![ECCV logo] The Voice of Multicultural Victoria

Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
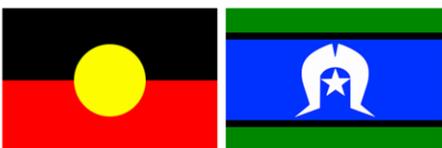
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- ECCV NDIS Community Connector Team
- Diversity and Disability (DnD)
- Action on Disability in Ethnic Communities (ADEC)
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- Federation of Ethnic Communities Councils of Australia (FECCA)
- Mr Suresh Rajan, Ethnic Communities' Council of Western Australia (ECCWA) President, Treasurer of People With Disability Australia (PWDA) and Attitude Foundation, Disability Advocate
- Auspire Care
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- Karen Community members in Geelong
- Power in Culture and Ethnicity
- Our Watch
- Migrant Resource Centre North West

In this submission, we refer to people with lived experience who participated in the submission project interviews and broader research as "consultation participants". This submission would not have been possible without the contributions of people with lived experience.

For further information please contact eccv@eccv.org.au.

ECCV acknowledges the Traditional Owners of Country throughout Victoria and their continuing connection to land, water and community. We pay respect to their Elders past and present.

Contents

Executive Summary

The Ethnic Communities' Council of Victoria (ECCV) is the peak advocacy body for culturally and linguistically diverse (CALD) communities, and multicultural and ethno-specific agencies in Victoria. ECCV commends the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability for holding this inquiry and listening to community voices, including people with disability from culturally and linguistically diverse (CALD) communities.

People with disability have long been denied independence and agency to lead lives of their choice. In the 1980s an international social movement of people with disability grew, demanding self-representation and self-determination. Self-advocacy continues to be a driving force in empowering people with disability and advancing social and economic equality.

This submission is structured in two major sections. The first section outlines the circumstances and factors relevant to the experiences of violence, abuse, neglect and exploitation of people with disability from CALD backgrounds. The second section identifies major areas for reform to prevent and address violence, abuse, neglect and exploitation of people with disability from CALD backgrounds.

While universal human rights and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) have been established, different countries have taken their own courses recognising and integrating people with disability into society.

As a consequence, people from migrant and refugee backgrounds in Australia have varying understandings and experiences of disability and what constitutes abuse or mistreatment. People from culturally and linguistically diverse backgrounds have multiple experiences, cultures and traditions, and their communities are highly diverse.

People with disability of all backgrounds continue to experience violence, abuse, neglect and exploitation. People from migrant and refugee backgrounds may have perceptions and responses to mistreatment that differ to mainstream approaches. People from CALD backgrounds often choose not to disclose abuse or violence that occurs in the home. Fear and low self-esteem, lack of knowledge or capability to use reporting mechanisms, compounded by women's experiences of domestic violence, leave over one million Australians with disability from CALD backgrounds marginalised and vulnerable to harm.[1]

Isolation, dependence and exclusion are major factors contributing to the risk of violence, abuse, neglect and exploitation of people with disability from CALD backgrounds. People with disability from CALD backgrounds face a range of circumstances that increase their risk of isolation and exclusion in a range of settings. Settlement experiences can reinforce isolation, as can discrimination and exclusion in education, employment, and the broader community. Economic factors, gender inequality, and living arrangements can all contribute to a greater risk of experiencing violence, abuse, neglect, and exploitation, as well as precluding people from speaking out about these experiences.

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[1] Diversitat, Disability Findings Report, 2015. Available at: https://enliven.org.au/wp-content/uploads/2018/06/Diversitat-Disability-Findings-Report-Diversitat-2015.pdf (accessed on 11 October 2022).

Solutions to these challenges require leadership at government, agency, and community levels.

People with disability from CALD backgrounds are under-represented in decision-making and have fewer opportunities to influence the policy and governance decisions that affect them. Addressing violence against people with disability must involve building their capacity to participate in decision-making at all levels.

In consultations informing this submission ECCV heard about a variety of experiences of people with disability within their families and communities. Many people with disability from CALD backgrounds rely on family and community resources, and have found valuable support from community leaders, faith organisations, community organisations and bicultural workers. However, people with disability from CALD backgrounds can experience discrimination, dependence, isolation, and denial of rights and opportunities within their families and communities. Promoting culturally responsive, community-led capacity-building of CALD communities to become better informed, more inclusive and supportive, must be progressed in order to prevent violence against people with disability.

The disempowerment of people with disability from CALD backgrounds in family and community settings is reinforced and compounded by discrimination and exclusion in formal systems, services and institutions. Governments, universal and specialist service systems, including education, employment, health and disability services, must take responsibility to uphold human rights, ensure inclusion and maintain environments where people with disability from CALD backgrounds feel safe and included. Ensuring cultural safety, trauma-informed support, and inclusive practices are essential to addressing the core factors that place people with disability from CALD backgrounds at risk of experiencing violence, abuse, neglect and exploitation.

The COVID-19 pandemic has further exposed gaps in equity, social justice and safety for people with disability from CALD backgrounds. People with disability have reported feeling ignored and have expressed frustration about medical and government decision-making in prioritising their needs. Community calls to live with COVID-19 and continue life as "normal" ignore people with disability, who have co-morbidities and are at a greater risk of adverse health outcomes. Lack of clear and consistent communication, and translated and accessible information, further marginalises people with disability from CALD backgrounds, leaving communities at further risk.

In light of these issues, ECCV has provided 34 recommendations to address the systemic challenges associated with the violence, abuse, neglect and exploitation experienced by people with disability from CALD backgrounds.

Summary of recommendations

1. The *Standards for Statistics on Cultural and Language Diversity* are reviewed and mandated in population data collection.

2. Governments and data collection bodies co-design data collection frameworks, including monitoring and evaluation, based on disaggregated data models, participatory practices, assertive outreach and CALD community awareness raising campaigns.

3. The Commonwealth Government commissions community-based research undertaken by people with disability from CALD backgrounds to identify the drivers, risk and preventative factors for violence, abuse, neglect and exploitation of people with disability.

4. Culturally responsive and culturally safe initiatives that increase understanding and awareness about disability among CALD communities are established through partnerships between Disabled People's Organisations (DPOs) and community-based organisations, including multicultural and ethno-specific organisations.

5. Commonwealth, State and Territory governments resource capacity building initiatives, including self-advocacy, facilitated by DPOs and trusted bodies, that are co-designed and co-delivered by people with lived experience. Such initiatives should be funded for no less than five years and be evaluated to understand their impact.

6. The Commonwealth Government provides resourcing for bicultural Disability Liaison Officers to act as case managers and systems navigators in the Humanitarian Settlement Program to ensure tailored support in information provision and capacity building for recently arrived refugees and migrants.

7. Health practitioners are required to register with the interpreting and translating credit line and be trained to work with professional interpreters, and to understand the risk associated with engaging family members to interpret in health settings.

8. The Commonwealth Government develops a campaign to raise awareness among multicultural community members of their right to access free interpreting and of the AUSIT Interpreters and Translators Code of Ethics and Code of Conduct.

9. Commonwealth, State and Territory governments invest in establishing culturally appropriate community hubs and places of gathering to promote information sharing, reduce social isolation and misinformation, and support people with disability with service system navigation. Selection of community hub sites should be informed by evidence about community activities, new and emerging communities, and diverse forms of community mobilisation.

10. Peer support programs for people with disability from CALD backgrounds are co-designed and informed by the UN CRPD and evidence-based peer-led models.

11. The early childhood intervention workforce, including Maternal and Child Health Nurses and General Practitioners, is trained to understand the needs and barriers that CALD communities face in recognising and addressing early childhood developmental delays.

12. The Commonwealth Government ensures alignment between the National Disability Strategy and the National Plan to Reduce Violence Against Women and their Children. A supporting plan should be co-developed with people with lived experience to address the needs of women and girls with disability from CALD backgrounds. The latter should include prevention measures involving men and boys from CALD backgrounds.

13. Legislation that governs equity in accessibility, such as the *Disability Discrimination Act 1992* (Cth), is systemically monitored and enforced.

14. The NDIA improves individual budgets by allocating up to two weeks of full-time paid leave for disability support workers. This should be a budget item separate from core services.

15. The Commonwealth Government commissions longitudinal research to assess the direct and indirect costs that people with disability and their families incur, to help inform future planning and to improve the lives of people with disability.

16. All government-supported school infrastructure upgrades incorporate dedicated accessible spaces for after-school learning, such as hubs to accommodate homework clubs and provide drop-in spaces.

17. Commonwealth, State and Territory governments engage in a co-design process involving school management staff, teachers, parents and children with disability, to determine the effectiveness of the Student Resource Package (SRP), teacher aide and support worker program funding.

18. Commonwealth, State and Territory governments provide resourcing for schools to employ full-time support workers and teacher's aides to support children with disability.

19. Additional investment is provided to employ bilingual and bicultural workers who are trained in trauma informed practice to assist teachers with cultural safe information delivery and parent engagement.

20. All levels of government agree to increase the proportion of public sector employees with disability to 20% by 2030. Meaningful inclusion practices must be promoted and evaluated.

21. The Commonwealth Government develops a national disability employment plan that implements the recommendations of the Australian Human Rights Commission's *Willing to Work* National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability (2016).

22. Commonwealth and State and Territory governments provide resources for independent and specialised Disabled People's Organisations led and driven by people with disability from CALD backgrounds, to operate in each state and territory.

23. Commonwealth and State and Territory governments develop policies to facilitate access to support coordinators for NDIS participants from CALD backgrounds. Participants must be provided with sufficient time and examples to understand goal setting.

24. The Commonwealth Government co-designs a public education strategy to raise awareness of disability in CALD communities. This public campaign must:
    • include messaging that addresses the underlying drivers of violence, abuse, neglect and exploitation of people with disability
    • be designed to reach a range of audiences from mainstream and diverse communities
    • involve culturally relevant and responsive community engagement and community education activities and resources.

25. DPOs led by people with disability from CALD backgrounds are resourced on an ongoing basis to design and implement awareness-raising and capacity-building programs for people with disability from CALD backgrounds.

26. The Commonwealth Department of Social Services (DSS) and National Disability Insurance Agency (NDIA) establish an ongoing program, such as the Multicultural NDIS Community

Connectors program, to support people with disability from CALD backgrounds to access and navigate the NDIS.

27. Victoria's Access and Support program is used as an example of best practice for the new Care Finder program being rolled out to support people who face barriers to accessing a range of public and community support services.

28. Ensure that personal tutors are available as part of the AMEP to provide in-home English learning programs to individuals with disability, people with caring roles, or health, economic or social needs that restrict them from traveling or participating in external groups at any point in time.

29. AMEP employs Disability Liaison Officers and Support Aides to assist people with disability from CALD backgrounds to access and participate in English classes, regardless of eligibility for the NDIS.

30. A national health literacy framework is developed for diverse communities. This should include localised activities co-designed with CALD communities in partnership with DPOs to promote health literacy, including disability awareness, to migrant and refugee communities.

31. As part of their accreditation requirements, GPs must undertake regular orientation training in service systems, such as NDIS and state disability services, palliative care, mental health and aged care, to provide a holistic person-centred service.

32. Government funded interpreting services, such as TIS and Language Loop, are required to participate in ongoing Professional Development to maintain up-to-date knowledge about disability and aged care programs, services and reforms.

33. Trauma-informed practice, human rights under the CRPD, and cultural awareness training modules are made mandatory for disability support workers, and are reviewed yearly.

34. A comprehensive cultural competency framework is co-designed with people with disability from CALD communities and implemented in the disability service system.

About ECCV

The Ethnic Communities' Council of Victoria (ECCV) is the peak advocacy body in Victoria for multicultural communities and people from culturally and linguistically diverse backgrounds. ECCV has over 220 member organisations, including ethnic associations, multicultural service providers, and eight regional ethnic communities' councils across the state. We have been advocating for human rights, freedom, respect, equality and dignity for ethnic and multicultural communities, and for the building of a socially cohesive and inclusive Victorian community since 1974.

