‘WE NEED TO RAISE OUR VOICES’

Advice from people of refugee backgrounds living with disabilities and their carers
We need to raise our voices
Advice from people of refugee backgrounds living with disabilities and their carers

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ABBREVIATIONS

BSL  Brotherhood of St Laurence
CALD  Culturally and linguistically diverse
DHHS  Department of Health and Human Services
DSP  Disability Support Pension
ECCV  Ethnic Communities Council of Victoria
LAC  Local Area Coordinator
NDIA  National Disability Insurance Agency
NDIS  National Disability Insurance Scheme
TIS  Translating and Interpreting Service
VFST  Victorian Foundation for Survivors of Torture Inc.

QUOTES

All the quotes in this report come directly from the members of the Community Advisory Group. To avoid possible identification of individual advisers, the quotes in this report are not attributed to specific members of the Community Advisory Group.
EXECUTIVE SUMMARY

The welcome introduction in 2012 of a waiver of visa health requirements for humanitarian visa holders has created clearer pathways for people from refugee backgrounds living with disabilities to resettle in Australia. In addition to the increased numbers of people from refugee backgrounds arriving with disabilities, there have been significant changes in service arrangements for people living with disabilities.

Access to appropriate services and supports can be complex for people living with disabilities. However, these challenges are compounded for newly arrived people from refugee backgrounds who may:

- arrive with undiagnosed, poorly managed or not formally diagnosed conditions, which may or may not be familiar to Australian practitioners
- be an adult presenting with a condition that is typically treated in childhood
- arrive without necessary aids and equipment (for example, a wheelchair or walking aids).

The 2018 Victorian Refugee Health Network needs assessment Service responses for people with disabilities from refugee backgrounds in northern Melbourne* made a series of recommendations. These included the need to build practitioner capacity across services, and the need to better understand service access issues from the perspective of people from refugee backgrounds living with disabilities. Foundation House undertook this project in response to Recommendation 10.*

This project ran from May 2018 to March 2019 and aimed to:

- better understand and document the experiences and service access issues for people from refugee backgrounds living with disabilities and their carers
- build the capacity of community advisers from refugee backgrounds living with disabilities and their carers to advocate for access to appropriate services
- build the capacity of health, settlement and disability services to provide accessible and appropriate services that meet the needs of people from refugee backgrounds living with disabilities and their carers.

A Community Advisory Group of people from refugee backgrounds living with a disability or caring for someone with a disability was established. Community advisers had arrived from Iraq and Syria in the last five years and had settled in the northern suburbs. This report details the project methodology and the themes and advice from the group to improve the responses of service providers working with people from refugee backgrounds living with disabilities and their carers. Themes summarised in this report include knowledge, understanding and navigation of services; impact of previous experiences, including trauma; frustrations with workers, services and systems; complaints and feedback; language; waiting times and prioritisation; skills, knowledge and confidence to advocate; National Disability Insurance Scheme; carers; and willingness and skills to help services.

In addition, advisers reflected on the Community Advisory Group model, and the benefits for them included building practical knowledge and skills; increased knowledge and confidence to advocate for their rights; access to service providers and decision-makers; and the importance of being heard.

This report aims to ensure the advice from the group benefits not only the services that met with the group but also the broader service system. It aims to continue to raise the profile and voices of people from refugee backgrounds living with disabilities and their carers.

The following provides a summary of the key themes raised during this project by the Community Advisory Group of newly arrived people from Iraq and Syria who are living with disabilities and their carers.

<table>
<thead>
<tr>
<th><strong>ADVICE AND BENEFITS FOR SERVICES</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Knowledge, understanding and navigation of services</strong></td>
</tr>
<tr>
<td>- People from refugee backgrounds living with disabilities and their carers have a lack of knowledge of available services and the practical supports provided.</td>
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<tr>
<td>- There are many difficulties navigating health, settlement and disability service systems, and this is particularly difficult for people who are newly arrived and living with disabilities or caring for someone with a disability.</td>
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<tr>
<td><strong>Impact of previous experiences, including trauma</strong></td>
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<tr>
<td>- Previous experiences, including torture and other traumatic events, impact on individuals and families and their ability to navigate and advocate for appropriate services and systems.</td>
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<tr>
<td>- Ability and confidence to advocate and self-advocate for accessible and appropriate services can be impacted by cultural concepts and experiences of disability as well as the impact of trauma experienced by people from refugee backgrounds.</td>
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<tr>
<td>- Opportunities to engage in meaningful dialogue with service providers enable people from refugee backgrounds living with disabilities and their carers to make a contribution, feel cared for and support recovery from torture and other traumatic events.</td>
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<tr>
<td><strong>Engagement of services with people from refugee backgrounds</strong></td>
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<tr>
<td>- Services need to be more active in their engagement with people from refugee backgrounds living with disabilities and their carers to better understand, respond to and meet their needs.</td>
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<tr>
<td>- Services need to ‘go where people are’ to enable engagement with and inclusion of people from refugee backgrounds living with disabilities and their carers.</td>
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<tr>
<td><strong>Frustrations with workers, services and systems</strong></td>
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<tr>
<td>- Inconsistent information and contradictory messages from some workers about services and supports is frustrating.</td>
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<tr>
<td>- There is perceived lack of competence and experience of some workers, including interpreters, when working with people from refugee backgrounds living with disabilities and their carers.</td>
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<tr>
<td><strong>Complaints and feedback</strong></td>
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<tr>
<td>- Community advisers did not know how to make complaints or provide feedback when services did not meet their needs.</td>
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<tr>
<td>- Language was identified as a significant barrier to making complaints and providing feedback to a range of services.</td>
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<tr>
<td><strong>Language</strong></td>
</tr>
<tr>
<td>- Language barriers impact on many aspects of daily life, including access to and understanding of services and systems.</td>
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<tr>
<td>- Service providers need to consider religious and cultural backgrounds of interpreters as well as dialect and gender and this is particularly important for people from refugee backgrounds living with disabilities and their carers.</td>
</tr>
<tr>
<td>- Interpreters need experience and sensitivity when working with people from refugee backgrounds living with disabilities and their carers.</td>
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</tbody>
</table>
| Waiting times and prioritisation | • Waiting times for assessments, NDIS, Disability Support Pension applications and services is difficult for people who are newly arrived from refugee backgrounds living with disabilities.  
• Newly arrived people from refugee backgrounds living with disabilities and their carers need greater prioritisation for assessments and services. |
| Skills, knowledge, confidence and desire to advocate | • There are a number of barriers to advocacy and self-advocacy for people from refugee backgrounds living with disabilities and their carers. The barriers vary and include language, skills, knowledge and confidence despite the desire and need to advocate individually and systemically. |
| National Disability Insurance Scheme (NDIS) | • There is confusion and a lack of clear information about NDIS processes, including waiting times.  
• Some community advisers report inconsistent and inaccurate advice from service providers relating to the NDIS.  
• There are mixed messages within the community about NDIS plans and perceived fairness of NDIS packages.  
• Community advisers state that the NDIS model does not consider the whole family and the additional needs of families who are newly arrived from refugee backgrounds that impact on family functioning and resettlement.  
• There is recognition that the NDIS is a new system and that improvements will occur over time.  
• NDIA decision-makers need to hear directly from people of refugee backgrounds living with disabilities and their carers, and provide genuine opportunities for feedback and contribution to service and system improvements. |
| Carers | • Caring responsibilities can impact on the settlement of carers from refugee backgrounds. This includes ability to attend English classes and subsequently find employment and access citizenship.  
• The emotional and social support needs of carers from refugee backgrounds can be unmet.  
• There is a lack of awareness of services to support carers as well as a lack of appropriate services for carers from refugee and non-English-speaking backgrounds. |
| Willingness and skills to help services | • Community Advisory Group members have a range of experiences, skills and strengths that can be utilised to help Australian services to better meet the needs of people from refugee backgrounds living with disabilities and their carers. |
### BENEFITS FOR COMMUNITY ADVISERS

