



Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) Submission to NDIS CALD Strategy

March 2023

During the past months, QPASTT has been able to participate in a focus group, consultation meetings, and host a community conversation with clients in the regional city of Toowoomba. We make this submission as our final contribution to the CALD Strategy consultation process. We acknowledge the depth of opportunity we have had to engage with the CALD Strategy development team.

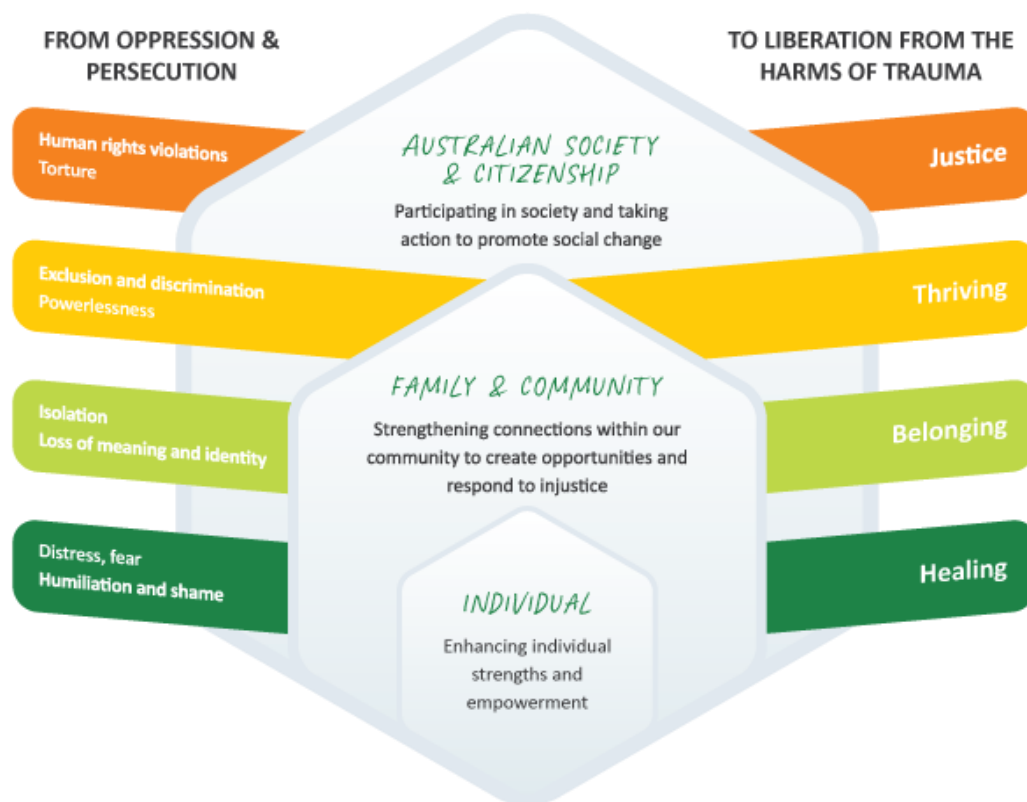
We look forward to the launch of a CALD Strategy that enables all people with a significant and permanent disability from culturally diverse backgrounds to participate in the NDIS. For the clients who have been able to gain appropriate NDIS supports, we have witnessed how this can make an immeasurable benefit to their quality of life and feeling of belonging in Australia.

About QPASTT

Founded in 1995, QPASTT (Queensland Program of Assistance to Survivors of Torture and Trauma) provides specialised, culturally responsive services to promote the health and wellbeing of people in Australia who have sought safety from persecution, torture and war related trauma.

QPASTT is committed to creating a safe, inclusive and equitable environment for people from all genders, sexualities, religions and cultures. Our vision is for people from refugee backgrounds to live lives liberated from the harms of torture, trauma and human rights injustice. Our purpose is to nurture meaningful futures by assisting people from refugee backgrounds to heal, belong and thrive in our community.

Our refugee trauma recovery framework



QPASTT acknowledges the First Peoples of Australia and their leaders past, present and emerging. We recognise the continuing trauma caused by losses of children, language, lore and land and the impact that this continues to have on psychological, physical and spiritual wellbeing. We recognise that since time immemorial, First Peoples have nurtured communities of belonging and thriving and we work in solidarity towards a future of healing and justice.

QPASTT is a non-profit Company Limited by Guarantee and a registered charity with no political or religious affiliations. The Commonwealth and Queensland governments fund our work.



QPASTT is a member of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT), a network of eight specialist rehabilitation agencies that respond to the needs of survivors of torture and trauma who have come to Australia from overseas. There is a FASSTT member agency in each state and territory in Australia.