ECCV has a long history in advocating for the rights of multicultural communities, informing industry practice and influencing governments on a range of issues including disability, aged care, health, employment, culturally responsive services, and equitable access.

Since 2011, we have been coordinating the Victorian Access and Support (A&S) network. A&S network members support and assist with service navigation to ensure equitable access to and participation in health and community services for community members from nine special needs groups under the Aged Care Act (Cth). Additionally, for more than five years we have been delivering disability and NDIS focused projects to empower people with disability from culturally and linguistically diverse (CALD) backgrounds and their families and carers to effectively engage with the Australian disability system.

As a partner in the Commonwealth's National Community Connectors Program until its conclusion in June 2021, ECCV delivered engagement and advocacy support for people with disability from CALD backgrounds, a group that remains under-represented among NDIS participants. In 2021 the Victorian Government contracted ECCV to undertake consultations with people with disability from CALD backgrounds, their carers and families to inform the State Disability Plan 2022-26.

In September 2021 ECCV established a multicultural Statewide Disability Network to provide an appropriate leadership platform that captures the voices of people with disability and their carers from culturally and linguistically diverse backgrounds, enabling them to identify key advocacy issues and improve coordination between service pathways and lived experience, to improve access and address barriers.

We acknowledge the important role that the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability plays in facilitating a rare opportunity to hear from people with disability and valuing their expertise in finding solutions to advance their full integration in society.

In this submission ECCV is particularly focused on the barriers and opportunities faced by people with disability from CALD backgrounds and their families. The recommendations have been informed by desktop research, ECCV's previous policy work with disability advocates from CALD communities, and through consultations with navigation services, peak bodies, Disabled People's Organisations, disability service providers, and most importantly, people with lived experience. ECCV hopes that our findings and recommendations will inform the final recommendations of the Royal Commission.

"People with disabilities have to be extraordinary to be ordinary" – speaker at WIRE community event, 9 March 2021

About this submission

This submission addresses the following Terms of Reference (TOR) of the Royal Commission[2]:

(a) What governments, institutions and the community should do to prevent, and better protect, people with disability from experiencing violence, abuse, neglect and exploitation, having regard to the extent of violence, abuse, neglect and exploitation experienced by people with disability in all settings and contexts;

(b) What governments, institutions and the community should do to achieve best practice to encourage reporting of, and effective investigations of and responses to, violence against, and abuse, neglect and exploitation of, people with disability, including addressing failures in, and impediments to, reporting, investigating and responding to such conduct;

(c) What should be done to promote a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation;

(d) Any matter reasonably incidental to a matter referred to in paragraphs (a) to (c) or that you believe is reasonably relevant to your inquiry.

(e) all forms of violence against, and abuse, neglect and exploitation of, people with disability, whatever the setting or context;

(f) all aspects of quality and safety of services, including informal support, provided by governments, institutions and the community to people with disability, including the National Disability Insurance Scheme (NDIS) and the NDIS Quality and Safeguarding Framework agreed by all Australian Governments in 2017;

(g) the specific experiences of violence against, and abuse, neglect and exploitation of, people with disability are multilayered and influenced by experiences associated with their age:, sex, gender, gender identity, sexual orientation, intersex status, ethnic origin or race, including the particular situation of Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people with disability;

(h) the critical role families, carers, advocates, the workforce and others play in providing care and support to people with disability;

(i) examples of best practice and innovative models of preventing, reporting, investigating or responding to violence against, and abuse, neglect or exploitation of, people with disability;

(j) the findings and recommendations of previous relevant reports and inquiries.

Terminology used in this submission

In this submission, the term 'disability' is inclusive of all types of disability. This submission focuses on the social model of disability that is endorsed by international human rights instruments, as opposed to the medical model, and recognises differences in cultural understandings of "disability" and human rights around the world.

This submission uses the term 'people from CALD backgrounds' to refer to people from a wide range of backgrounds and circumstances. The term 'cultural and linguistic diversity' characterises

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[2] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Terms of Reference. Available at: https://disability.royalcommission.gov.au/about-royal-commission/our-terms-reference (accessed on 11 October 2022).

the Australian population as a whole; it is not used as a label for specific individuals, families or communities. In general, 'CALD' is a term used in official settings, but not used in the wider Australian community.

The term 'people from migrant and refugee backgrounds' is used in this submission to refer to people and communities who have entered Australia through a variety of pathways, including through humanitarian, family, and skilled migration pathways. ECCV uses this term to refer to people with backgrounds and ancestry that is not part of the dominant Anglo-Celtic Australian population. This term is inclusive of people seeking asylum in Australia, people on temporary visas, undocumented migrants, and people born in Australia.

Background

> *"It's not only about communities, it's human nature to discriminate against "other", it's fear"* -–
> Consultation participant

In Australia, 35.9% of households include a person with disability.[3] This directly impacts a far greater number of individuals than the statistically recorded 17.7% of people living with disability. Households extend to communities that, on one hand, form support networks; on the other hand, ableist attitudes and discrimination create an environment where violence, abuse, neglect and exploitation thrive.

In 2006, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) was developed as a human rights instrument to explicitly protect the rights and freedoms of people with disability. As one of the original signatories, Australia ratified the CRPD in 2008 and the optional Protocol in 2009, which, despite numerous areas for improvement,[4] sets the basis for Australian law, protecting and empowering the rights of people with disability.

Commonwealth, State and Territory governments have developed legislation, strategies and frameworks to promote the rights of people with disability in Australia, including the *Disability Discrimination Act 1992* (Cth), and the National Disability Strategy.[5]

However, the experiences of people with disability from CALD backgrounds vary greatly in how the law is understood and utilised. In the wake of the COVID-19 pandemic, people with disability with multiple co-morbidities have been concerned about medical and government priorities in decision making.[6,7] People with disability were once again reminded of the fragility of their rights, choices, and the attitudes that their lives are not equal to the lives of people without disability.

Australia's systems are often experienced as fragmented and alienating by people with disability. This is particularly true for people who are not familiar with these systems, and do not trust government or official institutions, have limited confidence to engage, have low levels of English proficiency and health literacy, and have traumatic past experiences.

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[3] Disability Statistics, Australian Network on Disability, available at Disability Statistics · Resources · Australian Network on Disability (and.org.au) (accessed on 11 October 2022).

[4] McCallum, R, The United Nations Convention on the Rights of Persons with Disabilities - An Assessment of Australia's Level of Compliance, Research report, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020(accessed on 11 October 2022).

[5] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Australian Government Solicitor Report on the key elements of the legislative framework affecting people with disability, research Report, December 2020.

[6] Dickinson, H., Kavanagh, A., People with a disability are more likely to die from coronavirus – but we can reduce this risk, The Conversation, March 2020, available at People with a disability are more likely to die from coronavirus – but we can reduce this risk (theconversation.com) (accessed on 11 October 2022).

[7] Peter, S., Ethical decisions about who lives and who dies may not be hypothetical, Opinion, The Sydney Morning Herald, March 2020, available at Ethical decisions about who lives and who dies may not be hypothetical (smh.com.au) (accessed on 11 October 2022).

Evidence and data

Data from the Australian Bureau of Statistics (ABS) indicates that more than a quarter (27.6%) of Australia's population is made up of first-generation migrants.[8] Population data also shows that people from culturally and linguistically diverse backgrounds have the same rate of disability as the Australian-born community, with an estimated one million people from CALD backgrounds with disability living in Australia.[9]

The *Standards for Statistics on Cultural and Language Diversity* were developed in 1999 by the ABS to provide a means of standardising the way the ABS and other agencies collect and disseminate information relating to people from CALD backgrounds in Australia.[10] However, as the Federation of Ethnic Communities' Councils of Australia (FECCA) has shown, the Standards are not mandatory, and implementation is inconsistent in data collection processes.[11]

These inconsistencies leave a large gap in data collection. For example, the ABS Survey of Disability, Ageing and Carers (SDAC) does not disaggregate data based on respondents' ancestry, religion or language spoken at home. Date are needed to provide necessary insight into the intersecting needs and experiences of the population, and thus improve service responses, community engagement, and planning.

Dr Georgina Sutherland from the Centre of Research Excellence in Disability and Health stated: "most of the ways we collect information about violence, under-represents people with disability or excludes them altogether."[12] Despite data disparities and inconsistencies, 64% of people with disability report experiencing physical abuse, sexual violence, intimate partner violence, emotional abuse and/or stalking. People with disability are at 1.8 times greater risk of abuse compared to people without disability.[13]

There is currently very limited evidence about experiences of violence, abuse, neglect and exploitation of people with disability from CALD backgrounds in Australia.

In 2016, the ABS Personal Safety Survey for the first time collected data on age, language, education, country of birth, and disability status– however only when surveying men and women about their experiences of sexual harassment.[14] This is a welcome but overdue and insufficient

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[8] ABS, Cultural diversity of Australia, Overseas Born in Australia, 2022.

[9] Diversitat, Disability Findings Report, 2015. Available at: https://enliven.org.au/wp-content/uploads/2018/06/Diversitat-Disability-Findings-Report-Diversitat-2015.pdf (accessed on 11 October 2022).

[10] ABS, Standards for Statistics on Cultural and Language Diversity, Canberra, 1999.

[11] Federation of Ethnic Communities' Councils of Australia, If we don't count it... It doesn't count!, Issues Paper, Canberra, 2020. Available at: https://fecca.org.au/if-we-dont-count-it-it-doesnt-count/ (accessed on 11 October 2022).

[12] McPhee, S., The Age, Disability royal commission presented with 'alarming' violence statistics, March 2021, available at Disability royal commission presented with 'alarming' violence statistics (theage.com.au) (accessed on 11 October 2022).

[13] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Centre of Research Excellence in Disability and Health, Nature and extent of violence, abuse, neglect and exploitation against people with disability, Research Report, March 2021.

[14] ABS, Personal Safety Survey, Key Findings, 2016. Available at: https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release (accessed on 29 November 2022).

improvement. Language spoken and country of birth are not sufficient indicators of cultural background, which can include many dimensions such as religion, visa status, refugee status, length of time since arrival in Australia, as well as other aspects of identity and experience such as gender, age, socio-economic status, sexual orientation, gender identity, and other factors.

Currently, Australian policy and decision-making processes are informed by data that lacks input from, and meaningful engagement with, people with disability, diverse communities, or where these characteristics intersect. A more systemic approach is required to build engagement practices and research-based knowledge in national and localised data collection frameworks.

Datasets consist of individuals. Understanding the community context will allow the development of unique and robust frameworks for engagement, data collection and decision making. Individuals with lived experience must be involved in designing the blueprint for data collection.

The Royal Commission must remedy this gap by putting forward recommendations that aim to improve the evidence base and support people with lived experience to both contribute to and use disaggregated population data. Community-based research to identify the drivers and risk factors of violence, abuse, neglect and exploitation of people with disability from CALD backgrounds is also needed to inform solutions.

Recommendations:

1. The *Standards for Statistics on Cultural and Language Diversity* are reviewed and mandated in population data collection.

2. Governments and data collection bodies co-design data collection frameworks, including monitoring and evaluation, based on disaggregated data models, participatory practices, assertive outreach and CALD community awareness raising campaigns.

3. The Commonwealth Government commissions community-based research undertaken by people with disability from CALD backgrounds to identify the drivers, risk and preventative factors for violence, abuse, neglect and exploitation of people with disability.

People with disability from culturally and linguistically diverse backgrounds

Understandings of violence, abuse, neglect and exploitation by people with disability from CALD backgrounds

There is a lack of evidence about understandings of disability and of violence, abuse, exploitation and neglect among people from CALD backgrounds. Anecdotal evidence suggests that people with disability from CALD backgrounds may not report abuse and violence due to different cultural understandings of what constitutes abuse.

In some communities, behaviour that would constitute exploitation and neglect is not considered an offence. In domestic settings these behaviours may be regarded as the right of the head of the family. When asked, consultation participants and their carers often could not define what abuse meant to them. There was only one occasion in which a carer mentioned an abusive relationship that a family member with multiple disabilities had suffered from a former partner. However, when asked about their attitudes they were hesitant to respond and felt that "this is a family business".

