

Queensland Transcultural Mental Health Centre, Amparo Advocacy Inc and the Refugee Health Network Qld feedback on the Consultation paper: Access and eligibility policy with independent assessments

This feedback has been structured around the consultation questions and based on reviewing the following documents:

- **NDIA Culturally and Linguistic Diversity Strategy 2018**
<https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>
- **Independent Assessment Framework August 2020**
<https://www.ndis.gov.au/participants/independent-assessments/independent-assessment-framework>
- **Improving the NDIS. Better Participant Experience and Improved Access and Planning Nov 2020**
<https://www.ndis.gov.au/news/5356-improving-national-disability-insurance-scheme>
- [Access and eligibility policy for independent assessments](#)
- [Planning policy for personalised budgets and plan flexibility](#)
- [Supporting young children and families early, to reach their full potential](#)

It is a joint submission prepared by Queensland Transcultural Mental Health Centre (QTMHC), Amparo Advocacy Inc (Amparo) and the Refugee Health Network Qld (RHNQ). QTMHC is a specialist state-wide service that works to ensure people from Culturally And Linguistically Diverse (CALD) backgrounds receive culturally responsive mental health care and support. Amparo is a non-profit community organisation which provides independent individual and systemic advocacy on behalf of vulnerable people from CALD backgrounds with disability. RHNQ, of which QTMHC and Amparo are members, was established in 2017 and is a mechanism to build capacity, partnerships, and facilitate coordination of care across health, settlement agencies, communities, government and non-government sectors.

The feedback is based on QTMHC's experience in conducting culturally informed cognitive assessments in the context of co-presenting mental health issues for people from CALD backgrounds. It is also informed by Amparo and the RHNQ's collective knowledge and experience of the barriers and enablers for people from refugee and CALD backgrounds in accessing services. Additional informal consultations have been conducted with multidisciplinary mental health practitioners who specialise in working with people from CALD backgrounds in the context of the NDIS.

QTMHC is not a specific provider of functional assessments for all NDIS applications, however due to the current limited availability of culturally capable allied health practitioners willing to conduct assessments for clients applying for the NDIS, QTMHC has conducted assessments in circumstances where cultural factors impacting on cognitive, psychiatric, and psycho-social disability have been predominant features of mental health presentation to the service.

Overarching Comments

The work that the NDIA has completed recently to ensure a more responsive approach to the diverse cultural and language needs of the Australian community is commendable. Opportunities to provide input into the *Consultation Paper: access and eligibility policy with independent assessments* is valued. Funding individuals to complete assessments for NDIS is a laudable and much needed change that the NDIA has introduced. Consideration of the implementation of the Assessment Framework to ensure stakeholders understand the process involved in accessing an independent assessment is required to ensure early identification and support to people to access the NDIS. There are significant challenges for people from CALD and refugee backgrounds who have a disability to access and navigate the disability service system in Australia. These challenges exist at both the service delivery and systemic levels. To sustainably address these challenges, further consideration needs to be given to the cultural and linguistic factors that shape how equity of access and outcomes of the Independent Assessment Framework can be achieved for this cohort.

Learning about the NDIS

1. [What will people who apply for the NDIS need to know about the independent assessment process? How is this information best provided?](#)
 - 1.1. **Accessible and culturally appropriate:** One of the key priority areas identified in the *Cultural and Linguistic Diversity Strategy 2018* is to make information about the NDIS accessible. The Strategy recommends that information should be *“in their preferred language, media and format including verbal, visual, multimedia, written and audio that will be accessible to a range of literacy and ability levels”* (p. 16 2018 NDIS CALD Strategy) However, the current NDIS website <https://www.ndis.gov.au/languages> has only 12 languages translated and only in written format. The automated audio function on the website does not provide a clear audio translation of the content. It also has no translated information regarding the Independent Assessment process. The [FAQ on the Independent Assessment](#) webpage are only in English and do not clearly identify where you might be able to obtain information in your own language. Although participants can request interpreters and some limited translation services, there is room for improvement, including making available culturally nuanced material in plain English and across written, verbal, video and audio format. Also it

is recommended to include a standard line on all webpages and public documents stating that interpreting is free and access is on request.

1.2. **Key messages:** consistent messaging around availability of free professional interpreters when accessing independent assessments is critical to ensuring awareness and promoting the right to an interpreter. Tailored messages guided by 1.1 above need to explain the concept of an independent assessment, what level of choice including cultural support is available and that it will be at no cost to the applicant. Participants and family members should be able to have their outcomes of the independent assessment translated into their preferred language.

