



Ethnic Communities Council of Western Australia Inc.

ECCWA Submission to DRC on Experiences of Violence against and Abuse, Neglect and Exploitation of CaLD People with Disability in Residential and Institutional Settings

Suresh Rajan, President

Vivienne Pillay, Chief Executive Officer

Ethnic Communities Council of WA Inc.

Address: 20 View Street North Perth WA 6006

Phone: 08 9227 5322

Email: admin@eccwa.org.au

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INTRODUCTION

The Ethnic Communities Council of Western Australia Incorporated (ECCWA) welcomes the enquiry of the Disability Royal Commission on the experiences of Australians from Culturally and linguistically diverse (CaLD) backgrounds with disability and social, emotional, cultural and religious determinants of the factors that impact on their meaningful inclusion or exclusion in the community.

About the Ethnic Communities Council of WA Inc:

ECCWA is Western Australia's peak Non-profit / non-government, community based ethnic umbrella organisation. ECCWA takes an active interest in all aspects of multiculturalism, culturally and linguistically diverse (CaLD) affairs and acts on behalf of all ethnic communities in Western Australia (WA). ECCWA has been providing advocacy supports to multicultural communities for 45 years and is a member of the Federation of Ethnic Communities Councils of Australia (FECCA).

Through the Ethnic Advocacy and Support Team (EAST), ECCWA provides specialised advocacy supports for individuals who are unable to access government funded services. ECCWA's objectives are to:

- Ensure that ECCWA's policy positions contribute to government's policy making;
- Promote and safeguard the interests of CaLD communities in WA;

Disseminate WA government information to the CaLD Communities. For more information about ECCWA, please refer to our Website at:
www.eccwa.org.au/

About The Disability Royal Commission

The Disability Royal Commission (Royal Commission) was established on 4 April 2019 to investigate all forms of widespread violence against and abuse, neglect and exploitation of people with disability in residential and institutional settings. The purpose of it is to establish best practise in reporting and improving responses to prevent them.

How culture and language may affect the life course of someone from a culturally and linguistically diverse background with a disability

Australia has the largest community of people from diverse cultural, ethnic, linguistic and religious backgrounds. According to the 2016 Census, 33% of Australians are born in a country other than Australia; that is about one in three people; and a further 16% have either one or both parents born overseas. Australian people speak more than 300 languages excluding the languages of the Aboriginal and Torres Strait Islander peoples. However, CaLD people are not a homogenous people. There is diversity within diversity, <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3>.

The Australian government treats people from CaLD backgrounds with disability very differently depending on whether they have arrived in Australia with a disability or acquired one here and on what visa they have arrived on. The government's manipulation of the legislation, policies and practises and reducing or in some cases, defunding of some vital supports and services may act as a barrier for CaLD people with disability to be neglected and exploited.

The National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides funding for therapies for children with disability from the ages of zero to 18 years but unfortunately, the funding provided for therapy services is usually very minimal and most service providers refuse to provide therapy services to them as they see it as no value for money.

in most cases, there is usually no funding for this age group for respite, social, community and civic participation as it is assumed that these are the responsibility of the parents. However, in CaLD communities, usually the mother takes on the full-time carer role and does not get an opportunity to access English language classes, employment or participate in social activities in the community; and due to lack of opportunities to learn English, may also miss out on becoming an Australian Citizen and cannot vote. She may not have the benefit of the support of extended family as they may resent her for having a child with disability or they may not be residing in Australia. This lack of formal and informal supports may make the whole family including the individual with

disability very isolated from both their own ethnic community and the wider Australian community.

For a number of years, the National Disability Insurance Agency (NDIA) has been reporting to the COAG that only eight per cent of people with disability accessing their services are from CaLD backgrounds. As disability is not appropriately registered in the Census, it is very difficult to know how many people with disability in Australia are from culturally and linguistically diverse Backgrounds. NDIA also registers people's language spoken and the country of birth but not their ethnicity or religious beliefs as these may also influence people's exclusion or inclusion in the mainstream community.

Centrelink and Immigration

since 2012, people with disability who come as refugees or humanitarian entrants are eligible for the Disability Support Pension (DSP) through Centrelink and the funded disability supports and services through the National Disability Insurance Scheme (NDIS), Medicare, education supports, public housing and so on. However, if the person with disability arrived on Skilled Migration Visa,, spouse visa or on Family Stream Migration Which is extremely rare, they would have a 10 year waiting period to be eligible for the DSP. On the other hand, if the person is a permanent resident or a citizen of Australia, and is born with or acquires a disability in Australia, they are eligible for all government funded supports and services including the DSP.

People on temporary visas, for example Spouse Visa, international students, people with disability in Immigration Detention Centres and also on community detention are excluded from government funded disability support services and early intervention programs. In detention, People with disability are placed in vulnerable situations where they may also develop life-long mental health issues and experience physical and sexual violence and be exploited by the other detainees and security guards.