Some migrant and refugee communities come from social settings where disability, and mental illness in particular, is commonly defined as a health condition, a curse or a burden. In some cases, a disability may not be recognised as such. There might also be neglect of people with disability due to a lack of available services in their country of origin, poverty, and past experiences of war and dislocation.

People from diverse cultural backgrounds have differing experiences and understandings of violence, abuse, exploitation and neglect that are based on varying explanatory frameworks. In many instances, people with disability and their families migrate to Australia with preconditioned knowledge and expectations.

Case Study: Lisa

During day centre activities, Lisa, a woman with disability from CALD background, came across a resource on violence and abuse. Her frustration and immediate reaction to the description indicated to the workers that she has a personal experience of mistreatment. Workers later learnt that in the past Lisa was sexually abused and did not report the perpetrator. The day centre staff supported her with capacity building initiatives, including self-advocacy and reporting mechanisms.

Cultural norms and understandings of disability

Stigma is prevalent in both multicultural and general Australian communities. There is no single characteristic that defines a particular cultural approach to disability. In our consultations, people with disability and their carers had varied perceptions of disability, mainly informed by their past experiences and social contexts. A number of CALD community members, particularly people from new and emerging communities, regarded disability as a health condition (as opposed to "permanent disability") that is untreatable, which may limit the family's capacity to generate income and opportunities to participate in public life.

Some types of disability may be considered more unfamiliar or be associated with greater stigma than others. For example, some consultation participants remarked that intellectual disability is often less well understood than other types of disability.

When caring for children, siblings or parents with disability, family members from CALD backgrounds may feel personal responsibility and cultural pressure to provide care and avoid using external supports. Engagement of services may be seen by others in the community as a form of neglect of the person with disability. Consequently, families may disengage from formal services. In other instances, families may decide to access services without the knowledge of others in their community, to avoid judgement.

Some CALD communities may have never been exposed to the concept of disability due to limitations in service systems and public absence of people with disability in their country of origin. One consultation participant shared that as a child they had never seen a person with disability.

Diverse communities might view disability as a condition caused by food poisoning, unhealthy lifestyle, or inherited genetically. In some cultures, disability may be seen as acquired due to certain practices, or lack of adherence to commonly understood health practice. For example, in the Soviet Union newborn babies were separated from their mothers for three days to monitor and protect the child and the parent. Infants were tightly wrapped in cloths to ensure healthy body development; people believed that a failure to do so might result in a child developing a disability.

Such cultural norms and expectations continue to exist in some diverse communities in Australia. The incongruence between Western health and social service systems and practices of CALD communities may cause confusion and create distrust in mainstream services and systems.

Several established and new and emerging communities understand disability through a spiritual or religious lens. The "condition" may be believed as having been acquired due to moral or spiritual failing, as a punishment, or a result from other acts, such as being rained on after giving birth. Thus, members of the broader community might ignore or avoid the person with disability and their family, as the disability is seen as a result of wrongdoing.

On the other hand, consultation participants noted that some African communities actively practice Ubuntu[15] philosophy and embrace people with disability as part of the community. People with disability are seen as "someone who requires more efforts to achieve similar life outcomes" compared to people without disability. Ubuntu based practices are positive and encourage respectful relationships.

Cultural norms, values and understanding of disability can therefore have a range of influences on the experiences of people with disability. ECCV recommends that Commonwealth, State and Territory Governments resource multicultural and ethno-specific community organisations to collaborate with Disabled People's Organisations and other stakeholders to deliver disability awareness raising and capacity-building initiatives in CALD communities. Community-based organisations and DPOs are best placed to develop community education, messaging, communication and awareness raising initiatives that are tailored and responsive to community needs.

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[15] Ubuntu is part of the Zulu phrase "Umuntu ngumuntu ngabantu", which literally means that a person is a person through other people. Ubuntu has its roots in humanist African philosophy, where the idea of community is one of the building blocks of society. Ubuntu is the concept of common humanity, oneness.

Recommendations:

4. Culturally responsive and culturally safe initiatives that increase understanding and awareness about disability among CALD communities are established through partnerships between Disabled People's Organisations (DPOs) and community-based organisations, including multicultural and ethno-specific organisations.

5. Commonwealth, State and Territory governments resource capacity building initiatives, including self-advocacy, facilitated by DPOs and trusted bodies, that are co-designed and co-delivered by people with lived experience. Such initiatives should be funded for no less than five years and be evaluated to understand their impact.

Context for people with disability from CALD backgrounds

Many people with disability and their families came from community contexts where reliance on community is essential for survival and success. Upon arrival in Australia, a sense of cultural belonging and shared responsibility promotes engagement with information and resources; consultation participants shared that they support their communities with information dissemination, employment, and social engagement.

Close-knit environments, victim blaming, and dominant expectations can benefit perpetrators and constrain victims. Due to family ties, the people with disability may try to avoid the potential escalation of conflict. They might not want or know how to report the perpetrator, which can increase the risk of harm. This occurs due to systematic violation of rights of people with disability, justification of perpetrator actions, power imbalances based on gender, ableism, and the ongoing impact of colonisation.

Safety and trust

People with disability from migrant and refugee backgrounds seek formal assistance at a much lower rate than the rest of the population due to lack of information, confidence, safety, system literacy, and English language proficiency.

When asked about general safety and trust, consultation participants split into two groups – people from established communities with a level of systems understanding and experience living in Australia, and members of new and emerging communities who arrived as refugees and mainly access services via settlement supports or within their community. On the one hand, the first group described a lack of safety and trust, where they are treated with disrespect, ignorance, and a sense of being a burden. These feelings may be exacerbated by victim blaming. For example, the Victorian Equal Opportunity and Human Rights Commission reported a common view expressed by the police, that "people with disability could 'avoid' crime, particularly street-based crime, by self-excluding from the community to avoid being in the wrong place at the wrong time."[16]

On the other hand, participants from refugee backgrounds could not envision an environment safer than Australia – the overriding experience they described was that they did not have to fear death. A priority to fulfil basic needs in Australia, such as safety, often prevents people with disability in new and emerging communities from actively seeking assistance. Participants shared

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[16] Victorian Equal Opportunity & Human Rights Commission, Beyond Doubt. The experiences of people with disabilities reporting crime, Summary report, Melbourne, 2014. Available at: https://www.humanrights.vic.gov.au/static/de8c56fa6025cc3cc41d58ac57cfbe46/Resource-Beyond_Doubt-Summary_report-2014.pdf (accessed on 11 October 2022).

that they do not want to burden the welfare system, they lack confidence to follow up on referrals, or are not aware of what is available. Many humanitarian entrants also do not complain due to fear that their community will be criticised, and the government may decide not to accept people from their community if they are seen as "too demanding". Families are therefore more likely to seek support only at the point of crisis and make decisions on behalf of a person with disability, leaving them uninformed, isolated and at risk of mistreatment.

People with disability and their families and carers face multiple barriers to reporting violence, abuse, neglect and exploitation. The Victorian Equal Opportunity and Human Rights Commission report *Beyond Doubt* revealed that an Independent Third Person (ITP)[17] in five years of their work has not serviced any individual with person from a CALD background.[18]

A proactive approach is required to engage effectively with CALD communities. This must involve providing information in accessible language and formats, assertive outreach and rapport building with communities by trusted organisations, capacity building and systems navigation.

Settlement services are the first point of contact with Australian culture and systems for people with disability from refugee backgrounds. However, the lack of coordination of specialised support across both the settlement and disability sectors has left a gap in service delivery for new migrants, resulting in inadequate access to assistive equipment and technology, specialist services, accessible housing, and other supports.[19] Sufficient support must be provided during settlement to build the capacity of refugee and humanitarian entrants with disability and their families to live an informed and independent life.

During the COVID-19 pandemic, Disability Liaison Officers employed by Victorian health services played a key role in assisting with navigating and accessing health services, and ensuring safe, accessible and inclusive care for people with disability. Similar roles nationwide could help humanitarian entrants access the support necessary for successful settlement.

Recommendation:

6. The Commonwealth Government provides resourcing for bicultural Disability Liaison Officers to act as case managers and systems navigators in the Humanitarian Settlement Program to ensure tailored support in information provision and capacity building for recently arrived refugees and migrants.

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[17] Victoria Legal Aid, What happens at the police station if you have a cognitive disability. Available at: https://www.legalaid.vic.gov.au/what-happens-police-station-if-you-have-cognitive-disability (accessed on 11 October 2022).

[18] Victorian Equal Opportunity & Human Rights Commission, Beyond Doubt. The experiences of people with disabilities reporting crime, Summary report, Melbourne, 2014. Available at: https://www.humanrights.vic.gov.au/static/de8c56fa6025cc3cc41d58ac57cfbe46/Resource-Beyond_Doubt-Summary_report-2014.pdf (accessed on 11 October 2022).

[19] NEDA, FECCA, Refugee Council of Australia, and Settlement Council of Australia, Barriers and Exclusions: The support needs of newly arrived refugees with a disability, 2019, p. 11. Available at: http://www.neda.org.au/sites/default/files/2019-03/Report%20-%20Barriers%20and%20Exclusions_%20The%20support%20needs%20of%20newly%20arrived%20refugees%20with%20a%20disability%20-%2002%202019.pdf (accessed on 11 October 2022).

Support networks

"I mainly stay within my community because I don't know how to communicate. We try to talk to others, but it fails" – Consultation participant

Settlement policies focus on settling refugees and asylum seekers in areas highly populated with people from the same cultural background. This enables communities to self-organise to celebrate, discuss issues of concern, provide each other with employment, and assist newcomers.

Community and religious leaders often act as a mobilising force and a source of trusted information. Leaders are approached for assistance with daily encounters with service systems. Information delivered face-to-face and at the time of need results in better uptake and understanding, especially when official government communication is not clear or consistent.[20,21]

Children and young people often play a role in sharing information with their families and communities, including translating and interpreting. Although using family members to interpret in health settings is not a safe or recommended practice as it can breach confidentiality and compromise safety and treatment, this practice is too often accepted, and at times is requested by service providers and health professionals. This can often limit the ability of the person with disability to safely disclose concerns about abuse or neglect.

It is also important that Australians with limited English proficiency are made aware of their right to use professional interpreters, and of their importance in facilitating accurate communication in healthcare settings. An education campaign can help raise awareness about how to access interpreters, and about the Code of Ethics by which interpreters are bound. This could include simple measures such as placing multilingual posters in healthcare and community centres.

Recommendations:

7. Health practitioners are required to register with the interpreting and translating credit line and be trained to work with professional interpreters, and to understand the risk associated with engaging family members to interpret in health settings.

8. The Commonwealth Government develops a campaign to raise awareness among multicultural community members of their right to access free interpreting and of the AUSIT Interpreters and Translators Code of Ethics and Code of Conduct.

Places of worship and community hubs are essential for connection, resilience building, and self-confidence. If a person with disability is accepted, these institutions and community networks have the power to educate the community on human rights and social cohesion. They are often inclusive, supportive, and reject discrimination. People from migrant and refugee backgrounds who have grown up in communal and family-oriented cultures understand the value and strength of the communal contract. This can be a protective factor that can mitigate the risk of isolation, neglect and abuse.

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[20] Michael, L., Work needed to improve COVID-19 messaging for people with disability, Pro Bono Australia, February 2021. Available at: Work needed to improve COVID-19 messaging for people with disability | PBA (probonoaustralia.com.au) (accessed on 11 October 2022).

[21] Renaldi, E., Residents of Melbourne's hard tower lockdowns mobilise against off-radar COVD misinformation, ABC News, March 2021. Available at: https://www.abc.net.au/news/2021-03-20/covid19-community-efforts-to-combat-vaccine-misinformation/100015548 (accessed on 11 October 2022).