<table>
<thead>
<tr>
<th>Building practical knowledge and skills</th>
<th>• Getting together with other people in similar situations allows practical peer support, learning from each other about navigating, understanding and troubleshooting common problems and challenges with services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling supported by others in similar situations</td>
<td>• The Community Advisory Group allowed people to feel supported by others in similar situations and to address feelings of isolation and powerlessness.</td>
</tr>
<tr>
<td>Experience and confidence to advocate</td>
<td>• Participation in the Community Advisory Group helped to improve knowledge, experience and confidence to advocate and provide feedback to services about how services can better meet the needs of newly arrived people from refugee backgrounds living with disabilities and their carers.</td>
</tr>
</tbody>
</table>
| Access to service providers and the importance of being heard | • It is important for service providers and decision-makers to hear directly from people from refugee backgrounds living with disabilities and their carers about their unique needs in order to provide responsive services.  
• Being able to engage meaningfully in appropriate feedback processes and dialogue with services is important.  
• Documenting meetings and issues raised by community advisers allows sharing with a broader range of services to enable the voices of people from refugee backgrounds living with disabilities and their carers to continue to be raised. |

### BENEFITS FOR THE BROADER SERVICE SYSTEM

<table>
<thead>
<tr>
<th>Raising the profile of people from refugee backgrounds living with disabilities</th>
<th>• The advice from the Community Advisory Group was shared throughout the project by community advisers, project facilitators and service providers who attended meetings. This included within the families of community advisers, in service provider networks and meetings, in a submission to the Victorian Government and at the 2018 Refugee Alternatives Conference.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genuine opportunities to contribute to consultation processes</td>
<td>• The Community Advisory Group model facilitates genuine opportunities to contribute to consultation and feedback processes to improve services and systems for people from refugee backgrounds living with disabilities and their carers who are often excluded from such processes.</td>
</tr>
</tbody>
</table>
BACKGROUND AND RATIONALE

The welcome introduction in 2012 of a waiver of visa health requirements for humanitarian visa holders has created clearer pathways for people from refugee backgrounds living with disabilities to resettle in Australia. In addition to the increased numbers of people from refugee backgrounds arriving with disabilities, there have been significant changes in service arrangements for people living with disabilities. This includes the progressive roll-out of the National Disability Insurance Scheme (NDIS) and the suite of aged care reforms that has accompanied the introduction of My Aged Care.

The 2018 Victorian Refugee Health Network needs assessment Service responses for people with disabilities from refugee backgrounds in northern Melbourne* interviewed a range of service providers working with people from refugee backgrounds and people living with disabilities. The needs assessment highlighted that the issues facing people with disabilities from refugee backgrounds are multi-faceted. Access to appropriate services and supports can be complex for people living with a disability. However, these challenges are compounded for newly arrived people from refugee backgrounds who may:

- arrive with undiagnosed, poorly managed or not formally diagnosed conditions, which may or may not be familiar to Australian practitioners
- be an adult presenting with a condition that is typically treated in childhood
- arrive without necessary aids and equipment (for example, a wheelchair or walking aids).

The needs assessment highlighted that service pathways for people from refugee backgrounds living with disabilities can be complex. This included seeking and negotiating services for diagnosis and other assessments, and accessing ongoing support services as required. This is in addition to the broader settlement challenges facing newly arrived people from refugee backgrounds, including the impact of torture or other traumatic events.

The needs assessment made a series of recommendations, including the need to build practitioner capacity across services, and the need to better understand service access issues from the perspective of people from refugee backgrounds living with disabilities. Foundation House undertook this project in response to Recommendation 10.*

**Recommendation 10:** Foundation House, Ethnic Communities Council of Victoria and the Centre for Culture, Ethnicity and Health in their work with advisory groups of people with disabilities from refugee backgrounds and their carers explore what is required to support them with self-advocacy.

Foundation House recognises that people from refugee backgrounds living with disabilities and their carers have unique challenges, strengths and perspectives that need to be better understood to inform approaches to the delivery of a range of services. Foundation House acknowledges the support of the Victorian Government for this project.

OUR AIMS

This project ran from May 2018 to March 2019 and aimed to:

- better understand and document the experiences and service access issues for people from refugee backgrounds living with disabilities and their carers
- build the capacity of community advisers from refugee backgrounds living with disabilities and their carers to advocate for access to appropriate services
- build the capacity of health, settlement and disability services to provide accessible and appropriate services that meet the needs of people from refugee backgrounds living with disabilities and their carers.

OUR APPROACH – THE COMMUNITY ADVISORY GROUP

This project was informed by the Foundation House Community Capacity Building Framework.* Community capacity building contributes to the resettlement and the recovery from torture and other traumatic events for people from refugee backgrounds. It is strengths-based, participatory, flexible to community needs, and seeks to empower individuals and increase a community’s sense of belonging. Community capacity building includes programs that build safety and agency, connection, meaning and dignity and a sense of opportunities for the future.

The three key principles that guide the Foundation House approach to building the capacity of communities are:

1. Build cohesive relationships and external partnerships
2. Build reciprocal understanding through dialogue
3. Build on community skills and resources

A Community Advisory Group model was used to facilitate dialogue between people from refugee backgrounds living with disabilities and their carers and service providers. An internal project steering group provided both strategic and practical advice for the duration of the project.

The Community Advisory Group model involves a partnership between community members and service sector representatives (including Foundation House). Community advisers are paid an honorarium for their time to participate in meetings. This structure allows for meaningful consultation with the community for service providers through dialogue between partners of equal status.