In 2021/2022, we supported 7,796 clients from over 85 countries through both individual or family counselling and social, therapeutic and wellbeing groups, events and activities, co-designed with community members to meet their needs. Culture and community-based healing and connectedness is the foundation of our approach to wellbeing.

Approximately 18% of QPASTT clients have an intellectual, cognitive, neurological, sensory or physical disability that has a functional impact on their daily life. An additional proportion of our client group have a psychosocial disability, with trauma symptoms that have a chronic, persistent impact on daily life.

QPASTT is not an NDIS provider. Rather, we are a specialist community mental health and wellbeing service providing trauma recovery interventions and support to people with a refugee like experience.

The feedback gathered and presented in this submission draws from our direct experience of working with clients and community members, and the experience of our staff.

In this submission, we respond to the priority areas (*italics below*) identified in the develop phase of the consultation.

1. ***Infrastructure*** – *our policies, procedures and systems should work well for people from different backgrounds.*

Agreed goals:

- *Our policies, procedures and systems support CALD people with disability to access the NDIS and use their plans.*
- *We publish agreed definitions of cultural safety and a culturally appropriate and responsive service.*

QPASTT clients, staff and partners have consistently reported that access to the NDIS remains profoundly unachievable to people from refugee backgrounds. Inability to gather sufficient evidence of functional impairment and lack of ability to complete the application process are the most significant barriers to accessing the NDIS.

We would welcome initiatives to implement policies, procedures and systems that streamline and simplify access to the NDIS for people from CALD backgrounds. We offer the following recommendations for this priority area:

- If a diagnosis is gained, consider additional reports from non-diagnosing professionals such as QPASTT Counsellor Advocates. This is particularly significant for psychosocial disability, as the majority of prescribed mainstream mental health treatments are not culturally nuanced to support the recovery of people from diverse backgrounds.



Prior to arrival, individuals coming to Australia through humanitarian pathways are required to complete an Immigration Medical Examination (IME), which is a mandatory health assessment. IMEs can be extremely comprehensive. IMEs then become a health alert flag for settlement services and refugee health program. Coordination between the Department of Home Affairs, the Department of Health and the NDIA would enable sharing of IMEs, health alert flags and supporting health assessments, thereby significantly reducing the burden on newly arrived humanitarian entrants to navigate their way through complex health and allied health systems.

- Using the IMEs and the health alert system, NDIS could proactively engage in the initial stages of settlement, with those who have a known disability and who are arriving through the humanitarian program. Culturally sensitive NDIS system navigation support could be offered at a much earlier juncture, which would have the effect of enhancing the settlement experience for the individual and their family¹.
- Access to culturally competent professionals (particularly psychiatrists, paediatricians and occupational therapists), who use interpreters and have the capacity to complete NDIS reports is remains extremely limited. Currently, GPs are designated as the primary coordinator of diagnosis, referral and treatment evidence. This is unsustainable given the current burden of care on primary health practices, and is leading to a number of practices charging additional fees for NDIS reports and assessments. QPASTT recommends an effective agreement with the Department of Health to increase the availability primary and allied health services for people from refugee backgrounds. This is particularly crucial in regional areas and in state and territory jurisdictions where resourcing for public and community health services to meet community need is limited.
- QPASTT strongly recommends increased resourcing for capacity building initiatives outside of NDIS participants' funded plans, to increase the health system and the financial literacy of participants to enable effective utilization of NDIS plans. This needs to include culturally safe and accessible advocacy that is independent from NDIS providers to address quality of service issues experienced by NDIS participants.
- The infrastructure priority is crucial to the success of the CALD Strategy as this means moving from strategy to action. To ensure that trust is rebuilt, the CALD Strategy needs to be accompanied by an implementation plan with measureable milestones and outcomes that are transparently reported to the public.
- Finally and most importantly, QPASTT strongly recommends the development of resources which provide permanent culturally informed system navigation support. And to be effective, these resources would need to be independent from the NDIS. In recognition of the complexity of both disability and quality engagement with multicultural communities, this support needs to be delivered by organisations that are specialist agencies in disability advocacy for the multicultural community.

¹ We note that the Ezidi community in Toowoomba spoke to NDIA staff about the impact of caring for a family member with disability and the effect this has on attending English languages classes and pursuing employment opportunities. This is additional to the barriers to settlement and social participation experienced by the person with disability and which have a deleterious impact on the whole family.

2. **Staff capability** – NDIS staff and partners should know how to deliver services that are safe and inclusive for all cultures.