"If I can connect to my community, it will help me to relieve a lot of pressure for me and my family as I can seek the support I need" – Consultation participant

Alongside established community associations and organisations, new and emerging groups are forming support networks and grassroots organisations to advance social justice causes and to empower their communities. These can be powerful platforms to provide information and promote inclusion and engagement of people with disability.

"Community centres in Australia are for people who are more "Australia confident." Pagoda is more exciting for me!" – Consultation participant

Recommendation:

9. Commonwealth, State and Territory governments invest in establishing culturally appropriate community hubs and places of gathering to promote information sharing, reduce social isolation and misinformation, and support people with disability with service system navigation. Selection of community hub sites should be informed by evidence about community activities, new and emerging communities, and diverse forms of community mobilisation.

In addition to connection in person, online contact was identified by consultation participants as an important platform for social exchange. Younger mothers of children with disability, and older people with disability indicated that social media was a valuable tool for connection. Facebook, Messenger and WhatsApp were mentioned by various individuals as sources of information, safe spaces for discussing concerns, and for connecting with loved ones overseas. For example, a Facebook group for Vietnamese mothers of children with disability has 560 active members. YouTube has also been identified as an important platform for news and entertainment, which can be accessed by the older generation of people who are not literate in English or their own language.

Consultation participants indicated that belonging to a community also presents multilayered challenges for people with disability and their families. Societal pressure to succeed in life is prevalent; it drives ignorance of disability. Families do not always actively engage with services, particularly in early childhood, which often creates further stress and can lead to carer exhaustion, undisclosed abuse, and further stigmatisation by the community.

Community and religious leaders can also act as gatekeepers for information and services due to a lack of knowledge, disability awareness, or religious views. Leaders may neglect people with disability by convening gatherings in venues without disability access and criticise families for not attending. Leaders may openly judge families' approach to caring for someone with disability and reinforce community prejudice: "he is crazy", "it's their own fault", "don't look at her as you might get it too". Public messaging is vital in stopping these harmful behaviours and attitudes.

"It is hard to live in the community, people turn away from me at the church, so I keep my head down" – Consultation participant

Living arrangements

An individual's family, community and friends are their source of trust and a reference point that sets expectations and a level of confidence in life. Some consultation participants shared experience of social isolation in the family home, where family members restricted their social participation due to cultural stigma or for perceived "safety" reasons. Abuse and neglect can

thrive in such circumstances where a victim cannot develop necessary skills to adequately respond to behaviours of concern or seek help.

Consultation participants who had experience living in Supported Residential Services (SRS) accommodation expressed concern that due to their living arrangements and isolation they did not have friends without disability.

When mistreatment takes place in segregated environments, such as privately run accommodation, there is an incentive for staff and other residents to normalise such behaviour. If, however, someone from "outside" calls out a behaviour of concern, they are seen as irrelevant or lacking insight – "what do they know?". Our consultations indicated that residents of SRSs may be abused physically, financially and emotionally, their belongings confiscated for no reason, and their freedom of choice limited.

Many people with disability live with a high risk of abuse and neglect to maintain a sense of belonging and safety. Some participants reported that they had been segregated from peers living in different settings, and only realised in adulthood that they had been experiencing abuse, exploitation, and neglect since childhood. People with disability from CALD backgrounds may lack opportunities and options to report mistreatment and seek support. This isolation is reinforced by power imbalances between people with disability and perpetrators, lack of other housing and support options, and when the violence is an experience shared only with peers from the same environment:

> *"I got used to being called names and manipulated. I saw it as normal because all of us were experiencing the same. Some people were even physically abused, but they had nowhere else to go."* – Consultation participant

Individuals with disability from CALD backgrounds must have culturally responsive and culturally relevant community education about recognising and using reporting mechanisms. They must be provided with accessible information, diverse experiences and equal opportunities to participate in the wider community, so they have equal opportunities to understand, identify and call out mistreatment.

Peer-based support models and relationships with peers can be one of the strongest influences for recognising, managing and addressing mistreatment. People with disability from CALD backgrounds must be provided with peer support groups that they can participate in, learn from, and lead. Such programs must have secure, ongoing support in order to ensure their members understand reporting mechanisms, have appropriate access to information, and safe places for participation.

> *"She had fear and distrust in services and government and only related to people of the same experience."* – Consultation participant

Recommendation:

10. Peer support programs[22] for people with disability from CALD backgrounds are co-designed and informed by the UN CRPD and evidence-based peer-led models.

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[22] Intentional Peer Support official website: https://www.intentionalpeersupport.org/?v=6cc98ba2045f

Local Case Study: Diversity and Disability Alliance

Diversity and Disability Alliance (DDA) is a user-led disability support organisation in NSW, run by people with disability from diverse backgrounds with the support of families and allies. Established in 2014, DDA's mission is to support people to live the lives they choose.

DDA strives for an inclusive, diverse and just society where people with disability have voice, choice and control over their lives. DDA aims to:

- maximise the knowledge, skills, and capacity of people with disability, their families and allies from diverse backgrounds
- build the capacity of all communities to include people with disability
- share collective lived experiences.

DDA runs and facilitates a number of peer-to-peer events for people with disability from CALD backgrounds, including "Peer to Peer Cafes", "Introduction to Peer Support training", "Our Space" initiative, peer facilitation and mentoring training.[23]

"It's a life worth living" – ABI peer support group participant

International Case Study: Peer Power Alaska

Peer Power Alaska is a member-based organisation that focuses on areas of employment for people with disability, self-advocacy mentoring opportunities, employer awareness training, and presentations to appropriate audiences.

The group is comprised of elected board members, most of whom have an intellectual or developmental disability. Board members join the organisation from around the state of Alaska.

On 24-26 September 2021, Peer Power ran its 5th Annual Peer Power Self-Advocacy summit. Through sponsors, the program brought together people with disability (and their assistants) to learn and grow through resources and presentations from others who live with disabilities. The program supported and gave participants the encouragement and skills to create and propel growth for themselves and the organisations they work at or run.[24]

Gender inequality

Women with disability are at the highest risk of violence compared to the general population.[25] This group faces an increased risk of violence due to compounding factors, such as traumatic past experiences and social and financial insecurity. Women who have low levels of English literacy and are isolated from the community, are at risk of being controlled by another person, most often a male partner or family member.[26]

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[23] Official website: http://www.ddalliance.org.au/ (accessed on 20 October 2022).

[24] Official website: https://www.peerpower907.com/ (accessed on 20 October 2022).

[25] Australian Bureau of Statistics, Women with disability at increased risk of violence, Media Release, April 2021. Available at: https://www.abs.gov.au/media-centre/media-releases/women-disability-increased-risk-violence (accessed on 20 October 2022).

[26] Our Watch, & Women with Disabilities Victoria. (2022). *Prevention of violence against women and girls with disabilities: Background paper*. Melbourne, Australia: Our Watch, p. 19.

Women with disability from diverse communities are perceived as dependent on their partners. They may be seen as infantile, asexual, and unable to be good mothers. Diverse cultural attitudes may prevent women with disability from having children, as some believe that a disability will be passed onto the child. Due to cultural stigma, families may enforce contraception on women with disability and threaten to remove their children. Service providers may also use contraception to manage women's and girls' periods or prevent the undesired consequences of potential sexual assault. Despite being internationally recognised as a form of violence, these practices are reinforced by Australia's failure to explicitly outlaw reproductive coercion, including forced sterilisation, abortion and contraception on women and girls with disability.[27]

"I did not complain about the hospital services as I was worried they will take my child away due to my disability." – Consultation participant

Gendered approaches to prevention and treatment of abuse, violence and neglect of people with disability from CALD backgrounds create further challenges for people who identify as non-binary. Mainstream approaches to the prevention of violence, abuse, neglect and exploitation of people with disability should be challenged to address gaps in policy and service planning as well as design processes.

Many people from CALD communities, due to cultural or spiritual norms, make a conscious decision to hide their non-binary identity to maintain a sense of belonging and safety. When people choose to disclose their sexuality and gender diversity, they are often met with negative family responses, such as verbal, psychological and physical abuse, exclusion and gatekeeping to avoid community-based shame and stigma. This may lead to further violence, abuse, neglect and restrictive practices within a family or community.

Lack of attention to gender inequity in community engagement and decision making reinforces violence against women and gender diverse people. Ableist attitudes and discrimination compounded by xenophobia, homophobia and transphobia divides communities and further neglects people with diverse identities.[28]

Case Study: Lina

Lina is a woman from a culturally and linguistically diverse background. She has multiple mental and physical disabilities and lives with her family. Lina has been experiencing family abuse and previously was forced to leave home and her daughter Mia behind.

Lina succeeded in securing temporary shared accommodation. However, she was desperate to reunite with her family and live closer to Mia again.

This story was generously shared by the CALD NDIS Community Connectors: "there was no one else to assist this person. If there were services in place, they would improve the circumstances and educate the family."

During the COVID-19 pandemic, Lina's mother Sara agreed for Lina to return to the family, but she was not allowed into the house. To be near her daughter, Lina was given the option to live in the garage, which was substandard and not suitable as permanent accommodation.

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[27] Elliott, Laura. 2017. "Victims of Violence: The Forced Sterilisation of Women and Girls with Disabilities in Australia" *Laws* 6, no. 3: 8.

[28] Ibid, Our Watch & Women with Disabilities Victoria, pp. 21-24.

Lina had previously been referred to the Orange Door program. However, without her consent to leave the family's property or engage with external services, Lina was discharged.

Soon after a Multicultural NDIS Community Connector learnt about Lina and her circumstances; they built trust, explained the services' system and its purpose, and assisted Lina to collect evidence and apply for the NDIS.

"I was shocked when I attended a GP appointment with Lina as my client. The GP was ignorant and initially there was no evidence to support her application. Lina missed almost all the appointments and she has been discharged from many lists, for Lina did not have the capacity to follow up. Neither was her family present in her services' journey."

The Connector gathered evidence for family violence, included a teacher statement, a letter from the GP explaining her situation and why there is no evidence to support Lina's application, as well as the list of missed appointments and services she was discharged from.

Lina's NDIS application was submitted, and a follow up by the NDIS was made seeking further information.

Violence, abuse and neglect against women who are carers can lead to abuse of a child with disability or neglect of their disability and developmental needs. One participant described how young mothers may have experienced barriers to education, including financial barriers and service access issues in their country of origin. After migrating they may be further denied access to education in Australia by their partners, parents, or parents in law. This disadvantage affects children where potential signs of late development and the mother's concerns are not understood or addressed by education, health and other professionals.

According to Settlement Services International's *Stronger Starts, Brighter Futures* report, early developmental vulnerability of children from CALD backgrounds is 3% higher than their peers from non-CALD backgrounds. Addressing these issues in a timely manner can prevent developmental vulnerabilities.[29]

Recommendation:

11. The early childhood intervention workforce, including Maternal and Child Health Nurses and General Practitioners, is trained to understand the needs and barriers that CALD communities face in recognising and addressing early childhood developmental delays.

Violence committed against mothers and/or children with disability has long-term implications on the physical and mental health and wellbeing of families and communities. If not prevented, it will continue to exacerbate existing inequities and create ripple effects of dependency that affect formal service systems and require crisis management.

According to the *Change the Story* framework, violence against women is significantly and consistently lower in countries where women's rights are better protected, and where power and resources are more equally distributed between men and women.[30] By defining gender-based

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[29] Settlement Services International, Stronger starts, brighter futures: Exploring trends in the early development of children from culturally and linguistically diverse backgrounds in Australia, Occasional Paper Number 3, March 2021, p. 9. Available at: https://www.ssi.org.au/images/Publications/Stronger_Starts_final_screen_with_link.pdf (accessed on 11 May 2021).

[30] Our Watch, VicHealth, ANROWS, *Change the Story* Framework, Melbourne, 2015.

violence in this social context, the *Change the Story* framework presents preventative and action-based solutions to influence change on individual and system levels. To achieve the desired outcomes in gender equity, other intersecting factors must be addressed in parallel and in combination with gender inequality. A Blueprint for safety and equal opportunities for women with disability from diverse backgrounds must be co-designed and monitored with people with lived experience, in accordance with *Changing the landscape: A national resource to prevent violence against women and girls with disabilities*.[31] Men and boys must be engaged to participate and contribute to prevention of violence against women and girls. Women and girls must be involved in the planning and implementation of primary prevention measures to eliminate the underlying causes of mistreatment.

