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Inquiry into NDIS Independent Assessments

**A submission by
Migrant Resource Centre (Northern Tasmania) Inc**

19 March 2021

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Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

This submission has been prepared by Mark Deverell, Programs and Services Manager for Migrant Resource Centre Northern Tasmania Inc. (MRC North) responsible for overseeing the NDIS services provided, and on behalf of MRC and represent the views of service delivery staff, coordinators and managers.

The MRC North, was established as a not for profit community organisation to facilitate the settlement of migrants into North and North-West Tasmania. MRC North is one of two MRCs operating in Tasmania – the other is MRC Southern Tasmania trading as MRC Tasmania. We highlight this so as to avoid confusion. The MRCs are two separate entities.

MRC North is a settlement service provider and since 1982 has assisted migrants seeking advice for eligible services and arrivals under Australia's Refugee and Humanitarian Program, approximately 300 persons per annum. In recent years and in response to emerging needs of its clients, MRC North has expanded and now offers a range of services state-wide. These services include National Disability Insurance Scheme (NDIS) and other disability support.

MRC North has been providing NDIS services for the past 2 years, predominantly to people from Bhutan, Nepal, Myanmar and Afghanistan. MRC North commenced providing these services due to the successful services in settlement and support previously provided to migrants. The next logical step was to broaden the scope and types of supports that were provided to new Australians. Through the traditional services provided by MRC North, the team of Social Workers and Case Managers developed eclectic skills in working with members of CALD communities, gaining respect and trust as specialist practitioners in the field. There were very few services that understood the needs of people from CALD backgrounds, and the level of support required.

This submission of MRC North is in relation to CALD communities and the potential challenges of the proposed independent assessments.

Below are responses to three items (c, d and j) of the terms of reference:

c) the human and financial resources needed to effectively implement independent assessments.

In Tasmania and most states across Australia, there is a significant thin market in relation to access and availability of allied health services [Full-Strategy-and-Action-Plan_final.pdf \(nds.org.au\)](#)

There are already large waiting lists for people wanting to access allied health services under their established NDIS plan, let alone needing to access an AHP for independent assessment. The waiting lists for Occupational Therapy and Speech Therapy can be anywhere up to 24 months long which often results in a worsening of the original reason for referral. A major concern for providers is around narrowing an already thin market by engaging AHP to conduct independent assessments, taking them further away from moving through current waitlists.

The original requirement for Planners through the NDIS was to be AHPs under the productivity commission report. This was never achievable given the number of AHPs in Tasmania. Similarly, Baptistcare and Mission Australia in Tasmania have struggled to engage AHPs for the Early Childhood Early Intervention implementation due to the volume required and available funding through the program.

Given the already thin market in regional Tasmania, the nominated services may resort to undertaking independent assessments via tele-practice depending on their location. Through our experience, tele-practice does not work effectively with our communities as it is not a medium they are overly familiar with. In addition to this being an unusual process, the language barriers mean that phone interpreters often need to be engaged, complicating the process even further (for example, a shortage and therefore availability of interpreters for some languages; and lack of digital literacy and access to digital technology) . The communities we work with are generally reluctant to air their problems to people, meaning that they often respond that things are fine, when in fact they are far from it. It takes a certain level of skill, awareness of cultural sensitivities and relationship to encourage particular migrants to talk about their abilities or struggles with day to day tasks. Relationship is the key here which is often established prior to this process being undertaken.

Should the lack of available AHP in Tasmania mean that independent assessments will then be conducted over tele-practice, we are deeply concerned we will see potential clients disengaging from the supports available through the NDIS.

Recommendation: that due consideration is given to the specific needs of clients of CALD backgrounds in regional areas, and that telepractice is not the only medium applied for assessments.

d) the independence, qualifications, training, expertise and quality assurance of assessors;

There are concerns from a multicultural perspective around the training and expertise of the independent assessors. When working with the CALD communities, service delivery needs to always be looked at through a cultural lens. Standard assessment tools and approaches are found to not be highly successful within certain CALD communities. Acculturation is not the answer when working with migrants with additional needs. Firstly, they often have difficulty engaging and navigating their own culture and community without needing to fit in to a standardised testing processes which is one size fits most. Secondly, due to language, relationships and culture, the independent assessors will need to have particular skills to understand the complexity and nature of culture within the disability practice paradigm.