Agreed goals:

- *We understand and respond to the cultural and language needs of participants, including how this may affect their disability supports.*
- *We consistently demonstrate cultural safety and trauma informed practice.*

When QPASTT clients and members of the refugee community are found to be “access met”, the quality of engagement with NDIS service providers and staff can be poor, resulting in diminished outcomes for clients. These tend to be the result of one (or a combination) of three different issues:

1. Failure to use interpreters or provide appropriate language support;
2. Lack of cultural competence;
3. Lack of understanding of complex disability, particularly psychosocial disability and trauma.

In QPASTT’s experience, lack of cultural safety and trauma informed practice is pervasive in the NDIS service provider market. In engaging with hard to reach communities, such as people from refugee backgrounds, it is imperative for NDIA staff and NDIS service providers to understand that the concept and experience of disability and health systems, expectations of family and community, and perceptions of money are all highly culturally influenced. While cultural competence training has been mandatory for NDIA and NDIS contracted staff, it is not required for service providers who are engaging with people with a disability every day.

QPASTT recommends that

- All NDIS service providers require their staff to complete mandatory trauma informed and culturally safe practice training.
- NDIS service providers are audited against culturally safe and trauma informed practice criteria drawn from the agreed definitions that have been identified as required in the development phase of the CALD strategy. This includes offering to use interpreters with all clients for whom English is not their first language rather than waiting for the client to request an interpreter.

3. **Accessible communications** – information we share should be easy to understand for all cultures and languages.

Agreed goals:

- *We use effective communication channels for CALD community and participants.*
- *We raise awareness and promote the use of language interpreting services by current and potential participants.*
- *We develop and publish in-language resources and plain English content to support CALD participants along the NDIS pathway.*



QPASTT supports addressing communication as a priority within the CALD Strategy. It is fundamental to achieving equity of access to the NDIS, commencing with a broad community focussed education campaign about the NDIS, what it is for and how to access it.

We urge the NDIA to continue to recognise that there is still substantial work required to raise conversations in the community about disability to address stigma and shame.

QPASTT recommends

- Exploring the use of bi-cultural staff and engaging with leaders from diverse ethnic communities to provide information about disability and the NDIS to community members. Refugee communities more frequently rely on trusted sources within their ethnic community for information rather than engage with formal services.
- NDIA CALD strategy responds to the diversity within the CALD population of Australia, particularly ethnic groups that have lower levels of literacy and digital skills. We recognise that for the duration of this CALD strategy consultation we have seen material translated into more languages than previously available, and we encourage this practice. Community members are consistently requesting that more material be made available in visual, rather than written, format.
- Language guides are developed for interpreters to ensure that language used in interactions with people with a disability, their families and carers, is dignified and respectful.

4. **Markets** – *there should be more supports and services that meet the needs of CALD participants.*

Agreed goals:

- *We support CALD participants to identify providers that offer a culturally safe and appropriate service.*
- *We encourage providers to offer quality services that are culturally appropriate, responsive and safe for CALD participants.*

A number of issues are addressed above under “Staff Capability” (point 2). Additionally, we want to emphasise that a market-based approach that is driven by consumer “choice” is dependent on people’s understanding of and ability to make informed choices. Along with the additional complexities of language and cultural understandings of disability services, NDIS participants from CALD backgrounds also commonly lack an understanding of their rights as consumers.

QPASTT recommends:

- Service providers be prohibited from delivering all supports for the NDIS participant, including Core Support, Capacity Building, Support Coordination and Plan Management. A second service involved in a participant’s plan would have the effect of providing additional safeguards for participants at risk of poor or negligent service provision.

5. **Data** – *there should be better data to understand CALD participants and what supports they need.*

Agreed goals:

- *We use a standard definition of CALD that supports the collection of useful and accurate data.*
- *We publish data that can be used to improve services and to plan, deliver, and evaluate the experience and outcomes of CALD participants.*
- *We improve access and knowledge of CALD communities and the disability sector to support evidence-informed decision making.*

QPASTT supports a priority inclusion of reliable, accessible data to inform the ongoing development of NDIS. As already stated, the CALD population is very diverse, spanning well established migrant communities to new and emerging refugee communities from ethnic minorities.

We recommend a more detailed breakdown of the CALD participant data that includes multiple factors of:

- ethnicity, language spoken at home, country of birth and visa details,
- rates of participation across states/territories,
- disability type, plan budget and plan utilisation.

This will enable a much more sophisticated understanding of which communities are under-represented in the NDIS, and it will highlight issues of plan budgeting and utilisation.

Finally, we reiterate that it is essential that the CALD strategy be accompanied by an implementation or action plan with measureable targets. Annual reports must be publicly available to ensure transparency and accountability of progress in improving CALD participation in the NDIS.