Recommendation:

12. The Commonwealth Government ensures alignment between the National Disability Strategy and the National Plan to Reduce Violence Against Women and their Children. A supporting plan should be co-developed with people with lived experience to address the needs of women and girls with disability from CALD backgrounds. The latter should include prevention measures involving men and boys from CALD backgrounds.

Economic factors

Migrating to a new country comes with many challenges in relation to securing employment, acquiring language skills and social participation. In the context of settlement, families with limited resources may experience caring for someone with disability as challenging. Traditional gender roles often lead to an expectation that male partners and the eldest sons should seek employment while women stay at home with the children. Power imbalances manifest when men generate income and start learning English, thus developing skills and knowledge to navigate the new environment. Many women are denied the same opportunities and become more isolated and disempowered. If a woman or her child have disabilities their participation in family, social and economic life is further reduced and often managed by a male relative, who may use family violence to control and limit options for women and girls.

Consultation participants also shared that, in some instances, difficulty navigating and understanding Australian systems can weaken the whole family and force family members to disengage from social participation, learning and employment opportunities. This threatens the family's independence.

People with disability from CALD backgrounds face countless barriers in securing employment, and therefore in exercising independence and contributing to family income. In many instances, family and community gatekeeping ("you cannot do this", "it's safer to stay at home") is reinforced by broader systemic challenges, discrimination and workplace abuse.

Social and economic stress factors, and sole reliance on family for support, can result in isolation and lack of external sources of information and opportunities to reach out if the person with disability experiences violence and abuse. At the same time, lack of understanding and engagement by the broader community reinforces the abusive behaviour and limits the family's access to vital support networks.

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[31] Our Watch, & Women with Disabilities Victoria. (2022). *Changing the landscape: A national resource to prevent violence against women and girls with disabilities.* Melbourne, Australia: Our Watch.

Cost of living

Active social participation for people with disability is further restricted by limited accessibility and high costs of living. A consultation participant noted: "if you mention disability, it's the same as a wedding – the prices go up." It is estimated that in Australia the additional costs of living with disability are between 29% and 37% of income, depending on the degree of severity of the disability.[32]

People with disability must always consider the disability-readiness of services and experiences as well as affordability of out-of-home activities. Burdens or high expenses mean that people too often miss out on opportunities to participate in recreational, social and community activities, which in turn limits their opportunities to learn, build confidence and knowledge. People with disability from CALD backgrounds are often limited to their place of familiarity, most often the family home, where their lives can be dominated by perpetrators.

People from CALD backgrounds may have family overseas and interstate – to maintain family relationships, they need to travel. When on holidays, NDIS participants have to ensure that their paid support worker is available and that the cost will not exceed their budget or detract from other core services. In such circumstances, people with disability, whether employed or not, face discrimination in being denied the opportunity to have personal holidays. Unpaid carers and family members should not need to take on this responsibility, and participants should not need to compromise their choice or safety in order to access opportunities for recreation, travel and connection.

One in six people with disability who are unable to work or are employed under the Supported Wage System live in poverty.[33] Social security payments do not meet the high costs of health care and utility bills. Financial distress contributes to vulnerability and dependency, thus increasing the risk of abuse and violence.

Higher expenses for people with disability and their families are a form of systemic discrimination. Restrictions of choice and freedom of movement are driven by a lack of services, inaccessibility and unaffordability, which increases and the risk of victimisation. Ableist attitudes are reinforced when access to goods and services comes at a lower price for people without disability. This way the general community dominates public spaces and activities and excludes people with disability.[34]

Recommendations:

13. Legislation that governs equity in accessibility, such as the *Disability Discrimination Act 1992* (Cth), is systemically monitored and enforced.

14. The NDIA improves individual budgets by allocating up to two weeks of full-time paid leave for disability support workers. This should be a budget item separate from core services.

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[32] World Health Organisation, World Report on Disability, 2011, p. 43. Available at: https://www.who.int/disabilities/world_report/2011/report.pdf (accessed on 24 June 2021).

[33] Australian Federation of Disability Organisations, Poverty and Disability Fact Sheets, 2019. Available at: https://www.afdo.org.au/disability-support-pension/poverty-and-disability-fast-facts/ (accessed on 20 October 2022).

[34] World Health Organisation, World Report on Disability, 2011. Available at: https://www.who.int/publications/i/item/9789241564182 (accessed on 20 October 2022).

15. The Commonwealth Government commissions longitudinal research to assess the direct and indirect costs that people with disability and their families incur, to help inform future planning and to improve the lives of people with disability.

Education

The *Disability Standards for Education 2005* were a significant development for improving inclusion in education. The Standards were further strengthened by Australia's ratification of the Convention on the Rights of Persons with Disabilities (CRPD), an international instrument that binds States to improve the lives of people with disability.

Families from migrant and refugee backgrounds are more likely to experience challenges with engaging and supporting children with disability in education. These include lack of English proficiency, living in overcrowded accommodation, and a need to divide their attention amongst multiple children, leaving the eldest with the most responsibilities. As a result, when at home, children with disability may face additional challenges not shared by their peers, who receive parental support, including a suitable space to study, complete their homework and prepare for school.

These circumstances may result in disengagement from school, parental frustration, and ultimately missed opportunities for people with disability to learn how to exercise their rights, and of the supports that are available in cases of violence, abuse, exploitation and neglect.

ABS data shows that 34% of people with disability have completed Year 12, compared to 66% without disability.[35]

The needs of children with disability from CALD backgrounds must be assessed and met in a timely and culturally appropriate manner to improve outcomes in later life. Research by the Alana Institute shows that the benefits of inclusion for students with disability extend beyond academic results to improved social connection, increased post-secondary education placement and improved employment and independence outcomes.[36]

Recommendations:

16. All government-supported school infrastructure upgrades incorporate dedicated accessible spaces for after-school learning, such as hubs to accommodate homework clubs and provide drop-in spaces.

17. Commonwealth, State and Territory governments engage in a co-design process involving school management staff, teachers, parents and children with disability, to determine the effectiveness of the Student Resource Package (SRP), teacher aide and support worker program funding.

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[35] AIHW, People with Disability in Australia summary, July 2022. Available at: https://swww.aihw.gov.au/reports/disability/people-with-disability-in-australia/education-and-skills/educational-attainment (accessed on 25 October 2022).

[36] Alana Institute, Inclusive Education, Summary report, Sao Paulo, 2016, p. 15. Available at: http://alana.org.br/wp-content/uploads/2016/12/A_Summary_of_the_evidence_on_inclusive_education.pdf (accessed on 25 October 2022).

Children from migrant backgrounds may feel excluded at school due to difficulties with learning English. This is often reinforced for students with disability, who also face marginalisation and many obstacles to enrolment, often resulting in disengagement and reduced confidence.

In a study by the University of Melbourne, Macquarie University and Curtin University, researchers found that school "gatekeeping" was a common form of discrimination. This refers to practices that discourage students with disability from enrolling and participating in mainstream schools, which compel families to enrol their children in private or specialised schools. 70% of families participating in this research reported having experienced at least one or more examples of "gatekeeping".[37] Students with disability from migrant and refugee backgrounds and their families face further barriers to education due to discrimination, challenges experienced during settlement, parental confusion, and barriers to language and systems literacy.

> *"People with disabilities are seen as a problem to be solved"* – Consultation participant

Despite consensus among some of the consultation participants that specialist schools provide children with disability from CALD backgrounds tailored support and a sense of safety, inclusive education was prioritised as delivering better learning results and future life skills. According to Children and Young People with Disability Australia:

> *… there is no evidence base to support segregated education in any form, including in special schools, units or classrooms. Segregated education is a breach of Australia's international human rights obligations under the UN Convention on the Rights of Persons with Disabilities.*[38]

To improve school participation outcomes for children with disability, legislative, structural and systemic barriers must be addressed, including awareness raising, improved teacher support and enhanced funding to accommodate children with disability. Access to Auslan, Braille and electronic communication must be facilitated and explained in-language and in culturally appropriate ways to students and families from migrant and refugee backgrounds.

Support worker and teacher aide funding is not consistent. Teachers therefore often lack the time to engage with each student and understand their family circumstances. Some consultation participants shared that teachers tend to take a generalised approach to students' abilities and may discourage children with disability from pursuing higher education or certain pathways.

Schools often lack culturally appropriate practices, including sound knowledge of intersectionality and trauma-informed care principles. Schools need to engage families proactively with bilingual staff and translated information to assist parents and students to understand their learning journey.

Until these gaps are addressed, children and young people with disability from CALD backgrounds will miss opportunities to learn to navigate service systems, develop self-advocacy skills, and enhance their employability and independence.

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[37] Poed, S., Cologon, K., & Jackson, R., Gatekeeping and restrictive practices with students with disability: results of an Australian survey, Adelaide, 2017. Available at: http://allmeansall.org.au/wp-content/uploads/2017/10/TIES-4.0-20172.pdf (accessed on 25 October 2022).

[38] Children and Young People with Disability Australia official website: https://cyda.org.au/issues/education#2 (accessed on 20 October 2022).

Recommendations:

18. Commonwealth, State and Territory governments provide resourcing for schools to employ full-time support workers and teacher's aides to support children with disability.

19. Additional investment is provided to employ bilingual and bicultural workers who are trained in trauma informed practice to assist teachers with culturally safe information delivery and parent engagement.

Employment

Labour force participation in Australia for people with disability aged 15-64 years has remained stable since 2015 at 53.4%, while the participation rate for people without disability has risen slightly from 83.1% in 2015 to 84.1% in 2018.[39] Compared to the broader community, people with disability from CALD backgrounds face an increased complexity of factors that prevent them from engaging in employment. These include family breakdown, disrupted education, traumatic life events, poor physical health, housing insecurity, and significant financial hardship.[40]

People with disability from CALD backgrounds also face challenges in attaining employment due to widespread discrimination in recruitment practices in the labour market. Research by the Australian National University demonstrates that, on average, job applicants from Chinese backgrounds needed to submit 68% more applications to get an interview than those with Anglo-Saxon names. People with Middle Eastern names had to submit 64% more, Indigenous Australians 35% more and people with Italian names 12% more.[41] Lack of participation in paid employment reduces opportunities to access meaningful employment pathways, resulting in inadequate income and economic insecurity in later life, including limited capacity to accumulate superannuation.

The International Labour Organisation (ILO) states that there is a lack of disaggregated data to understand the correlation between disability and abuse. However, research suggests that people with disability are more likely to experience workplace violence compared to their peers without disability. Violence in workplaces can be physical, emotional, psychological and sexual, amongst which intimidation and verbal abuse are the most reported offences.[42] Such abuse, together with exploitation, often goes unreported by employees with disability from CALD backgrounds. People with disability from CALD backgrounds remain silent for various reasons, including fear of losing their position, lack of understanding of their rights, and self-doubt.

According to some consultation participants, Australian Disability Enterprises (ADEs) provide opportunities for people with disability to participate in paid work as well as providing a platform for social participation. However, the Supported Employment Services Award allows employees

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[39] ABS, Disability, Ageing and Carers, Australia: Summary of Findings, Australia, 2019 (accessed 20 October 2022).

[40] Device, A., Vaughan, C., Byars, S., Kavanagh, A., University of Melbourne, How disability and welfare policies interact to influence the right to work of people with psychosocial disability, Study presentation at 4th International Conference on Public Policy, Montreal, 2019, p. 15.

[41] The guardian, Smith, F., Anonymous recruitment aims to stamp out bias, but can it prevent discrimination?, July 2016. Available at: https://www.theguardian.com/sustainable-business/2016/jul/05/blind-recruitment-aims-to-stamp-out-bias-but-can-it-prevent-discrimination (accessed on 20 October 2022).