This project aimed to enable service providers to improve their understanding of the experiences, needs and priorities of people living with disabilities from refugee backgrounds and contribute to improved service delivery within their services or organisations.

The project took a place-based approach in northern Melbourne, engaging Arabic-speaking people who had settled from Iraq and Syria in the north in the past five years who were living with a disability or caring for someone with a disability. The Community Advisory Group engaged in dialogue meetings with service providers identified by the group and based on their needs.

SCOPING AND RECRUITMENT

A Foundation House Sector Development and Policy Adviser and a Community Liaison Worker worked in partnership for the duration of the project. These are referred to as the project facilitators throughout this report.

Initial scoping for the project included connecting with relevant service providers and networks in the northern suburbs to raise awareness about the project and identify potential avenues for recruitment of community advisers. This included Refugee Health Nurses, Settlement Health Coordinators, disability and settlement services and networks, Bicultural Workers, Foundation House staff and others.

During this process, the recruitment criteria for the Community Advisory Group was refined. See Appendix One for the recruitment criteria for the group and Appendix Two for information that was circulated in English and Arabic to key contacts to assist with recruitment of the Community Advisory Group.

RELATIONSHIP BUILDING

Service providers and networks

The project facilitators attended meetings with service providers and local networks to promote the project and assist with recruitment in the early stages of the project. Attendance at these meetings continued throughout the project and assisted with relationship development with service providers. Meetings and networks included:

• AMES Disability Action Group
• Brotherhood of St Laurence (BSL) and National Disability Insurance Agency (NDIA) All Cultures Hume Moreland
• DHHS CALD and National Disability Insurance Scheme (NDIS) Network
• DHHS Culturally and Linguistically Diverse (CALD) WestVic Network
• Ethnic Communities Council of Victoria (ECCV) Policy Committee for Health and Wellbeing
• Foundation House Northern Region Team meeting
• Foundation House Community Capacity Building Team meeting
• Foundation House Sector Development and Partnerships Team meeting
• Hume Disability Partnership
• Whittlesea Community Connections Women’s Group

One-on-one meetings with potential advisory group members

One-on-one meetings with potential community advisers were conducted during the recruitment phase of the project. In most instances, this occurred at the homes of people interested in participating in the advisory group. This provided an opportunity to discuss the project in more depth as well as identify transport needs, alternative care arrangements, timing of meetings and suitable locations for meetings. These one-on-one meetings also enabled the project facilitators to develop a rapport with advisory group members and form an understanding of their particular situations. In addition, this provided an opportunity to make referrals to other services where needed.

ADVISORY GROUP MEMBERS

The Community Advisory Group was made up of eight people from Iraq and one person from Syria. Advisory group members had been settled in the northern suburbs of Melbourne between 10 months and 4 years. The advisory group included people living with physical and psychosocial disabilities; carers of young children living with disabilities; and carers of adult children living with disabilities. The community advisers spoke several languages, including Assyrian and Arabic, and were not yet proficient in English. Not all advisers were literate in their first language. All advisers spoke Arabic as a common language, and the meetings were conducted in Arabic with an English interpreter for the English-speaking project facilitator. It was important that interpreters were used for all advisory group meetings, as this allowed the Arabic/Assyrian/English-speaking project facilitator and the English-speaking project facilitator to co-facilitate meetings as a team.

ADVISORY GROUP MEETINGS AND DIALOGUE MEETINGS

The Community Advisory Group spent the first four meetings working together to identify shared priorities, barriers and facilitators to service use, and build their own understanding of, and capacity to access, health, settlement, and other services and supports.

These meetings were important to establish group trust and cohesion, as well as to identify priorities. In addition, the meetings established and refined the shared vision for the group. These meetings also prepared the group for dialogue meetings with service providers, who were invited to attend the group based on established needs and priorities.

‘Dialogue meetings’ were held to bring the Community Advisory Group and relevant service providers together. Services who attended dialogue meetings included Brotherhood of St Laurence (the NDIS Local Area Coordinator), Spectrum, Office for Disability in the Department of Health and Human Services, Ethnic Communities Council of Victoria (ECCV) and Carers Victoria. Services were invited to the meetings based on the needs of the group. These included some services that were familiar to advisers, such as the Brotherhood of St Laurence (NDIS Local Area Coordinator) and others that were unfamiliar, such as Carers Victoria.

The following outlines the 2018–19 meeting schedule:

- Meeting 1 – Introduction and working together
- Meeting 2 – Strengths and challenges
- Meeting 3 – Concepts of advocacy
- Meeting 4 – Service and social support mapping
- Meeting 5 – Brotherhood of St Laurence and Spectrum
- Meeting 6 - Office for Disability, Department of Health and Human Services and Ethnic Communities Council of Victoria
- Meeting 7 – Self-advocacy
- Meeting 8 – Carers Victoria
- Celebration at Mt Macedon
- Meeting 9 - Review report

Minutes were taken at each meeting and provided to service providers who attended the meetings.
REFLECTIVE INTERVIEWS

At the end of the project all advisers participated in an individual debriefing and reflective interview about their experience as part of the advisory group. This provided an opportunity to reflect on the issues discussed in the advisory group as well as their experience as a community adviser. This also helped the project facilitators to identify opportunities of interest to individual advisers and to connect people to those opportunities at the end of the project.

IMPORTANT PLANNING POINTS

The two project facilitators kept a journal during the project and met weekly to debrief and talk about issues and challenges arising throughout the project. The following planning points may assist other services wanting to work with people from refugee backgrounds living with disabilities and their carers.

Taking the time to sit with people, usually in their homes, during the recruitment phase of the project was time-consuming and necessary. This was important for building trusting relationships and friendships with community advisers. It was also important to identify whether potential advisers met the criteria for recruitment for the project and allowed the project facilitators to make any referrals that were needed to address pressing concerns for families.

Trust was a recurrent theme throughout the project, and was important to develop between the group members. The group became close to each other, as will be discussed later in the report, and the relationship with the project facilitators was also important. Trust between community advisers and the project facilitators created a sense of safety and trust that services would be respectful and listen to the advice of the group when invited to dialogue meetings.

Inviting the right person within services is important when planning the Community Advisory Group and dialogue meetings. This needs to be someone with a good overview of the services available. They need to be open to receiving feedback, and have the ability to take the feedback back to their organisations to ensure opportunities to improve services for people from refugee backgrounds living with disabilities are taken up.

Working with communities takes time. There were many time-consuming processes in the project, including the process of engaging communities, building trust and providing advice to services to improve and enact change. Short-term funding makes community capacity building work difficult. Longer-term funding would allow more services to be involved in the project and stronger relationships with those services. Stronger relationships with services would allow opportunities for services to enact and demonstrate changes in practice as a result of the advice they received during dialogue meetings with the Community Advisory Group.