Since 2012, Centrelink has been reviewing the Disability Support Pension (DSP) of some people from CaLD backgrounds with Intellectual, neurological, sensory, psychosocial, and physical disabilities and cancelling it. Depending on the extent of their disability, they may not have the capability or the English language skills to pursue their rights and speak up for themselves.

Case Study

Two men, both from a CaLD background and were not related; one 22 year-old with an intellectual disability and the other 24 year-old with autism had their DSP reviewed and cancelled as their diagnoses were too old. Centrelink required them to go to their treating Neurologists and get a fresh diagnosis of their disability. The men were working in a large supermarket in supported employment. When their DSP was cancelled, the Disability Employment Service (DES) provider also lost funding for the men to provide them supported employment and they both lost their jobs.

Employment and Disability Employment Service Providers

Most Disability Employment Services (DES) providers are not equipped to support people from CaLD backgrounds with disability with finding and keeping a job. If the individual has NDIS funding, DES providers try to place them into Australian Disability Enterprises (ADE) where they work for about \$2.00 per hour regardless of the type of disability they have or their work experience and skills set. Government departments usually engage a private personnel agency to do their recruitment but never a DES provider. Private Personnel agencies usually eliminate People with disability, especially if they speak English with an accent or of a different race or have an unusual name for the fear of losing the trust of the government department and not getting paid for their services for employing the wrong person.

At least three people with disability from CaLD backgrounds in the last 12 months sought advocacy support from the Ethnic Communities Council of WA as they were not getting the adequate supports from their DES providers to find and keep a job. They stated that ADE seemed to be their only option which they were not satisfied with.

Travel and Transport Allowance

When people with disability travel overseas to visit family, after 28 days, their DSP is cut off causing them unnecessary financial hardship. Spending time with family is their human right but they seem to get punished for having their family reside overseas. On their return, a huge battle starts with Centrelink to reinstate their DSP. In general, if the person with disability is not in education or employment, they do not get any transport allowance. This makes it almost impossible for CaLD people with disability to access the community meaningfully, if they do not have extended family living in Australia to support them. People with disability from CaLD backgrounds are also expected in most cases to pay for the return fares of a carer to travel with them to go and visit extended family or just to have a holiday. Without some form of travel allowance, this is almost impossible to do on Disability Support Pension.

Family and Domestic Violence

Family and domestic violence (FDV) is also a major issue for women and men from CaLD backgrounds with disability. Most refuges refuse to accept women who do not speak much English and have complex disability needs. Most staff working in refuges do not engage interpreters as they are not informed about whether there is funding available or not. Police also often claims that they do not have adequate resources to support people with disability from CaLD backgrounds to provide them safety. Finding disability accessible accommodation to transfer them out of the refuges may take up to two years. The state and territory governments have been selling off their public housing stocks for the last 20 years and unfortunately, not building enough disability accessible houses.

Racism becomes a major problem for people with disability when looking for a private rental. Most Landlords and real estate agencies do not sign lease contracts for the perceived fear of the individual not understanding and complying to the conditions of the lease contract or the potential tenants may have a large family, or they do not want to spend any money on home modifications as they can easily rent their house out to someone else who does not require home modifications.

Health Services

CaLD people with disability often experience discrimination against them in the health system as well. Although doctors have a priority line to the TIS National to engage an interpreter if the patient does not speak English, in most cases if the patient comes to see them in their surgery, they do not engage interpreters. In public hospitals, they engage Interpreters for patients who go in as outpatients to attend consultations but if the individual is admitted in, they do not engage interpreters.

Most health professionals ignore the individual with disability and talk about them to their family carers in their presence as if they're not there. In some cases, even if the individual speaks good English, they get ignored.

If an individual arrives in Australia with a suspected intellectual or neurological disability, especially if the person is an adult, the diagnosis may take more than two years as there are not enough culturally competent specialists. Sometimes the specialists may confuse English language deficiency and cultural diversity with intellectual disability.

Health Case 1

A 32-year-old woman from CaLD background explained that she was abused and neglected in the former Children's Hospital in Perth. She became fearful of male doctors and nurses, traumatised by anyone in white coats and in general, any hospital settings. At the age of only 8 years, she was transferred to Royal Perth Hospital for adults. Being a young child, for many years, she was not admitted in the adult's hospital. Each time she was taken to the emergency department, they were told to go to the day clinic. Being too traumatised to attend the children's hospital also delayed her diagnosis of Scoliosis, one leg being shorter than the other until 2014. In 2018, she saw a Psychiatrist for the first time and underwent some major health checks and tests including brain scans and was diagnosed with major depression and Dissociation disorders. It came out in therapies that her fear of male doctors and constant feeling of trauma was due to being molested by a specialist doctor as an eight-year-old at the Princess Margaret Hospital. She blocked that memory and was too afraid to tell anyone about it. Her mother noticed the bleeding and assumed that she was menstruating, and was very surprised about it due to her very young age.