[42] International Labour Organisation, Violence and harassment against persons with disabilities in the world of work, Geneva, 2019. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_738118.pdf (accessed on 20 October 2022).

with disability, whether employed in ADEs or elsewhere, to be paid as little as 12.5% of the standard minimum wage.[43]

Social equality must be promoted by supporting increased access to, and informed participation in, employment by people with disability from CALD backgrounds. Closing the minimum wage gap for people with disability employed through Australian Disability Enterprises is essential to achieving equality in employment.

Recommendation:

20. All levels of government agree to increase the proportion of public sector employees with disability to 20% by 2030. Meaningful inclusion practices must be promoted and evaluated.

21. The Commonwealth Government develops a national disability employment plan that implements the recommendations of the Australian Human Rights Commission's *Willing to Work* National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability (2016).

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[43] Inclusion Australia and People with Disability Australia, Wage equity and more choices in employment for people with an intellectual disability Research review, Nunawading, 2022, p.14. Available at https://www.inclusionaustralia.org.au/wp-content/uploads/2022/04/ADE-research-brief-April-2022.pdf (accessed on 25 October 2022).

Preventing and addressing violence, abuse, neglect and exploitation against people with disability from CALD backgrounds

Equitable access to information and service systems for people with disability can be a form of primary prevention. Primary prevention in health, social participation and safety should be promoted to address the underlying drivers of violence against people with disability.

People with disability from CALD backgrounds, in particular women and girls, face intersecting barriers to building resilience and self-confidence. Australia is party to the CRPD and must ensure the full implementation of Article 5of the Convention, which involves adopting specific measures to achieve inclusive equality. It is particularly necessary to address intersecting forms of discrimination against people with disability, such as women, children, older persons, and people with disability from migrant and refugee backgrounds. However, many rights in the CRPD have not been incorporated into Australian law. Together with exemptions for the *Migration Act* from the *Disability Discrimination Act*, this results in many people with disability experiencing multiple and intersecting forms of discrimination.[44]

More must be done to understand and address these challenges as interconnected factors. ECCV acknowledges the important work that organisations such as Our Watch and Women with Disabilities Victoria do to promote and primary prevention and empower women and girls with disability.

Discrimination

Violence, abuse, neglect and exploitation against people with disability are perpetrated in different communities and cultures. Mistreatment is reinforced by general ignorance, 'othering' attitudes, and silencing of people with disability. Generations have witnessed appalling behaviour, predominantly occurring within an intimate environment, that has impacted individuals' lives and wellbeing.

> *"Because we face discrimination on a regular basis, it has become normal"* – Consultation participant

In 2020, 15.8% of people with disability reported having experienced discrimination compared to 12.4% of the general population.[45]

Consultation participants expressed that their conditions impact their lifestyle but do not define who they are. People have unique past experiences, multiple characteristics, and identities, including education status, age, homelessness, drug and alcohol addiction, interests, professional

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[44] McCallum, R, The United Nations Convention on the Rights of Persons with Disabilities - An Assessment of Australia's Level of Compliance, Research report, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020. Available at: https://disability.royalcommission.gov.au/system/files/2020-10/Research%20Report%20-%20The%20United%20Nations%20Convention%20on%20the%20Rights%20of%20Persons%20with%20Disabilities%20-%20An%20Assessment%20of%20Australia%E2%80%99s%20Level%20of%20Compliance_1.pdf (accessed on 25 October 2022).

[45] ABS, General Social Survey: Summary Results, Australia, 2020. Available at: https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release (accessed on 25 October 2022).

career, and impacts of discrimination. According to the Australian Human Rights Commission National Survey, completed by more than 1,000 Australian Muslims, almost 80% of respondents had experienced some form of unfavourable treatment based on their religion, race or ethnicity. Survey data shows that one in four Australian Muslims felt unable to speak up when they or someone they knew experienced mistreatment.[46]

Self-determination

ECCV members and stakeholders have emphasised the importance of self-determination to reduce the risk of violence, abuse, neglect and exploitation of people with disability.

Promoting self-determination of people with disability across multiple life domains will increase opportunities for people with disability to live full lives, as well as reducing risk factors for violence, abuse, neglect and exploitation. Dependence, stigma and disempowerment, compounded by inaccessible and exclusionary environments, all exacerbate risk factors for abuse, neglect and exploitation.

Representation and systemic advocacy by specialist Disabled People's Organisations (DPO), which are governed by people with disability from CALD backgrounds,[47] can improve the effectiveness of programs, policy and services across a range of areas. In Victoria there are currently no independent agencies with a DPO role representing or supporting people from migrant and refugee backgrounds. As a result, they are under-represented in decision-making processes, and many do not have the opportunity to develop advocacy skills. A specialised Disabled People's Organisation for people with disability from CALD backgrounds can address this gap by building their capacity to contribute to decision-making, service design and policy.

Recommendation:

22. Commonwealth and State and Territory governments provide resources for independent and specialised Disabled People's Organisations led and driven by people with disability from CALD backgrounds, to operate in each state and territory.

Self-advocacy

People with disability from CALD backgrounds often have no choice but to rely on their family for information and daily supports. Their ability to make independent decisions may therefore be inhibited. People with disability are made to comply with terms and conditions determined by decision makers without lived experience of disability. Consultation participants with lived experience noted that the mainstream community often thinks of a person with disability as being fortunate if they can perform basic daily tasks, such as getting up in the morning and having meals. This lack of aspiration for people with disability leaves little space for personal growth and confidence in achieving better life outcomes.

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[46] Australian Human Rights Commission, Sharing the Stories of Australian Muslims report, 2021.

[47] For a description of a Disabled People's Organisation and its relationship to human rights, see UN Special Rapporteur on the Rights of Persons with Disabilities (2016) *Report on the rights of persons with disabilities to participate in decision-making*, UN Doc A/HRC/31/62, Agenda item 3, section IV, part B, available at: https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/DecisionMaking.aspx

See also Disabled People's Organisations Australia (DPOA) 'Terminology', web page, available at: https://dpoa.org.au/about/terminology/

Despite the dominant, deficit-based view of people with disability, those from CALD backgrounds are expected to express their needs and self-advocate when accessing services. Consultation participants noted that lack of self-advocacy skills can result in poorer service outcomes and further isolation. Practices such as goal setting may not be familiar concepts to many people from CALD backgrounds. Mainstream disability service providers and NDIS planners provide little to no capacity-building to empower people with disability from CALD backgrounds to understand, plan and implement their goals.

Despite the invaluable work that multicultural disability organisations in Australia do to connect and empower people with disability from CALD backgrounds, many people still struggle to access information and support to navigate services.

Recommendation:

23. Commonwealth, State and Territory governments develop policies to facilitate access to support coordinators for NDIS participants from CALD backgrounds. Participants must be provided with sufficient time and examples to understand goal setting.

Case study: *Raise Our Voices*

Raise Our Voices is a disability self-advocacy project for CALD communities led by ECCV. It builds capacity, raises awareness of support pathways, and seeks to ensure that disability services and the NDIS continue to respond and include the needs of CALD people with disability, their families, carers and communities.

Raise Our Voices delivers a range of activities in metropolitan and regional Victoria, including NDIS information sessions and community forums, CALD peer-led support groups, and self-advocacy awareness training workshops. Additionally, an online Multicultural Disability Resource Hub was created through a co-design process using the expertise of with people with lived experience of disability.[48]

People with disability from CALD backgrounds have expressed a high need for community peer-led support where there are intersecting needs related to cultural background and experiences of disability.

"I didn't know NDIS before. I thought it was subsidised by Centrelink. Thanks for delivering this useful information session–" - Session participant with a disability from a CALD background.

"My short-term goal is to find a job. I want to live independently. I want to learn how to get equal opportunities" – Peer-led support group member.

Self-advocacy and agency can only be developed by acknowledging historical injustices. They must be nurtured in an environment where civil rights are widely promoted and exercised in families and communities.

Community attitudes

Common myths about people with disability inform community attitudes, affecting the lives of people with disability and their families. Stereotypes about people with disability can include

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[48] See ECCV Multicultural Resource Hub, available at https://eccv.org.au/disability-hub/

physical vulnerability, asexuality or hypersexuality, being a burden or being dangerous. These views are often unconscious and commonly shared among communities, institutions and policy makers. Deficit-based language and labelling justify ignorance and condone violence and restrictive practices against people with disability. Dismissal of mistreatment denies the needs and interests of people with disability.

> *"I am affected by the disability, but I am not disabled, or a person bound to a wheelchair, I am someone who uses a wheelchair."* – Consultation participant

Governments, policy makers and community-based organisations have a duty to drive change. A national campaign is required to represent people with disability from CALD backgrounds as an integral part of wider society, rather than a fringe group. Community education must change the narrative to recognise the equal rights of people with disability and normalise life with a disability. Public education programs should be followed by meaningful mandated increase of people with disability in public life domains, such as government, the media, and workplaces.

Preventative actions are also required to address societal prejudice, tokenism and treatment of people with disability as a "commodity". Legislation and legal frameworks, including the role of the Committee on the Rights of Persons with Disabilities, should be explained and promoted in accessible formats to raise awareness and public accountability as well as encourage self-determination for people with disability.

People with disability may be excluded from and discriminated against in many life domains. Intersecting factors such as lack of education drive higher levels of poverty and unemployment, which increase the risk of violence and neglect. Coming from culturally and linguistically diverse backgrounds adds another layer of discrimination and alienation. This adversely impacts the social and political participation of people with disability, and limits the diversity of perspectives[49] in social, political, cultural and economic life.

International Case Study: Tunisian elections

The 2018 elections in Tunisia were the first time that a disability quota was implemented for candidate lists, resulting in 144 people with disability being elected. The large number of newly elected councillors with disability provides a unique opportunity to demonstrate positive political leadership by people with disability and empower other people with disability to participate in political and other aspects of life.[50]

In order to promote inclusion of people with disability from diverse backgrounds, engagement strategies and public messaging must be co-designed with people with lived experience and by DPOs.

That the Commonwealth Government co-designs a public education strategy to raise awareness of disability in CALD communities. This public campaign

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[49] United Nations, Department of Economic and Social Affairs, Social Inclusion, Report on the World Social Situation, Leaving no one behind: the imperative of inclusive development, 2016. Available at: https://www.un.org/en/desa/report-world-social-situation-2016 (accessed on 26 October 2022).

[50] International Foundation for Electoral Systems, Political Participations of Women and Men with Disabilities in Tunisia: an IFES Assessment, Tunisia, 2018. Available at: https://www.ifes.org/publications/political-participation-women-and-men-disabilities-tunisia-ifes-assessment (accessed on 26 October 2022).

Recommendations:

24. The Commonwealth Government co-designs a public education strategy to raise awareness of disability in CALD communities. This public campaign must:
- include messaging that addresses the underlying drivers of violence, abuse, neglect and exploitation of people with disability
- be designed to reach a range of audiences from mainstream and diverse communities
- involve culturally relevant and responsive community engagement and community education activities and resources.

25. DPOs led by people with disability from CALD backgrounds are resourced on an ongoing basis to design and implement awareness-raising and capacity-building programs for people with disability from CALD backgrounds.

Access to services and systems

Navigating complex service systems

Consultation participants with developed self-advocacy skills believed that Australia has a functional system compared to other countries, but that it is difficult to navigate. Stereotyping and institutional racism prevent people from fully participating in social life and accessing services; structural and systemic discrimination are an everyday battle for many people with disability from CALD backgrounds.

Currently, people from CALD backgrounds are poorly represented in Australia's service systems as they are disproportionally affected by multiple barriers that prevent them from accessing services. For instance, in March 2021 only 9.4% of people accessing the NDIS were from CALD backgrounds - much less than the 20% that was initially expected.[51]

Most service systems that people with disability engage with are fragmented and not culturally responsive. Disability services are often siloed and designed with an assumption that users are well-educated, have the skills to navigate complex processes, understand English, have the confidence to assert their rights and needs, and are comfortable with bureaucracies. Many people from migrant and refugee backgrounds are unfamiliar with local practices and find these systems alienating and frustrating.