Flexibility based on the needs of the group is crucial. It was important that the project facilitators were able to plan and invite services to meet with the group based on needs identified by the group. Often the group would ask for advice about the services that they needed to know about, and invitations to services were agreed upon as a group.

“We were always asked. It was based on what we need.”

Unmet community needs were identified by the project facilitators during the scoping and recruitment phases of the project. This included people who wanted to participate who were caring for older parents (65+) with disabilities, the social support needs of carers of people from refugee backgrounds living with a disability and young adults living with disabilities who wanted to participate in a group with people their own age. Two individual interviews were conducted with two young men (approximately 25 and 30) living with disabilities who did not participate in the advisory group. Their views were sought during the project and have been incorporated into this report where appropriate. These issues were identified as beyond the scope of the project but an emerging and unmet need.
The shared vision was established over the first two meetings. The agreed vision established by the group was:

Newly arrived people living with disabilities or caring for someone with a disability are helping Australian services.

The vision was printed in Arabic and displayed on the wall at every meeting, along with a Working Together Agreement outlining the values of trust, honesty, mutual respect, confidentiality and other principles as defined by the group. The group agreement included English, Arabic and images.
ADVICE AND BENEFITS FOR SERVICES

Knowledge, understanding and navigation of services

Community advisers spoke frequently about a lack of knowledge about the available services and a lack of understanding about the practical supports that services are able to provide. This related to a range of services, including health, settlement, disability, transport and other social services.

‘It’s confusing. There are lots of organisations.’

‘You know those organisations. We don’t know where to go, what to do.’

‘We need to learn about the services – the good services and the good workers.’

Advisers spoke about the difficulties navigating the system. Advisers identified that this was problematic for many people from refugee backgrounds who are newly arrived and have low English proficiency, but that this was compounded for people who are also living with disabilities and their carers, as they need to access more services.

‘We are lost in this ocean. We cannot navigate this system.’

Dialogue meetings assisted with improving awareness and understanding of services as well as an opportunity to provide advice to services about how they can better address their needs. It was acknowledged that this must be part of a longer process. Advisers wanted time to try to access the services and reflect about their experiences, and an opportunity to provide further feedback.

Some advisers also acknowledged that service navigation would require some adaptation on their part and that they had a role to play in change.

‘We can’t change the systems – we have to adapt.’

‘There are some things we can’t control, but some we can change.’

Additional services were also identified as important to engage in dialogue meetings. However, the time frames for the project did not allow this. These services included DPV Health, Centrelink, Public Transport Victoria, Housing Vic, and other service providers.

Impact of previous experiences, including trauma

All community advisers, recently arrived from Iraq and Syria, discussed finding safety and settling in Victoria. Advisers reflected on their experiences of war and trauma, and the ongoing impact this has had on them and their families. These reflections included the ongoing feelings of injustice as well as grief and loss for their country, their identities including previously held careers, as well as the loss of their homes and other assets.

The impact of previous experiences, including torture and other traumatic events, was raised at many points over the course of the project. For some advisers, the ability and confidence to self-advocate for their needs, entitlements and rights related to cultural factors. Advisers reflected that people living with disabilities in their home countries are not asked about what they need and do not typically have their voices heard.

‘This [Australia] is a country that acknowledges what we need … in our country we are forgotten. We are ignored.’

Confidence and ability to advocate was also related to fear of speaking up as a result of traumatic experiences in their home countries. Advisers often reflected that it was not safe to speak up in Iraq and that this impacted on their experiences speaking up with services during settlement in Victoria.

‘In Iraq, you cannot speak up.’

‘… we are scared to raise an opinion.’

For others, the psychological impact of trauma and their experiences as a result of conflict in Iraq and Syria meant that they did not feel able or comfortable to speak up.

‘Culturally, and in our experiences, you don’t ask for your rights … even if you feel betrayed, you just leave it.’

‘We arrived here but we are already torn inside.’
‘We’ve already run that race. It takes time for us to heal.’

‘With time it heals. But it is hard.’

Dialogue meetings with the Community Advisory Group allowed service providers to hear directly from people from refugee backgrounds living with disabilities and their carers. This also facilitated opportunities for civic participation for advisory group members, enabling a sense of contribution, feeling cared for and healing.

‘I am here so that I can have my say to services about what people need.’

‘I’ve learned lots of things. Someone is caring. Someone wants to hear from us, hear our challenges. We felt cared for.’

Active engagement of services with people from refugee backgrounds

Community advisers discussed the need for services to be more active in their engagement with people from refugee backgrounds living with disabilities and their carers. They reflected that there are other people in the community in similar situations who could benefit from meeting with services, and that services needed to be more proactive in their efforts to find and engage with people from refugee backgrounds living with disabilities.

‘Services have to go to where the community are. If you [Foundation House] didn’t come to Dalal’s group then I wouldn’t know about this [Community Advisory Group].’

Ideas for how services could better engage with people from refugee backgrounds living with disabilities and their carers included the importance of ‘going where people are’, but also a recognition that some people living with disabilities in their communities may be hidden, isolated and disconnected. Recommendations included working with English language schools, Centrelink and other commonly accessed services, and efforts to bring more people together.

‘I reckon if we were able to invite those people with disabilities to a forum this would help with self-confidence, knowledge, awareness, so they can navigate the system better.’

‘Those people would be really happy to attend – it’s just a matter of finding them.’

‘I am 100 per cent sure there are more families that are hidden.’

‘The other way to approach families is through the English language schools, or the immunisation [programs]. Because if I am a student, it might be my sister or family member with a disability.’

Discussions emphasised the importance of knowledge and access to services, and also the importance of assisting people living with disabilities in their community who may be hidden.

Frustrations with workers, services and systems

Advisers spoke often about various frustrations with workers and services. This included confusion about inconsistent information provided by workers and reporting receiving contradictory messages and information. Some advisers felt that the competence of some service providers, including some interpreters, was not of a high standard and that they did not have the experience or expertise to work with people with particular disabilities. They identified that this was not always a problem related to the service or the system overall but came down to the individuals they were engaged with. One participant identified that many of the workers in the services supporting his son who has a disability were not experienced or competent, and at times did not follow up. Advisers recommended that there needed to be greater oversight of the services that are delivered, greater follow-up from workers to ensure people have got what they need, and more efforts to ensure that people know how they can follow up themselves about services they are receiving or waiting for. The group discussed the possibility of mentoring for less experienced workers to develop their skills, and also the importance of the personal connections and a relationship with the worker.

‘A worker can be experienced and doing her job, but it is about the connection with the person. [My son] knows who loves him and who doesn’t.’