The woman revealed that she cannot live independently as she is afraid of being alone; feels too anxious of crowds and people in general; cannot drive or use public transport; still lives with her mother. Even now at the age of 32 years, each time she goes to a hospital, she feels very anxious and before seeing the doctor, she runs into the toilet to vomit.

In April 2021, when a seven-year-old migrant child died in the Emergency Department of the Perth Children's Hospital, the young woman was retraumatised and the bad memories came back to her. She has told of her traumatising experience of molestation at the Princess Margaret Hospital to her mother but still has not told her sisters or anybody else. She sought legal advice but realised that it was going to cost her too much in legal expenses and decided that she could not afford to go ahead with it. According to her, the only option left was to tell her traumatising experience anonymously to the Disability Royal Commission so that no other children from CaLD background would experience what she had experienced.

The woman has also applied for NDIS supports but because her diagnoses are so scattered, it was refused.

Health Case 2

A 19-year-old young woman who arrived in Australia as a refugee started attending the Adult Migrant English Program. Her lecturer noticed that she was struggling to learn and was getting too frustrated. It was suspected that she may

have some learning difficulties and may benefit from having an Education Assistant to support her in Class. However, as she was not diagnosed with a disability, this request was denied and she completed her AMEP with not learning much English at all. She was referred to one of the major tertiary hospitals for assessments. It took more than two years for her to get a diagnosis which meant that in the meantime, she could not access disability support services. Eventually, she was diagnosed with an intellectual disability but unfortunately, her family refused to accept her diagnosis as they were worried that her siblings' chances of finding marriage partners would be limited. The family also did not encourage her to access the disability support services as they did not want their own ethnic community members to know about the young woman's disability.

Education Services

As disability is valued negatively in some cultures, sometimes, some parents may have low expectations of their child's achievements and may not bother about their health or education needs. Although public schools are funded for Interpreting services, most teachers are not aware of it and do not engage Interpreters when consulting with parents from non-English speaking backgrounds. Most NDIS funded therapies are provided to the children with disability in schools but as the Therapists do not engage Interpreters, parents do not always get to follow up on the progress of their child.

Education Case Study

An eight-year-old boy received NDIS funding for speech, Occupational and behaviour therapies and the parents agreed that the therapy services would be provided at school. Mum tried to ask his school teacher on a few occasions if the therapists were coming to the school but the teacher could not understand mum's broken English and just gave dismissive responses. Mum was not sure what was happening. She did not know which agency the therapists were suppose to come from either and could not contact them. Mum contacted a disability advocate and it was realised that the child missed out on therapy services for six months.

How do culturally and linguistically diverse people with a disability overcome language barriers when trying to access support, and the pathways they follow to ask for assistance

To ease the process of acculturation, integration and adaptation in a new country, Australia has a very comprehensive Multicultural Policy which recognises and supports people's diversity and encourages them to adapt and integrate into the new dominant culture with programs that are funded. People who migrate to Australia as refugees and humanitarian entrants are provided access to free Adult Migrant English Program (AMEP) to learn English; In WA as part of the WA Language Policy requirement, most government departments including public hospitals, courts and schools engage Interpreters when working with people who are not proficient in English language.

Newly arrived refugees and humanitarian entrants have access to community settlement programs for up-to five years to support them with their settlement in Australia including support to register for Centrelink benefits, housing, opening up a bank account, enrolling children in schools, adults in English classes or into employment, etc. However, as this support is usually given to the family to meet their immediate settlement needs, most of the times, unfortunately, the needs of the person with disability is overlooked. These services are usually provided by bilingual workers who are also from CaLD backgrounds who may or may not value people with disability positively and also may or may not be aware what supports and services are available for a person with disability in particular.

In each state, there are also government funded disability advocacy organisations to support people with disability from CaLD background whose access to the services were denied or delayed due to their lack of English language deficiency, not knowing what supports and services are available and how to access them.

However unfortunately, the Community settlement program is not available for people who come on other visas such as, Skilled Migration visa; Family reunion visas; spouse visa; international students; asylum seekers, people in Immigration detention centres, community detention, people on temporary work visas and so on.

How individuals with disability are influenced by cultural attitudes and the language of disability within culturally and linguistically diverse communities and how they interact with their own communities?

When people migrate to Australia, they usually come with their beliefs, values, attitudes, pre and post migration stress and trauma. Their settlement in Australia is influenced by their own culture, ethnicity, religion, language, as well as Australian government policies and community attitudes towards them. People with disability from CaLD backgrounds are disadvantaged on many levels due to their age, disability, race, ethnic diversity, religion, sex, intersex status and sexual orientation and all of these influence the person's access to or lack of it to supports and services.