Mainstream services may have assumptions about people with disability from CALD backgrounds, including that they seek supports only within their communities and ethno-specific organisations, that the experience of disability is the same for all cultures, and that there are not many people with disability form CALD backgrounds as migration policies do not permit people with disability to settle in Australia.[52] Therefore the varied and intersecting needs of people with disability from diverse cultural backgrounds are often not given sufficient consideration. As a result, services do

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[51] NDIS, Cultural and Linguistic Diversity Strategy Progress Update, July 2021, p.2. Available at https://swww.ndis.gov.au/media/3446/download?attachment (accessed on 26 October 2022).

[52] Multicultural Disability Advocacy Association of NSW (MDAA), Violence through our eyes. Improving access to services for women from non-English speaking backgrounds with disability and carers experiencing violence, Project report, 2010. Available at: https://www.yumpu.com/en/document/read/32019285/violence-through-our-eyes-women-with-disabilities-australia (accessed on 26 October 2022).

not ensure clear and accessible information or provide translated information, even in areas highly populated by CALD communities.

Many people with disability from CALD backgrounds learn about services by word-of-mouth or through community networks, but the information they receive may be limited. For instance, community members accessing the National Disability Insurance Scheme (NDIS) might promote the Scheme without a clear understanding or explanation of their rights, responsibilities and processes. If a person with disability has their NDIS application rejected, their family does not receive an adequate explanation about options to reapply with improved evidence, or about alternative state disability services such as the Home and Community Care Program for Younger People (HACC PYP) in Victoria. When people with disability from CALD backgrounds are rejected once or encounter a hostile environment, they tend to disengage and do not search for alternative options.

Case study: Mary

Mary's parents found it difficult to cope with their daughter's behaviour, which led to a diagnosis of autism spectrum disorder. Due to the language barrier and lack of understanding of the Australian services system, Mary's needs were neglected as she did not access any disability support services or enrol in kindergarten or childcare. Due to financial hardship, the parents could not afford to take Mary to private specialist care.

After settlement services referred Mary's family to a worker from the Victorian Access & Support (A&S) program, the family developed trust and was provided with information on supports available, including the NDIS and State disability support services. The A&S worker holistically supported Mary and her parents with the arduous NDIS Access Request process, including obtaining the necessary evidence.

Mary was successfully approved for the NDIS; however, the family was still confused about the steps to follow, as their needs had been consistently overlooked and they had never been provided with any information about NDIS engagement. The A&S worker assisted the family with the NDIS pre-planning process and the NDIS Planning meeting. When Mary's NDIS Plan was approved, the worker guided the family through the process of choosing a provider that best suited Mary's needs.

The A&S worker attended a few meetings with the NDIS providers until the family felt comfortable to proceed independently. This has also resulted in Mary enrolling at the Local Special Development School Kinder Program and Mary's mother receiving a Carer Payment and Allowance. Engagement with an A&S worker has significantly improved the family's confidence and independence.[53]

Additional systemic barriers occur if the NDIS participant's needs are not addressed in a holistic manner, including their family circumstances. In one instance, an 11-year-old daughter was caring for her mother, who has a psychosocial disability and uses NDIS services. The child was neglected

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[53] Since the full roll out of the NDIS, Access and Support worker engagement in the client journey has become limited and is only funded to support clients up to the NDIS planning meeting. This presents a service gap for people with low levels of English literacy and low confidence in service navigation. Participants and their families might disengage after the planning meeting, choose a provider that fails to meet their needs, or 'drop out' at the time of the plan review.

and had obvious carer burnout. However, she was not approached by existing NDIS services to address her circumstances as a full-time young carer.

Navigation supports, such as the aforementioned National Multicultural NDIS Community Connector Program and Victorian Access and Support (A&S) Program, provide assertive outreach and build rapport and trust before they assess an individual and their family's needs. In many cases navigation services are delivered by bicultural workers who are well-placed to identify abuse and neglect of people with disability in their personal environments. A&S and Multicultural Community Connectors are well-connected to local services and can refer clients to address mistreatment.

These services should be recognised, evaluated with people with lived experience and service users, and applied nationally.

Multicultural NDIS Community Connectors (2020-21)

The Multicultural NDIS Community Connectors[54] focused on assisting people from culturally and linguistically diverse (CALD) community groups who needed additional support to access the NDIS due to social, cultural and economic barriers. As trusted community members, Community Connectors played a critical role in identifying and engaging with people with disability and their representatives.

Collaborating with Partners in the Community (PITC), Community Connectors helped participants who required additional assistance to access the NDIS, to understand and efficiently utilise their plan. The Connectors provided advocacy to empower potential participants as part of system engagement, worked collaboratively with existing NDIA community engagement activities, and provided advice to the government on systemic barriers to accessing the NDIS for CALD people with disability.

Victorian Access and Support Program

For more than 10 years, Victoria's Access and Support (A&S) program has been a free service that assists clients to access a range of aged care, disability and broader health care services.[55] A&S workers apply their place-based knowledge to refer across different points of service systems for the best client outcomes.

A&S has been critical in assisting people with diverse needs, defined as 'Special Needs Groups' under the *Aged Care Act 1997* (Cth), who experience barriers in accessing services, to better understand support pathways and assist them at various stages throughout their journey. A&S workers improve service access by providing episodic support for part of or throughout the client pathway as the person navigates the service system.

A&S workers apply culturally responsive, holistic and consumer-directed care approaches when assessing the client and their carer's needs, supporting clients to exercise choice and control within broader community and service system settings. A&S workers assist clients and their carers

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[54] For further information see flyer at https://eccv.org.au/wp-content/uploads/2021/02/Community-Connector-Flyer_v1.pdf.

[55] For further information see https://eccv.org.au/wp-content/uploads/2021/02/Community-Connector-Flyer_v1.pdf.

to develop an understanding of how to access service systems and help them build their confidence and self-advocacy skills.

A&S workers develop effective links and establish trust with communities and individuals, thereby assisting their clients to navigate services and achieve the best possible outcomes. The main components of an A&S worker's role are to:

• Identify individuals in need through assertive outreach, conduct holistic assessment of the client and their carer's needs, and explain service systems, available services and how to navigate them
• Support clients in a practical way to access assessment services
• Work with service providers and provide secondary consultation in an impartial manner, to ensure they are equipped to deliver individualised services that are culturally appropriate.

Recommendations:

26. The Commonwealth Department of Social Services (DSS) and National Disability Insurance Agency (NDIA) establish an ongoing program, such as the Multicultural NDIS Community Connectors program, to support people with disability from CALD backgrounds to access and navigate the NDIS.[56]

27. Victoria's Access and Support program is used as an example of best practice for the new Care Finder program being rolled out to support people who face barriers to accessing a range of public and community support services.[57]

Australia's service systems are Anglo-centric and tend to exclude people from diverse backgrounds.[58] With almost half of Australia's population either born overseas or having at least one parent born overseas, services and systems must be redesigned with diverse service users at the heart of the process. Consultation participants called for promotion of rights-based approaches, to build their confidence and move away from prevalent charity and welfare-based approaches.

Until systemic inequity is addressed, governments must ensure that navigation support is embedded in service systems, including recognising the diversity of service users and their families.

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[56] Federation of the Ethnic Communities' Councils of Australia, Community Connectors, 2021. Available at: https://fecca.org.au/communityconnectors/ (accessed on 26 October 2022).

[57] Ethnic Communities' Council of Victoria, Submission to the Royal Commission into Aged Care Quality and Safety – July 2019, The Victorian Access and Support Program Network, 2019. Available at: https://eccv.org.au/wp-content/uploads/2019/12/Submission-to-the-Royal-Commission-into-Aged-Care-Quality-and-Safety-July-2019.pdf (accessed on 26 October 2022).

[58] Colonial western welfare and economics models are based on centralised systems that create dependency and focus on treatment of symptoms or causes, rather than prevention. Diversity is often overlooked in western development and supports dominant groups. See James Midgley (1998) Colonialism and Welfare, Journal of Progressive Human Services, 9:2, 31-50.

Language services

"Mum is happy here, gets enough sleep, food" – Consultation participant

Fulfilment of basic needs builds confidence and the ability to respond to acts of violence, abuse and exploitation. New and emerging community members identified that they are challenged by a lack of language fluency, access to income, and independence, which creates cycles of self-doubt.

In every consultation with people with lived experience, their families and carers, lack of English skills was continually referred to as the greatest challenge to understanding and engaging in the dominant culture and its systems. Consultation participants remarked that when a person does not have the ability to read or understand the mail, pay the bills, book and attend appointments, or hold conversations with locals and apply for jobs, they are restricted to one area, one community, and have limited options to advance their circumstances. When asked "what is their greatest desire", people with disability and their carers from migrant and refugee backgrounds expressed the need to learn English as the first step to help them conceptualise the Australian approach to disability, services they can access, and mechanisms they can use to seek support.

Autonomy and active citizenship are built on equitable access to information and resources, which empower individuals and their families to identify and call out inappropriate behaviour. This contributes to their wellbeing and promotes relationships based on mutual respect:

"If people are treated right, they will learn how to give back" – Consultation participant

In 2021, reforms to the Adult Migrant English Program (AMEP) provided eligible migrants and humanitarian entrants with access to an unlimited number of hours of English language tuition, until they reach a vocational English level.

Some consultation participants noted the importance of being able to access English classes as part of the Settlement Program. AMEP assisted humanitarian entrants to learn flexibly in their own environment until the COVID-19 pandemic disrupted delivery of the program. Students without access to technology missed the opportunity to improve their English language skills as they were unable to afford internet data and technology.

Currently, there is no plan to support access to and deliver AMEP for people with disability from non-English speaking backgrounds. Information about the AMEP program for people with disability is not publicly available, therefore each AMEP provider approaches it individually.

Recommendations:

28. Ensure that personal tutors are available as part of the AMEP to provide in-home English learning programs to individuals with disability, people with caring roles, or health, economic or social needs that restrict them from traveling or participating in external groups at any point in time.

29. AMEP employs Disability Liaison Officers and Support Aides to assist people with disability from CALD backgrounds to access and participate in their English classes, regardless of eligibility for the NDIS.

Health literacy

ABS data shows considerably lower levels of health literacy among people from CALD backgrounds compared to the general population. Only 33% of people born overseas have adequate or better

health literacy, compared to 43% of the Australian-born population. This figure drops to 27% for those who arrived in Australia in the past five years.[59]

The impact of low health literacy on people from CALD backgrounds means they are less likely to access the services that they need, less likely to understand issues related to their health, and more likely to experience social isolation, which can negatively affect physical and mental health.[60] Due to a range of factors, such as societal discrimination and prejudice, and the intersection of this with individual factors such as lack of English proficiency, low health literacy and limited skills to navigate services, people with disability from CALD backgrounds continue to face harassment, abuse and exploitation.

Exposure to support services contributes to health literacy. Health literacy is developed through experience, often when attempting to have needs met. Consistent health information in a range of languages and formats is essential to promoting health literacy. Accurate and clear health information may not have been available in the countries or environments of origin for many migrants and refugees, which impacts their confidence in seeking knowledge.

Recommendation:

30. A national health literacy framework is developed for diverse communities. This should include localised activities co-designed with CALD communities in partnership with DPOs to promote health literacy, including disability awareness, to migrant and refugee communities.

Consultation participants reported that people with disability from CALD backgrounds can find medical specialists and General Practitioners (GPs) intimidating. This often occurs when appointments are infrequent and short. Traditional views about medical practitioners can also contribute to an unequal power dynamic:

"In my country the doctor is someone who decides your life, not provide a service. They don't have to explain anything, they just tell you what to do." – Consultation participant

GPs are one of the most trusted sources of information and authority for CALD community members. Nevertheless, some of the participants reported that GPs are "too busy" and "have no knowledge of disability or NDIS".