1.3. **Further engagement with communities:** as per the 2018 NDIS CALD strategy there is a need for further engagement with CALD communities to better understand, at a fundamental level, how CALD communities understand, conceptualise and experience disability and disability support. It is also crucial to deliver information and education to increase understanding of the rights of person's with disability and what a good life can look like to raise expectations among CALD communities so potential participants and their family members can articulate their needs for support more fully in the assessment process. Formulating key messages as per 1.2 above needs to consider concepts related to autonomy, family and carers involvement and self-determination in making choices. Such consideration should also underpin designing both assessment processes, and in turn, support packages that will meet, in a culturally meaningful way, the holistic needs of individuals.

Accessing the NDIS

Overarching access considerations for people from CALD and refugee backgrounds:

- Greater availability of LACs with expertise in working with CALD communities to specifically address challenges experienced by CALD people when accessing and navigating the NDIS.
- Greater availability of competent and skilled multicultural disability support providers.
- Increase the cultural competency of mainstream support providers to enable greater choice for people from CALD backgrounds when accessing service providers. Limited access to culturally appropriate services can result in package underspend or supports provided that do not actually meet need.
- Support coordination MUST be considered as a fixed budget item for CALD and refugee background individuals who require assistance in understanding and implementing their plans and additional support to connect to appropriate services that can meet their needs,

and to understand and manage their budget. As fixed budget there will be a commitment to ensuring it is factored in plans.

2. What should we consider in removing the access lists?

It is understood that people will still require a relevant diagnosis from a medical practitioner regardless of whether the access list is removed. Potentially the access list makes it easier for those who have a listed condition to access the NDIS, conversely by removing this it may make the process more difficult for some. However on balance the removal of the list does support people who don't have an impairment listed but may have "substantially" reduced functional capacity. For some cohorts like newly arrived people from a refugee background they may experience difficulties accessing the health system and this may disadvantage them in accessing a formal diagnosis and may delay access to the NDIS.

3. How can we clarify evidence requirements form health professionals about a person's disability and whether or not it is, or is likely to, permanent and life long?

3.1 Access to health care: people from refugee background who are settled under Australia's Humanitarian program are subject to a health waiver and hence some arrive with complex health and disability issues. It is especially important that the NDIA identifies and supports this small but significant cohort. Working closely with Department of Home Affairs, refugee health services, settlement services and other key providers to enable timely access to the NDIS. Consideration should be given to overseas health and disability reports and where appropriate not duplicate assessments. This information if available will support the public health system to make informed decisions.

Undertaking an independent assessment

Overarching considerations for people from CALD and refugee backgrounds:

To establish equitable processes, it is important that policy and services are not only directed to majority population and majority language cohorts. Nearly 30% of people in Australia are born overseas, 3-4% of people require interpreting assistance and over the last decade there have been around 145,000 refugee arrivals who have additionally experienced forced migration, torture and trauma.

Whilst the Independent Assessment Framework provides opportunity to achieve standardisation of assessment approaches and tools there is insufficient consideration of how a person's cultural context (including their beliefs, values, life experiences, opportunities, language and literacy) will be considered. Cultural context can impact, how they 'perform' or respond to assessments, as well as the assessment process and how assessment results are interpreted. Furthermore, factors such as impact of trauma, exposure to formal education, and familiarity with 'Western' assessment

processes (i.e., pen and paper, assessment environment) will have a significant impact on how people from a CALD background engage with the overall assessment process.

5. What are the traits and skills that you most want in an assessor?

5.1 Cultural competency: there is a need to consider the availability (both in real numbers and quality) of culturally competent Independent Assessors. On the *“How the independent assessment will work”* the [NDIA website under the FAQ](#) states that all assessors undertake cultural competence training as part of their application. There is however little detail of how and what will be included. For example, how will competency be assured in relation to engaging interpreters. Considering that a large proportion of Allied Health Professionals (in private practice) have not had free access to interpreters through TIS, it can be assumed that they may have limited familiarity with the interpreting system and will require training.

The 2018 NDIS CALD Strategy alludes to the development of an implementation guide to operationalise the Strategy, however this does not seem to have been developed or made publicly available. Such a guide would be useful in ensuring cultural competency, however in the absence of such a tool the following is recommended:

- commissioning agreements with independent assessors include cultural competency (from the attitudinal level, to knowledge and skills) as a key performance indicator and standardised reporting requirements e.g. occasions of service with interpreter, collection of min CALD data (country of birth, language spoken, interpreter required, year of arrival in Australia and cultural background*)¹
- The NDIA consider development of assessment guidelines, training and practice support mechanisms for independent assessors. As there will be a limited pool of existing allied health practitioners identifying as being culturally competent, the NDIA will need to consider mechanisms to upskill mainstream practitioners.