Other frustrations included services and programs that were not targeted or tailored to their particular needs.
‘Sometimes I feel like the government are funding projects that are not useful for real life – for my life.’

‘Some organisations were not as effective – not clear about their services or how they could help.’

Complaints and feedback

In addition to not knowing about available services, some advisers reported that they did not know how to provide feedback or make complaints when services did not meet their needs.

‘How can you give 30 seconds for a person with a disability to get off the train? I wanted to make a complaint but I didn’t know how.’

Advisers also emphasised the need for genuine engagement by services in feedback processes.

‘It wasn’t serious listening. Their approach wasn’t genuine.’

‘It was like someone coming – she heard our songs and then she left. She should have felt our pain…’

‘She could have been more proactive to help us.’

Language was also identified as a barrier to being able to make complaints about services or providing feedback to ensure needs are met.

Language

As highlighted by the Community Advisory Group in their submission* for the Victorian Disability Advocacy Futures Plan 2018–2020 consultation (‘the submission’), language barriers were identified as a challenge that impacts on many aspects of daily life for people from refugee backgrounds. These challenges are compounded for people from refugee backgrounds living with disabilities.

Advisers reported language barriers when accessing transport systems; understanding and accessing services, including understanding the NDIS system and accessing NDIS plans; accessing Centrelink; and gaining employment. Language was identified as a barrier to understanding a range of services and also to forming connections and relationships with service providers.

Interpreters

When preparing the submission, the group spoke at length about difficulties experienced with interpreters. This included service providers’ use of interpreters from different religious or cultural backgrounds and different dialects, as well as experiences of interpreters telling them what to say and interpreters becoming frustrated when being asked to repeat questions.

Some advisers reported interpreters making comments and judgements about religious and cultural choices and bringing their beliefs into the consultation. Discussion followed about the barriers that exist for people to be able to provide this feedback to the service providers and interpreting agencies and difficulties in making complaints.

Recommendations from advisers, as documented in the submission, included service providers and professionals asking for feedback about their experience with the interpreter at the end of a consultation; knowing who to call to make complaints, and knowing how to access the Translating and Interpreting Service (TIS National) in order to do this; service providers using interpreters with higher levels of training; ensuring that service providers respect the religious and cultural background when booking interpreters; and the importance of clients knowing which agency the interpreter has come from in order to provide feedback or raise a complaint.

Waiting times and prioritisation

Advisers spoke frequently about the impact of waiting times for a range of services. This included waiting for public services for assessments as well as for NDIS applications to be assessed.

‘Until now no-one is working with us. It has been an 8 month wait for NDIS and it was not clear what was happening.’

Waiting for assessments was particularly problematic, as people were reliant on these assessments and documentation for Disability Support Pension (DSP) and NDIS applications. Advisers felt that this was particularly frustrating when the disability was significant and visible.

‘With some conditions, it’s obvious. Some cases are severe, some are not severe.’

* Disability Advocacy Futures 2018 Consultation submission
In addition, the group reflected on their particular needs as newly arrived people from refugee backgrounds who are living with disabilities or caring for someone with a disability, and felt that these should be recognised within prioritisation processes. Advisers reflected that they are a relatively small group, and that prioritisation was needed for appropriate housing and other services given their additional challenges in resettlement and recovery.

‘People with disabilities have extra challenges. We need to give them priority to reduce their struggling. We are not a big number of people, so we need to be a priority.’

‘In my opinion, it’s not many people arriving with disabilities ... giving priority depending on the disability and severity [is important].’

‘It is important for us to be prioritised.’

‘Give priority to people with disabilities for public housing so we can have more money to do other things.’

‘People with disabilities are different. They place hope on the things they are waiting for.’

These issues were particularly important when talking about assessment that would determine their eligibility for disability services, including the NDIS and the Disability Support Pension.

‘Sometimes when services come, they ask for lots of documents even though the disability is very obvious.’

Advisers also spoke about a lack of information from services during long wait periods and not knowing how or where to follow up about progress.

Skills, knowledge, confidence and desire to advocate

Advisory group members had diverse views about advocacy and concepts of self-advocacy. For some advisers their difficulties with advocacy and self-advocacy related to practical things like language barriers and not knowing where, how or who to speak up to about their needs.

‘We know what we need.’

Some advisers reflected that although they felt confident to advocate for themselves, not everyone in their community would.

‘I ask for my rights and I feel comfortable to ask for them but some people do not have the literacy and the knowledge. We haven’t been taught.’

For others, their willingness to self-advocate was influenced by their confidence and a sense of ‘not having contributed’ to Australia and therefore not wanting to speak up or complain.

‘This country is giving us what we haven’t got in our country. And we haven’t worked for this country.’

Community advisers often said that they wanted to be able to share their knowledge with service providers to enable improved services for the people from refugee backgrounds living with disabilities who come after them. Some advisers said they were participating in the advisory group to assist other people who may be in the same position as them or who are yet to resettle in Australia. It was recognised that changes to systems are often slow but needed.

‘I am here so I can say to services what people need.’

‘You have to be patient for change. It’s not like pressing a button.’

One adviser had experience working with people living with disabilities in Iraq, and the group identified that they have skills and expertise that are not being utilised.

National Disability Insurance Scheme

The Community Advisory Group spoke at length about various aspects of the NDIS, and during the course of the project a number of advisers had their NDIS applications and plans approved and implemented.

Confusion and lack of clear information

Advisers reflected that in the early stages of their NDIS applications and pre-planning discussions they experienced confusion and frustration about the application process. This related to wait times for assessments to determine NDIS eligibility as well as wait times for their applications and plans to be approved. In addition, advisers spoke
about confusion and difficulties accessing their plans once they had been approved, not knowing how to get the best package, and hearing about differences between packages that other people in the community had.

‘We are hearing a lot of rumours.’

‘My wife is a carer [for me]. She’s responsible for everything. The NDIS are supposed to be sending us a helper but we haven’t heard anything.’

Advisers were frustrated that other service providers to whom they were connected gave inconsistent advice and did not always know the answers to their NDIS-related questions. Advisers recommended training for a broad range of workers who they are in contact with relating to the NDIS to ensure people receive consistent and accurate advice.

‘If I have a question and I ask my worker, they should have the answer. Each worker gives a different answer and it’s very confusing.’

‘It’s really important for the workers to be aware of the new system and to have answers.’

‘It’s a good system but there are gaps. The workers need training.’

**NDIS model of service delivery**

Those NDIS participants whose plans were being implemented reported they were happy with many of the services delivered. However, they said that they felt the system did not consider the whole family and the additional needs of newly arrived families that impact on family functioning and resettlement.

‘I feel like I’m tied up. Yes, [my daughter] gets the help, but what about me?’