There are also concerns regarding the level of disability experience of the selected service providers. MRC North has reviewed the announced panel of providers and share the concerns of other providers regarding the disability experience of these organisations. Below is an outline of the panel of providers and their core business prior to independent assessors.

Access Care Network Australia

- Predominantly Aged Care
- Western Australia

Allied Care Group

- Predominantly suppliers of orthotics and prosthetics to the Allied Health community
- Victoria

Health Strong

- Predominantly Aged Care

- All states

IPAR Rehabilitation

- Predominantly Health Assessors
- All States

Konekt

- Workforce Rehabilitation
- NDIS Services
- All states

Rehab Management Australia

- Workplace rehabilitation and ergonomics
- All states

Advanced Personnel Management

- Work care
- Disability services
- Employment
- All states

Two of the above service providers are engaged in NDIS service delivery within the disability sector. This raises questions about the organisations ability to remain independent in assessments of both current and future clients of their service.

MRC North holds concerns regarding the transdisciplinary approach to the independent assessments given the lack of disability experience and knowledge within these service providers. We question how effective an assessment for an individual with autism and behavioural concerns would be when conducted by a physiotherapist that has predominantly spent a lot of their career working in rehabilitation or acute environments. Transdisciplinary models work well when there is a multi-disciplinary team immediately available to the transdisciplinary therapist. Without an environment that has a wide variety of multi-D practitioners, it is questionable how some disciplines will effectively be able to make an assessment on behavioural or communication grounds.

Recommendation: that assessors for people of CALD backgrounds have experience working with this cohort, and where experience is limited, that they consult and seek the advice of relevant organisations

j) the appropriateness of independent assessments for particular cohorts of people with disability, including Aboriginal and Torres Strait Islander peoples, people from regional, rural and remote areas, and people from culturally and linguistically diverse backgrounds;

This is a major concern for MRC North. As we have been providing long standing services to clients from Bhutan, Nepal, Myanmar, Afghanistan, Iran, Sudan, Congo Republic, Eretria and others, we are fully aware of the complexities of working with members of these communities. In most of these countries, health care let alone disability, is not a key priority for a large number of people. We have learnt to acknowledge that individuals from these communities take time to develop relationships before opening up about matters of a personal nature. Discussion about personal business generally

remains within the family and seldom gets shared outside of these environments. To have an expectation that a migrant living with disability would meet, engage, open up and give a realistic account of their disability in one assessment session is not practical. Currently prior to an eligibility assessment or meeting with the NDIA, our staff spend considerable time with people living in the community in order to understand how functionally their disability impacts on their day to day life. This is mainly due to the fact that people from CALD backgrounds come from environments where consideration is not given to functional deficits and they learn to live and adapt. Supporting people to recognise that there is a functional deficit can only be achieved after establishing a relationship with the individual.

The time allocated to independent assessments needs to be much greater for migrants living with disability. Often there are language barriers in English and at times, with their first language – due to cognitive processing brought about by disability or trauma. There are a significant number of refugees living with sensory disability, adding another complexity to disability and language barrier as they are learning Auslan for the first time. For a number of these individuals, they are accustomed to using body language and gesture to communicate as access to a language has not always been an option available to them.

Recommendation: MRC North strongly encourages consideration be giving to allowing migrants living with disability the opportunity to engage in independent assessments over a number of sessions. We are concerned that people requiring disability supports through the NDIS, will not be granted access due to the inappropriateness of an independent assessment process. We also strongly request that people from CALD and particularly refugee backgrounds, be encouraged to bring an appropriate person, such as a case worker, with them to their first session. Often the case worker will have insight in to the persons adaptive functioning and how disability may have an impact on their day to day life. There also needs to be allowance in these situations that the organisation providing the case workers can claim the cost associated with attendance/support as these are not currently services funded in most settlement services.

Thank you for providing the opportunity to briefly outline the concerns of Migrant Resource Centre North in relation to independent assessments with the CALD community and in a small state with limited available resources. We look forward to the opportunity to discuss these matters further should the opportunity be made available.

Yours faithfully

Mark Deverell
PROGRAMS AND SERVICES MANAGER