protecting and upholding their rights. t responded.

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