One adviser, who is a carer of two children with disabilities, emphasised that the NDIS is good at supporting children and people with a disability, but that it does not consider the whole family, and that for people from refugee backgrounds who have experienced trauma this was particularly important.

‘The environment at home is really important. Service providers are not working with the whole family. When me and my wife are home and are not psychologically well, this impacts on their [my children’s] wellbeing, their learning, everything.’

Advisers recognised that the NDIS is a new system, and that gaps would emerge and be addressed over time.

‘In every new program there are gaps – until they improve it by experience.’

Advisers stressed the importance of National Disability Insurance Agency (NDIA) decision-makers to identify and address these gaps by listening to the experiences of the people who are affected by it, and particularly the experiences of people from refugee backgrounds. Advisers identified that they needed opportunities to give feedback to the NDIA in order to improve the system for themselves and for the people who will arrive as refugees with disabilities who come after them.

**Carers**

Advisers spoke about the challenges for carers. While some of the issues raised are challenges for many carers, there were additional challenges for carers from refugee backgrounds.

**Impact of caring responsibilities on settlement**

Some advisers who were carers spoke about the impact on their ability to attend English classes when caring for a child with a disability. This included needing to go to appointments for assessments and therapy, and the lack of flexible English classes.

‘My language doesn’t improve because I am with my daughter 24/7.’

This had ongoing implications for carers in their aspirations to learn English, find work or to obtain Australian citizenship.

‘I can’t learn English because of my caring responsibilities, which will affect my [ability to apply for] citizenship.’

‘We are fighting a mental war. In my heart I want to be with my family but in my mind I want to work, make a contribution.’
‘I can do some of the things you [NDIS] do for my kids, but I feel handcuffed. I want to contribute. I want to do something in the community.’

‘They [the government] assume I’m happy to be the carer, but if they give me the opportunity, I can provide more for my family.’

Advisers who were carers reflected on the impact of their caring responsibilities on their ability to participate in advisory group meetings.

‘I’m there in the meeting but I am thinking about lots of other things. You just keep thinking and worrying.’

Emotional and social support needs of carers

Advisers spoke about the responsibilities of being a carer, which included practical responsibilities as well as being an emotional support for others in their family.

‘I always like to see my son happy and smiling. I always do everything to make him smile. But to make him happy is very tiring.’

‘It’s like a clown – he puts on make-up to make people happy.’

‘I feel lost – alone in the boat, in the middle of nowhere. It’s hard to be alone.’

Carers identified the emotional impact of being a carer and the ability to meet with others and take time out with people outside of the family for emotional and social support.

‘It is hard – even when I want to see my friends or do something for myself, something always comes up. It’s very hard.’

‘I have a 7-year-old child with autism and it takes a lot of my time. I can’t meet people, talk with people.’

‘There is pressure at home and this impacts on the relationship between me and my wife.’

Services for carers

Advisers reflected that they were not aware of any services to support carers, and that of the services available there was a lack of appropriate services for carers from refugee backgrounds. This included a lack of Arabic-speaking support groups in the northern suburbs.

‘First of all, we appreciate the NDIS is taking care of people. But as a carer, I don’t see any service that is taking care of me. No service, no organisation.’

‘I didn’t know there was a service who cared for the carers.’

Willingness and skills to help services

Advisers reflected on their experience in the group as being positive for a range of reasons. All advisers noted that they would have liked the group to continue meeting and working with services, and to know if their advice has been implemented and effective over the longer term. Advisers also wanted time to use services to know whether their advice had been effective.

‘I think they [service providers] have listened. They respected our views but I don’t know if this has changed their services because I haven’t used their services.’

Advisers noted that there had been many successes in the project, and that their skills and strengths could be further utilised to improve services for people from refugee backgrounds living with disabilities and their carers.

‘I have worked with people with disabilities in Iraq. I know how to work with people with disabilities.’
BENEFITS FOR COMMUNITY ADVISERS

Building practical knowledge and skills

Advisers spoke about the value of getting together as a group and that this had a range of benefits for them. This included meeting with other people in similar situations to themselves and getting practical support with their unique situations. This included learning from each other about practical things such as knowing about, navigating and understanding services as well as how other people have gone about addressing common problems and challenges.

‘Throughout the meetings we were able to hear about the challenges that refugees face, but particularly people with disabilities.’

‘We hear other people’s issues and how to address them.’

‘Because you learn about problems that you have not faced yet.’

‘This group is very important for us. I have more of an understanding of the NDIS after coming to this meeting.’

Feeling supported by others in similar situations

Coming together with other people who were newly arrived and living with disabilities and their carers also provided advisers with emotional support and recognition that they are not alone.

‘The meetings have helped me a lot. I am not alone – there are others with the same challenges.’

‘For people with disabilities it’s hard to talk. When you feel like you belong, you share similar challenges.’

‘It really gives me a break. I talked about my situation, I listened. I met with other people.’

‘Number one – we are aware now of other people’s problems.’

‘I would share with other people in the group.’

‘We became like a family – we would ask about each other.’

‘Each person with a disability has a unique situation but it is helpful to meet with other people who are in similar situations. We can empathise.’

‘... it gave me strength.’

Experience and confidence to advocate

Advisers reflected that participation in the Community Advisory Group helped with their knowledge, experience and confidence to advocate for their rights in Australia, and gave a welcome opportunity to provide feedback to services about how they can better meet their needs.

‘There are things we used to feel scared to ask about. I feel like I’m not scared anymore – I can ask for my rights.’

‘I used to try once and then leave it.’

‘Now we have more experience and more confidence to advocate.’

‘We learned how to advocate for ourselves. Advocate for our rights.’

Access to service providers and the importance of being heard

Advisers reflected on the value of service providers hearing directly from them. It was important to invite appropriate service providers and decision-makers to meetings, and advisers reflected that the opportunity to express themselves was beneficial. However, it was also noted that there were benefits for service providers in hearing and understanding the challenges they were experiencing directly.

‘We can breathe out – we have expressed ourselves.’
‘When we raised our points, they reacted. It showed in their faces.’

‘They were listening and they responded.’

It is important for people from refugee backgrounds living with disabilities and their carers to be able to engage meaningfully in appropriate feedback processes, and the advisory group provided this opportunity. Some advisers noted that by meeting together, documenting the issues raised and working with the project facilitators that there are other possibilities to share their advice outside of the meetings.

‘I am here so that I can have my say to services about what people need.’

‘Meeting is really important for us because someone is hearing us ... you are [also] hearing us and you can deliver our points.’

‘We need a speaker [service provider at meetings] because they can make a change. They hear our needs.’

**BENEFITS FOR THE BROADER SERVICE SYSTEM**

There were a number of benefits of the project for the broader service system supporting people from refugee backgrounds living with disabilities and their carers.

