QPASTT

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Response to General Foundation Supports Discussion Paper

29 November 2024

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) is a refugee trauma recovery specialist service based in Queensland. We provide a broad range of individual and community-based recovery interventions to people with a refugee like experience, who are seeking to build a new life in Australia liberated from the harms of torture and trauma. We work with an extremely ethnically and culturally diverse range of clients and communities, who speak over 80 languages and have diverse life experiences prior to arriving in Australia. While people are grappling with the challenges of building a new life in Australia with its complex and unfamiliar social systems and expectations, they are often committed to finding ways to preserve their cultural identity, and knowledge, skills and strengths from their country of birth.

Section one: Questions about scope and intended outcomes

Is the broad focus and scope of information, advice and capacity building supports aligned to what you would expect? Are there any gaps?

The scope is broad and sounds like there is an intention to have at least a first point of entry for people with disability and their families who are seeking assistance and support. This is useful as the disability system is quite complex to navigate with confusing overlaps between state and national supports/programs. To do this well, there would need to be a clear yet simple "map" of the whole disability sector so that services can also assist in basic navigation.

Encourage the use of the term "trusted information and support", as it is imperative for people from refugee background to have information sources they can trust, which often means endorsed or vetted by other members of community.

For people from refugee background, including asylum seekers, they can frequently experience exclusion from services because of professionals lack of knowledge or assumptions about visa, or migration status. It is essential that information and advice services under foundational supports have competent understanding of migration so as not to exclude or confuse people who require assistance.

Are the intended outcomes the right ones? Are there any gaps? How would you measure them or like to see progress and improvements measured?

The overall description of Foundational Supports includes empowerment of people with disability their families, carers and kin. One component of this is knowledge, which is clearly addressed in the focus and scope. Other components are skills and confidence. This is less apparent in the description of how the supports will be provided. *How* foundational supports are delivered will have significant bearing on whether the intended outcomes will be met.

QPASTT encourages integration the practice standards and quality measures of culturally sensitive, trauma informed and safe services that are being developed through the NDIS CALD Strategy 2024-2028.

Section two: Questions about information, advice and referral

In relation to information, advice and referral supports, what could help support innovation, quality and best practice in the delivery of these General Supports?

QPASTT works with people, families and communities who are survivors of refugee torture and trauma. All our work is focussed on assisting people to recovery from prior traumatic experiences and reduce impact of continuing trauma/intergenerational trauma. As such we strongly recommend trauma informed practice and culturally safe as best practice for any service support and including the following elements:

- Provide consistent, reliable service and contact points over time
- Warm, respectful and relationally orientated interactions where the unique voice, knowledge and needs of the person are prioritised
- Allow more time for people to understand information and warmly accept that some people may need to discuss an issue a number of times
- Maximise informed choice and decision-making wherever possible
- Accommodate diverse worlds views with flexible options for provision of culturally supports and considerations
- Easy and prompt access to interpreters and translated information materials (eg: avoid automated telephone answering services with prompts in English)
- Integrate anti-racist practice where expression, identity and knowledge of one cultural group is not preferred over another; and racial or cultural stereotypes are actively avoided
- Improved awareness of diverse understandings of disability based on cultural and faith-based values and practices which can include increased stigma, barriers to help seeking and diverse models of caregiving.
- Visible signs of welcome, inclusion and diversity on first approach or contact with the service and within the service response team
- Workforce has a basic understanding of trauma presentations and skills to appropriately respond to people who are showing signs of distress
- Monitoring/evaluation systems that secure feedback from users and families, with assurance that these systems ensure obtain feedback from diverse users

Additionally, it is imperative to have information available in a range of languages other than English - more that the top 10 languages spoken in Australia. It is also imperative to have information accessible in a range of formats.

Many refugee communities are hesitant to engage with institutions and large services, as they are confusing, often unwelcoming. Information and advice supports would be much better delivered through community hubs, clinics, grass roots community organisations including faith.

What would need to be considered to avoid market gaps in the availability of these types of general supports, including in lower population and regional and remote areas?

Community based hubs and gathering points that are outside of formal government services are far more likely to be perceived as culturally welcome and trustworthy by people from refugee background. Services need be prepared to outreach to community (rather than expecting community members to come to their service) and build relationships through community and faith leaders are likely to gain access to hard-to-reach community members.

Emerging leaders in refugee communities can be strong advocates for intersectional members of their community (that is people from ethnically and linguistically diverse backgrounds who have a disability). Community engagement strategies should be creative and innovative to engage with community members through a range of channels, including less formal leadership.

Soft entry points that do not require formal referral are also more likely to be accessed by people from refugee background, as well as service workers that introduced to community members through other trusted professionals such as GP, educators, allied health professionals and settlement support services.

What does success look like and what resources or support do you think service providers need to better communicate achievements and needs?

People from refugee background frequently experience help seeking fatigue from being misunderstood by services who do not adequately and appropriately communicate with them, and do not provide consistent support to navigate through a range service options over time. Success would be:

- a diverse population cohort being provided with information, advice and referral
- for referral pathways to be appropriate, culturally safe and responsive so that clients engage until their needs are met
- establishing effective culturally responsive system navigation support systems embedded in existing community hubs, centres and clinics
- referral monitoring and evaluation systems so that the views of users and communities are heard

Section three: Questions about capacity building supports

Are there critical or immediate sector capacity challenges or opportunities that should be considered as part of initial reforms? How would you propose these challenges or opportunities be addressed?

Recognition that people from refugee backgrounds should be a priority cohort for targeted foundational supports, that are delivered by trauma responsive, culturally affirming service supports.

Recognition that people who are seeking asylum are ineligible for the NDIS and state-based supports vary significantly. Queensland state and community-based supports for people seeking asylum with a disability are virtually non-existent. This service gap needs to be immediately addressed to meet basic welfare and wellbeing needs.

The foundation support workforce mandated to complete trauma informed and culturally safe practice training, where possible delivered by people with lived expertise (that is: professionally qualified trainers from a culturally diverse background and living with a disability).

There can be substantial stigma about disability in some refugee background communities, particularly for those who have come from countries with low attitudes and expectations of people with a disability. We strongly recommend consideration of stigma reduction campaign that is co-designed and co-delivered with people with a disability who are from refugee background.

Are there things that have worked well, or you have seen work well, to find suitable workers and develop the skills of the workforce to deliver services like the ones outlined in this consultation paper?

Bespoke information and advocacy services for CALD people with a disability have been effective in providing meaningful information, advice and referral support. These services are frequently underfunded and reliant on short-term or project funds to provide what should be considered long term services. These services could be enhanced with the provision of community capacity building supports and coaching to build self-advocacy, ideally through a peer-led approach.

What could help support innovation, quality and best practice in the delivery of these supports?

As above in question about information, advice and referral supports, with emphasis on the to have effective monitoring and evaluation strategies that collect feedback from diverse users.

Many people from refugee background come from collectivist cultures with knowledge, skills, decision making is often shared across family and kin groups, or ethnic and faith groups. This capacity building focussed work is likely to be highly effective delivered in group or community approaches, where a group of participants can together explore concepts, ideas and new skills through discussion to collectively integrate with evolving cultural knowledge of the group.

What would need to be considered to avoid market gaps in the availability of supports, including in lower population and regional and remote areas?

Identification of trusted services and networks in regional and remote locations, recognising that people from a diverse range of cultural backgrounds are also likely live in the area, although they may remain largely invisible to mainstream population. It could be effective to use population data such as census data that also captures migration and cultural identity demographics to ensure that some members of the community are not overlooked.