ECCV, as the coordinator of the Victorian State-wide Access and Support (A&S) Network[61] and the former contractor for the Multicultural NDIS Community Connectors program in Victoria, has routinely consulted with A&S workers and Community Connectors. These workers reported poor

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[59] Australian Commission on Safety and Quality in Health Care, Consumer health information needs and preferences: perspectives of culturally and linguistically diverse and Torres Strait Islander people, p. 4, Sydney, 2017. Available at: https://www.safetyandquality.gov.au/sites/default/files/migrated/Consumer-needs-and-preferences-Perspectives-of-culturally-and-linguistically-diverse-and-Aboriginal-and-Torres-Strait-Islanders.pdf (accessed on 26 October 2022).

[60] Ibid.

[61] In Victoria the Access & Support Program provides support to people with disability and older people who face barriers to accessing disability and aged care supports. A&S workers work closely with people with disability and their families to support them to navigate the assessments, support options, and access processes required to access services. They provide secondary consultations to service providers, to support better pathways and outcomes for people with disability and older people. ECCV has coordinated and supported the A&S Network for over 10 years.

GP engagement with interpreters, and with assisting patients with NDIS evidence collection, medical reports, service mapping and general knowledge of disability.

Health services create barriers when they fail to register with the interpreting credit line or refuse to engage interpreters. If not appropriately trained, interpreters can add another barrier by failing to convey health messages accurately, or by interpreting literally, without matching the client's language and cognitive abilities.

Recommendations:

31. As part of their accreditation requirements, GPs must undertake regular orientation training in service systems, such as NDIS and state disability services, palliative care, mental health and aged care, to provide a holistic person-centred service.

32. Government funded interpreting services, such as TIS and Language Loop, are required to participate in ongoing Professional Development to maintain up-to-date knowledge about disability and aged care programs, services and reforms.

Safety and culturally responsive practice in disability support services

Bicultural and bilingual workers provide essential support, particularly for people who have limited English language proficiency and who are not literate in their native language. People with disability from migrant and refugee backgrounds often rely on their support workers for navigating services and interpreting, including translating letters and government forms. By taking time to build trust, bicultural workers gain greater insight into family dynamics and learn about a family's needs in a holistic way. This provides opportunities to identify risks of abuse, neglect and violence. Trust-based relationships can also create a platform for capacity-building and culturally responsive interpretation of information.

Consultation participants highlighted that the accessibility of culturally responsive disability services, particularly in regional areas, is a major barrier for people with disability. Private mainstream providers have strong incentives to focus on business growth by establishing services in densely populated areas, and engaging in strategies such as "cherry picking" services and the most profitable clients.[62] Providers are subject to regulations around compliance and risk management that oblige them to prioritise these over authenticity and cultural competency. The lack of a specialist workforce creates "thin markets" geographically and culturally and leads to gaps in meeting service demand.

Mainstream services, especially in areas with limited options or insufficient service supply, lack resources to provide a holistic service to their clients. Consultation participants reported that Local Area Coordinators (LACs) in regional areas and parts of metropolitan Melbourne were not able to meet demand and have not engaged them in a culturally appropriate way, at times openly expressing prejudice:

> *"LACs from non-migrant backgrounds interrogate CALD clients about their intentions to travel, but they would never do that to mainstream Anglo Australians. LACs think that we take more than we deserve and misuse our budgets."* – Consultation participant

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[62] National Disability Services, NDIS Market Dynamics Study, Victorian NDIS Sector Development project report, Melbourne, 2019. Available at https://www.ntmhc.org.au/wp-content/uploads/2019/06/NDIS-Market-Dynamics-Final-Report-April-2019.pdf (accessed on 26 October 2022).

The disability support workforce must be required to understand rights-based approaches to service delivery and their application in specialist disability services. For instance, consultation participants reported that workers often speak to the person's carer or family members rather than the person with disability. Disability support workers must have professional development opportunities to develop their professional practice to further integrate human rights, culturally responsive and intersectional approaches in their work.

Western practices and service systems based on segregated service provision, liability, risk management and compliance create barriers for people from migrant and refugee backgrounds. According to consultation participants, people with disability from CALD backgrounds and their families are not likely to use formal feedback or complaints mechanisms. They are also less likely to provide feedback due to different cultural understandings of what their rights are as service users. They also fear losing access to services or being perceived as ungrateful.[63]

Trauma-informed practice is crucial in service delivery. People with disability from CALD backgrounds would benefit from a trauma-informed approach that uses safe and tested methods for engaging and assessing people for services. Importantly, trauma-informed approaches provide support workers with tools to establish mutual trust.

Recommendations:

33. Trauma-informed practice, human rights under the CRPD, and cultural awareness training modules are made mandatory for disability support workers, and are reviewed yearly.

34. A comprehensive cultural competency framework is co-designed with people with disability form CALD communities and implemented in the disability service system.

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[63] Ethnic Disability Advocacy Centre, Creating a scheme inclusive of people with a disability form culturally and linguistically diverse background, Submission to the Productivity Commission Inquiry into Disability Care and Support, Subiaco WA, 2010, p. 6-7. Available at: https://www.pc.gov.au/inquiries/completed/disability-support/submissions/sub0339.pdf (accessed on 26 October 2022).

Conclusion

ECCV would like to thank the Royal Commission for the opportunity to share our knowledge and the experience of our communities and stakeholders.

ECCV's intention in this submission has been to emphasise that there is no "one size fits all" approach when mapping and responding to the needs and experiences of people with disability from migrant and refugee backgrounds. To improve the lives of people with disability, policy makers and decision makers, service providers and community leaders must be informed by the unique experiences, strengths and concerns of people with lived experience.

Addressing violence, abuse, neglect and exploitation of people with disability from migrant and refugee backgrounds should start by addressing inconsistent data collection practices that do not allow a full picture of their experiences and needs to emerge.

Issues around safety and trust are major factors contributing to the risk of violence, abuse, neglect and exploitation of people with disability from CALD backgrounds. Settlement experiences can reinforce isolation, as can discrimination and exclusion in education, employment, and in the broader community. Tailored support during settlement would help to build trust and assist recently arrived refugees and migrants with disability to access necessary supports. Information sharing and delivery can also be improved through policies to enhance access to professional translating and interpreting.

Solutions to addressing violence against people with disability must include resources to address the under-representation of people with disability from CALD backgrounds in decision-making and policy-making, and build capacity and support participation in decision-making at all levels.

As this submission has highlighted, people with disability from CALD backgrounds often rely for support on family, community and faith organisations and leaders, and bicultural workers. Governments should therefore invest in information sharing and capacity building through culturally appropriate community hubs, online communities, and peer support programs. The particular risks faced by women with disability from CALD backgrounds must also addressed through Commonwealth planning.

Allowing people with disability from CALD backgrounds to live in dignity also means confronting the barries that they face in accessing education and employment. Improved school infrastructure, enhanced assistance and better resourcing for teacher aides and support workers, and the employment of bilingual workers and cultural awareness officers will assist students to overcome barriers in the classroom. To provide further pathways into education and employment, the Government should develop a national disability employment plan and increase the proportion of public sector employees with disability to 20% by 2030.

The disempowerment of people with disability from CALD backgrounds in family and community settings is overwhelmingly reinforced and compounded by discrimination and exclusion in formal systems, services and institutions. Funding for independent Disabled People's Organisations led by people with disability from CALD backgrounds would be an important step towards addressing this. Cultural safety can be improved through the mandatory provision of trauma-informed practice, human rights, cultural humility and participatory practices training for disability support workers, and the implementation of a comprehensive cultural competency framework in the disability services system.

The COVID-19 pandemic exposed gaps in equity, social justice and safety for people with disability from CALD backgrounds, and highlighted the importance of providing clear and consistent communication and making translated and accessible information available to people of all backgrounds. A Government communications strategy should also include the development of public campaigns and messaging with people with disability from CALD backgrounds to address issues of public safety and the underlying drivers of violence, abuse, neglect and exploitation.

Greater support for people with disability from CALD backgrounds to access the NDIS and other public and community support services, additional English language support through the AMEP, and the creation of a national health literacy framework for diverse communities would all also improve engagement and combat the isolation and exclusion that can contribute to violence, abuse, neglect and exploitation.

The recommendations that ECCV has made in this submission, which have been reviewed by disability sector stakeholders, will be important steps towards meeting systemic challenges associated with the violence, abuse, neglect and exploitation experienced by people with disability from CALD backgrounds. The recommendations are intended to assist the Royal Commissioners to build a basis for a future that is designed by and with people with disability, in which people with disability exercise self-determination and are involved in all decisions that affect them. This must be the foundation to ensure that all forms of abuse, violence, neglect and exploitation are eliminated, and that people with disability are able to thrive.

Appendix - Consultations

In preparing this submission, ECCV considered the Royal Commission's Issues Paper 'Experiences of culturally and linguistically diverse people with disability', released in March 2021.[64]

The following questions formed the basis for the consultation questions:

- Question 1: How is disability understood or described in your family, culture, community or language?
- Question 2: How are the concepts of violence, abuse, neglect and exploitation understood or described in your family, culture, community or language?
- Question 4: What can you tell us about the experiences of violence, abuse, neglect and exploitation for culturally and linguistically diverse people with disability?
- Question 5: How are people with disability included, supported and welcomed by your cultural community? Are there any ways in which your cultural community excludes (for example, ignores or stigmatises) people with disability?
- Question 10: How do culturally and linguistically diverse people with disability access support? What pathways do they follow to ask for assistance?
- Question 11: How accessible are services for culturally and linguistically diverse people with disability in different settings, for example, justice, health, education. What sorts of culturally-appropriate supports and services should be made available?
- Question 12: What are the hopes for the future of culturally and linguistically diverse people with disability? Are there any examples of promising practice? What needs to change to make things better for culturally and linguistically diverse people with disability?

Consultation Questions

This submission is informed by the experiences of people with disability from culturally and linguistically diverse backgrounds. Their shared expertise contributed significantly to this submission as there is little data and knowledge about experiences of mistreatment by people with disability from CALD backgrounds.[65] Current data collection mechanisms require significant improvement to inform effective future planning.

Seven CALD community organisations (including Access and Support service providers and peak bodies), six Multicultural NDIS Community Connectors, and seven people with disability and their carers from CALD backgrounds participated in consultations facilitated by ECCV.

The questions asked during consultations differed for community members with lived experience and industry stakeholders.

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[64] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, The experiences of culturally and linguistically diverse people with disability, Issues Paper, March 2021. Available at: https://disability.royalcommission.gov.au/publications/experiences-culturally-and-linguistically-diverse-people-disability (accessed on 11 October 2022).

[65] Victorian Equal Opportunity and Human Rights Commission, Beyond doubt: the experiences of people with disabilities reporting crime, Summary report, Melbourne, 2015. Available at: https://www.humanrights.vic.gov.au/static/de8c56fa6025cc3cc41d58ac57cfbe46/Resource-Beyond_Doubt-Summary_report-2014.pdf (accessed on 11 October 2022).

For community members with lived experience:

1. What disability do you have and what role does it play in your life?
2. What does disability mean for your family and cultural community?
3. In what way does a disability affect your experiences in the mainstream community?
4. What is your common experience with services: health, education, employment?
5. Can you remember a positive experience in a community and services you would like to have more often?
6. How hard or easy is it to identify and call out mistreatment of people with disability from migrant and refugee backgrounds? What are your personal experiences of mistreatment?
7. How do you think these experiences are different from the experiences of Australian born people with disabilities?
8. How can we make the community safer and prevent mistreatment of people with disabilities from migrant & refugee backgrounds?

For sector stakeholders:

1. What are the main societal barriers for people with disability?
2. How are these barriers compounded by migrant or a refugee experience in Australia?
3. What is the common experience of people with disability from migrant and refugee backgrounds within mainstream services?
4. Do people with disability from migrant and refugee backgrounds access advocacy and support services? Why/why not?
5. Why are abuse, neglect, exploitation, and violence so prevalent against people with disability?
6. What would make our community safer and prevent violence against people with disability from migrant and refugee backgrounds?
7. Do you know any best practice examples that showcase inclusive and respectful society and systems?