**Raising the profile of people from refugee backgrounds living with disabilities**

Throughout the project, the advice from the group was shared in various meetings, conferences and other forums. Details about the project and findings were shared by the project facilitators in a range of meetings, networks and forums, including through the Victorian Refugee Health Network, AMES Disability Action Group, Ethnic Communities Council of Victoria, Foundation House networks and meetings, the 2019 Refugee Trauma Recovery in Resettlement Conference, the Hume Disability Partnership Network, and the Department of Health and Human Services NDIS and CALD Network (now co-chaired by the Centre for Culture, Ethnicity and Health, and Diversity & Disability).

Community advisers played an important role in sharing the knowledge and skills that they developed in the meetings both with their families and broader community, and in more formal settings. A significant outcome of the project was the representation of the group in a panel discussion at the 2019 Refugee Alternatives Conference. One adviser was nominated by the group to participate as part of a panel exploring barriers, challenges and recommendations for services and policy-makers to better meet the needs of people from refugee backgrounds living with disabilities. See Appendix Three for an excerpt of the notes prepared by the group representative for the conference.

‘I think that through this program they [community advisers] can pass on what they know but it’s only going to be to their family, not to spread the message even further. Proof of that was in the conference – it was a broader audience and it was service providers nationally.’

‘It’s not easy to identify families with people with disabilities. But once you get to know them, engage with them, then this will help you hear directly from them. Hearing things second hand is not the same.’
'There are lots of other people who are in the same situation. You need to hear from them.'

Some advisers acknowledged the importance of the documentation of the meetings and the subsequent role of the project facilitators in being able to advise and assist other services to better respond to their needs.

‘… we had all the meetings put into some form of writing, so this will help other services. It’s not guaranteed though – it’s a long process to change. Things take a very long time here – the system is very slow and people are waiting.’

‘We have achieved the vision. You are like the bridge. You will be able to raise our challenges to the service providers.’

Genuine opportunities to contribute to consultation processes

The Community Advisory Group model provides an opportunity for people who are typically excluded and under-represented in consultation, feedback and complaints processes to engage in direct dialogue with services. However, in addition to the dialogue meetings there were a number of other consultation and feedback processes that advisers were able to participate in throughout the course of the project.

These included the submission made by the group to the Victorian Disability Advocacy Futures Plan. As a result of this submission, the Office for Disability, Department of Health and Human Services attended a meeting of the group and heard directly from advisers about their experiences particularly relating to advocacy and self-advocacy.

‘The thing that really stood out for me was how we could better support new migrants and refugees to build their confidence speaking up about their rights and engaging with advocacy services. Coming out to visit the group really made me want to learn more about how I can support this community to engage with government and understand the best way I can work to support them to speak up about their rights.

While my meeting with the group hasn’t resulted in any direct changes yet, it made me personally feel more committed to ensuring the voices of these group members, and others from the CALD community are heard in future consultations. After my visit with the group I came back to the office and spoke to my colleagues about the group members’ experiences and how we could continue to prioritise engaging more groups like this one in future planning.’

– Heidi, Office for Disability, Department of Health and Human Services

A representative of the Ethnic Communities Council of Victoria (ECCV) attended a meeting during the ECCV CALD NDIS Consumer Consultation, allowing the group to contribute. Two advisers participated in a one-on-one discussion with the ECCV representative with the assistance of the advisory group interpreter.

Four advisers participated in consultation interviews with the Brotherhood of St Laurence to inform local area service planning in the northern suburbs. Three advisers participated in the Diversity & Disability Advocacy Feast and one adviser has been connected to the Refugee Council of Australia for participation in media interviews if required. Advisers reflected on the importance of being connected to these opportunities to genuinely participate in consultation processes and spread their message further.

‘Participating in the conference is one of the ways that we have helped the services.’

‘… they can make a change. They hear our needs.’
UNFINISHED WORK

In March 2019 the Community Advisory Group celebration was held in Mt Macedon. This included presenting advisers with certificates to acknowledge their contributions and the achievements of the group. During the reflective interviews, all advisers spoke of a sense of unfinished work and a desire for the group to continue. Advisers wanted the opportunity to speak with more services, follow up with services they had engaged with, and to bring more people into the group.

‘The motivation is there but there are lots of gaps and barriers for things to be changed … sometimes it’s on the part of the customers – they don’t know about the services.’

‘There are lots of other people who are in the same situation. You need to hear from them.’

Other feedback included wanting the opportunity to access some of the services that had been introduced and provide a second round of feedback based on their experiences to assist with changes and improvements.

‘In practice it’s challenging. In theory it’s been good but in practice it’s still challenging.’

‘If you don’t follow up, it will be lost. It needs follow-up.’

Other ideas for future work in the group included participating in training, and opportunities to do further advocacy and provide greater links between services and the people from their community who are living with disabilities and their carers.

There was a continued sense of wanting to keep working, to utilise the skills and strengths in the group, and to advocate and improve services and systems.

‘I am so happy and so ready in giving my experience with disability and working as a school principal for 40 years. I’m so ready to help you.’

This was identified as being particularly important in order to make things easier for people who arrive as refugees and who are living with disabilities in future.

‘I’m not just speaking for us. I’m speaking for any newly arrived person with a disability and the carers. If we have had this experience, they could have it too.’
WHERE TO NEXT?

While this project was focused in the northern suburbs of Melbourne with newly arrived people from Syria and Iraq, there may be applicability of the findings across other communities and other regions. As outlined by the group, it is important to continue to find ways for people from refugee backgrounds living with disabilities and their carers to give feedback and advice about their experiences in order to achieve longer-term systemic change.

‘If the authorities don’t hear from us, they think everything is okay.’

‘It’s like a brick upon a brick.’

‘We need to keep speaking.’

‘We need to raise our voices.’

The project facilitators are still in touch informally with the Community Advisory Group and have been able to connect some advisers with other opportunities to help Australian services. This report will be used as a discussion tool by Foundation House and other services to ensure that people from refugee backgrounds living with disabilities and their carers have their needs better met by services and have opportunities to advocate for themselves and their communities.

The Community Advisory Group were nominated for a 2019 Victorian Disability Award for their contributions to their community and the broader Victorian community. They were finalists in the category of ‘Excellence in promoting rights, fairness and safety’.