In some cultures, there is no word for disability. The person with disability is referred to by their impairment like blind, deaf, crippled or a sick person or a patient who needs help for the rest of their lives. Disability is perceived negatively as a punishment from God for the person's or their family members' sins in their previous lives and the person is devalued both by their own families and the wider community. In some other cultures, person's disability is perceived as a gift from God to test their family carers' resilience. It is believed that the family members will be rewarded or punished by god in their next lives depending on their good or bad treatment of the person with disability. Both of these attitudes have a strong tendency to isolate the person with disability from their own families, communities and disempower them, thus reducing their confidence to develop their own life skills and independence, to access services and participate meaningfully in the community.

However, when they are encouraged to access the services they need like housing, Centrelink benefits, NDIS, etc., due to their limited English language proficiency, they find filling forms, going through the red tape, the bureaucracy, etc too difficult and challenging and tend to get frustrated and give up. In some cases, the family may use the person's disability for their own advantage to access housing, carer's pension, and other community benefits which may also cause the person with disability to feel like she/he is being exploited, taken advantage of or may feel better for contributing to the family getting their way.

How can communities have positive or protective attitudes towards disability and what are the reasons that people may not identify as having a disability even though they have an impairment?

As disability is perceived negatively in some cultures, although the person may have an impairment, to be included in the family, the community and to develop a sense of belonging, they may not identify with a disability. For some people, identifying with a disability may mean exclusion from grandparents and parents' will; limited opportunities for the individual and their siblings to find marriage partners; isolation and punishment of the individual and the family for having a disability by their ethnic community.

Case Study

A 28-year-old woman from a Middle-Eastern background with an intellectual disability had a mental breakdown as her parents refused to accept her disability and continued to push her to go to university, get a job and work. Both parents were professionals with good incomes. When she could not manage university and dropped out, they were very disappointed in her. They supported her to start her own business by opening up a coffee shop. However unfortunately, as she had no previous experience of running a business, that project failed as well. This resulted in her to lose her self-confidence and felt like she let her parents down.

How disability is understood in the different ways in culturally and linguistically diverse communities may support and include people with disability, or how they might exclude or disadvantage them?

Whether the person with disability is included or excluded in the community would depend a lot on the attitudes and perceptions of the person him/herself, their family, ethnic community and the supports and services they get from the government. If the family follows their traditional culture and rituals closely and devalues the person for having a disability, they may feel too ashamed and not value the person's meaningful participation and inclusion in the community. However, on the other hand, if the family is supportive of them and enables and encourages the person to get up and have a go, and a supported formally by the provision of appropriate formal services to meet their reasonable and necessary disability needs, the person will feel more included and valued.

To prevent all forms of violence against and abuse, neglect and exploitation of people with disability from culturally and linguistically diverse backgrounds and enable their meaningful participation in the cultural, social, economic and political life in the wider community, the individuals, their families, carers, service providers in the government and the non-government sectors need to work together.

RECOMMENDATIONS

- Abolishing 10 year waiting period for DSP eligibility for CaLD people with disability;
- Abolishing detention of people with disability in Immigration Detention Centres and in community detention;
- Provision of the same equal opportunities and access to all government services and benefits for people with disability regardless of the visa classification they arrive in Australia.
- The Disability Discrimination Act (1992) must be strengthened to apply to the commonwealth parliamentary acts, especially to the Social Security Act and the Migration act and their regulations.
- NDIS CaLD Strategy must be properly and fully implemented.
- Inclusion of disability awareness, cultural competency training and working effectively with interpreters to all students as part of their university studies in social work, medicine, law, welfare, psychology, Occupational therapy, physio therapy, Speech Pathology, education and related fields. This professional development training should be made compulsory to all staff working in hospitals, schools, Centrelink, NDIA and all government services including government funded community organisations that provide disability support services;
- Working with interpreters must be a separate line item for people with disability and not be part of their NDIS funding. Free access to TIS National must be extended to community agencies that provide services to CaLD people with disability;
- As there is no word for disability in some cultures, professional interpreters must be trained properly in terminology used in disability in Australia;
- When an individual is diagnosed with a disability while still in the hospital system, the individual and the family should be linked up with the appropriate supports and services and be provided with information about how the people with disability have equal rights for education, employment, health, housing and so on.
- Helping the person with disability and their families / carers to join peer support groups involving peers from diverse ethnic and cultural backgrounds than their own.

- Resolving equity issues in education, housing, health, welfare, transport and employment of people with disability according to their skills, work-experience and expertise would also reduce the shame and stigma against them in their own community.
- The extension of NDIS Information, Linkages and Capacity building (ILC) funding to the different ethnic communities may also help them to develop strategies and programs to meaningfully include people with disability in their community events and activities