A short video about the Community Advisory Group was filmed for the 2019 Victorian Disability Awards and can be accessed here: https://vimeo.com/353700483/4fce277175
APPENDIX ONE

Community Advisory Group – recruitment criteria

• Are between 18 and 65 years and living with a disability OR care for a child who is living with a disability (this may include adult children)
• Speak Arabic and/or English
• Live in the northern suburbs of Melbourne
• Have arrived in Australia within the past five years through the Refugee and Humanitarian Program
• Are interested and willing to share their experiences with others in the group and to provide advice as a group so that services can better meet their needs
• Are available to attend all eight meetings (meetings will be approximately 2 hours) between August and December 2018
• Honorarium of $60 per meeting for each participant
• One representative from each family can receive reimbursement for participation in the group (although more than one family member may attend)
• Mix of genders, ethnicity, religion will be encouraged
APPENDIX TWO

English

Resettling in Victoria – advice from people from refugee backgrounds who are living with disabilities

Community Advisory Group – information sheet

The Victorian Foundation for Survivors of Torture Inc. (Foundation House) is a specialised organisation that works with people who have been forced to leave their home country because of war, persecution and discrimination. We provide a range of services and programs to support people from refugee and asylum seeking backgrounds.

We would like to establish a Community Advisory Group who will meet to discuss their experiences of living with a disability, or caring for a child with a disability, and accessing health, settlement and other services in Victoria. We would like to hear about what works well, what makes things more difficult and how services can improve to meet the needs of people from refugee backgrounds living with a disability.

We are looking for people who:

• Are over 18 years old and living with a disability OR care for a child who is living with a disability
• Speak Arabic and/or English
• Live in the northern suburbs of Melbourne
• Have arrived in Australia within the past five years through the Refugee and Humanitarian Programme
• Are interested in sharing their experiences with others in the group and providing advice as a group so that services can better meet their needs
• Are available to attend eight meetings (meetings will be approximately 2 hours) between August and December 2018

We would welcome the opportunity to speak with you about your participation in the Community Advisory Group.

For more details, please contact Samantha Furneaux on 03 9389 8915 (English or an Arabic interpreter can be arranged) or Dina Korkees (English or Arabic) 03 9389 8921.
أعادة التوطن في فكتوريا: نصائح من أشخاص من خلفيات اللاجئين الذين يعيشون مع أ والعوائل وإدارة معلومات - المجموعة الاستشارية

منظمة فاونديشن هاوس مؤسسة متخصصة تعمل مع الأشخاص الذين أجبروا على مغادرة بلادهم الحرب، الأنظمة والإدارة. نحن نقدم مجموعة من الخدمات والبرامج لدعم الأشخاص من خلفيات اللاجئين وطالبي اللجوء.

نود إنشاء مجموعة استشارية لمناقشة تجارب العيش مع الأعاقية، أو رعاية الطفل ذي الأعاقية، والوصول إلى خدمات الاستيطان والخدمات الصحية، وغيرها من الخدمات في فيكتوريا. نود أن نسمع عن ما يعمل بشكل جيد، ما يجعل الأمور أكثر صعوبة وكيف يمكن تحسين الخدمات لتلبية احتياجات الناس من خلفيات اللاجئين الذين يعيشون مع أعاقه.

نحن نبحث عن الأشخاص الذين:

- تزيد أعمارهم عن 18 عاماً ويّشرون مع أعاقه أو ترعى طفلاً يعيش مع اعاقه.
- يتحدثون العربية و/أو الإنجليزية.
- يعيشون في الضواحي الشمالية لمدينة ملبورن.

وصلت أستراليا خلال السنوات الخمس الماضية من خلال برنامج اللجوء الإنساني.

مهتم بمشاركة تجربتك مع الآخرين في المجموعة وتقديم المشورة كمجموعة حتى تتمكن الخدمات من تلبية احتياجات بشكل أفضل.

• متواجد لحضور 8 اجتماعات (ستكون الاجتماعات حوالي سبعين) بين أب وكانون الأول 2018
• سنرحب بفترة التحدث معك بشأن مشاركتك في المجموعة الاستشارية.

لمزيد من التفاصيل، يرجى الاتصال بـ

سمانثا فيورنكس على 0398983905 (تتحدث الأنجلزية أو يمكن ترتيت مترجم للغة العربية)
أو دينا كوركيس على 0398989210 (تتحدث الأنجلزية و العربية) قبل 10 أب
APPENDIX THREE

Notes prepared by Anwya Oraha Khananya - nominated by the Community Advisory Group to represent them at the 2019 Refugee Alternatives Conference https://refugeealternatives.org.au/anwya-oraha-khananya
Suggestions and recommendations:

1. Introduce special courses for disabled families to learn English close to their homes. Provide social forums limited to speaking in English, with the help of interpreters, as gathering together helps facilitate language learning.

2. Provide every refugee family upon arrival with addresses of the most important government departments that they should deal with continuously.

3. Appoint competent interpreters that have exceptional capabilities in interpreting the conversations of the families of the disabled persons, given the privacy and sensitivity of their cases and to accurately interpret the scientific terminology.

4. Speed up the appointments of examining and diagnosis of the disabled and provide them with the necessary medical reports so as to follow up their condition by the charitable organisations and their acceptance by them.

5. Produce a brochure about the rights of the refugees and provide every family with this brochure. It is preferred that the brochure is in the home language of the refugee so as to avoid them being unaware of their rights.

6. Make the refugees especially those with special needs and their families aware of the charitable human organisations so that they benefit from its services in the future.

7. In the first few weeks of refugees’ arrival assign guides to move within the city and introduce them to the headquarters of the government departments that they have to visit, and here the emphasis should be on the families of the disabled.

8. Speed up the acceptance of the special disabled cases at the charitable institutions and not to comply with routine in the visible cases.

9. Speed up the issuance of medical reports that explain the condition of the chronic and childbirth disability so as urgent care can be provided to them at the charitable organisations and not to make the matter subject to useless routine.

10. Increase the visits by representatives or employees of the charitable organisations to the disabled inside their houses to see directly their conditions and speed up acceptance of their care.

11. Speed up the completion of the pension transactions for the disabled because they and their families are in urgent need for this and not to treat them like people without disabilities.

12. Facilitate and speed up the accommodating of the disabled whose families cannot care for them inside their homes due to ignorance or capabilities or not being able to do so.

13. Determining the current working time of the Advisory Committee because there are many things that are outstanding and emerging due to the time and place, health and social variables that require extensive discussion and wide coverage.

14. Intensify the visits of employees or representatives of charitable institutions to the Advisory Committee, if its work has been extended or making it permanent.

15. The members of the Advisory Committee should inspect in field the buildings and facilities of the charitable institutions since this important to report to the families of persons with special needs.

16. We suggest that the work of the Advisory Committee be permanent and continuous for the service of the families of the disabled persons because the committee is the link between the institutions and the people.

Finally we hope that we have successfully prepared this humble study and present it to those who are interested in the matters of the disabled and their families so as to take them to safety. We thank and appreciate all the efforts made by the government and human organisations to serve the disabled.
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