5.2 Workforce diversification: on the *“How the independent assessment will work”* [FAQ page](#) it is noted that there may be an option to match applicants with assessors who speak the same language. This is a welcomed approach however to achieve this there is an implicit need to diversify the workforce. Therefore, policy and actions are required that target and support CALD AHP including those with overseas qualifications. The NDIA tender should seek applications from diverse cultural backgrounds and consider organisations that have evidence-based strategies to diversify and support the workforce. To enable matching of applicants to assessors it implies that

¹*Year of arrival and cultural background are suggested proxy data to identify people from refugee backgrounds

consideration has been given to collecting data such as language spoken by both applicant and provider in an accessible and centralised system. If this has not been considered it should be routinely collected.

6. What makes this process the most accessible that it can be? For example, is it by holding assessments in your home?

6.1 Flexible and innovative practice: It is unclear from the Independent Assessment – Pilot learnings and ongoing evaluation plan as to whether any of the pilot assessments were conducted with people from CALD backgrounds using interpreters. This is particularly pertinent, as experience tells us that any assessment conducted with people from CALD backgrounds, many for whom English is not a first language, will require lengthier timeframes to accommodate for language needs. Yet, the NDIA has stipulated that independent assessments needs to be done within 90 days and have identified an average of 3 hours. Furthermore it has been stipulated that when selecting assessment tools for the NDIS context, practical considerations of time to administer, qualification requirements and cost of administration be considered. But no mention of additional time for interpreter or time for collection of collateral information to inform the assessment which might be required especially if there is significant cultural distance between the assessor and the applicant. To ensure flexible and innovative practice it is recommended that:

- Tender specification documents should clearly articulate flexibility with timeframes for assessments for people from CALD and refugee background in acknowledgement of the language and cultural need requirements to ensure a more accurate assessment outcome.
- Funding for interpreters should be outside of the tender requirements as it will be difficult for providers to budget for interpreters as demand will be difficult to forecast. This will also minimise the risk of providers being disincentivised to work with CALD and refugee background people.
- The NDIA should carefully monitor and evaluate tenders using not only price and efficiency scales but consider how tenderers address complexity and cultural diversity in their structures. The NDIA should liaise with experts in the CALD/refugee disability space to provide in-confidence advice where there is uncertainty in the evaluation of tenders.

6.2 Engaging family, community and alternative assessors: As outlined above cultural and linguistic considerations are integral to an accurate assessment outcome. Furthermore, issues of trust, discrimination and racism are experienced by this cohort. In considering the broader social determinants for CALD and refugee background people there is evidence of significant disparity in access to services and health outcomes. It is therefore imperative that this is factored into the assessment framework. It is noted that the NDIA identifies that there may be extenuating

circumstances where there will be no option but to have an assessor who knows the person they are assessing, particularly in rural, remote and hard to reach populations. In these situations, any risk of sympathy bias is outweighed by the need to complete the assessment process and to do so in a culturally-sensitive manner. (p.26 Aug 2020 Independent Assessment Framework) To ensure that the assessment process is as accessible as possible, it is recommended:

- Where appropriate a trusted AHP or health professional who is known to the individual is included or facilitates the assessment
- Family and community involvement are considered throughout the assessment process and helps to inform appropriate location for conducting assessments and other cultural requirements

7. How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?

7.1 Cultural safety: The assessment framework does not identify the need for cultural safety as a key element of an accurate assessment process. Special consideration needs to be given to the culturally diverse concepts of self, family, carers, community and specialised services and how this impacts the delivery and interpretation of self-report measures by the individuals, family or carers. To ensure cultural safety and inclusion, attention must be given to the traits and skills of assessors including at a minimum, as outlined above, cultural competency (which ranges from attitudes such as respectful curiosity, to skills around working with interpreters and ability to formulate culturally responsive findings and recommendations), and specific skills and knowledge to integrate an understanding of the impact of culture within assessments. Generally, refugee trauma is not well considered in the development of policy and services however to enable safety and inclusion assessors will need specialised training on the impact of torture and trauma on the assessment process.

7.2 Validity and suitability of assessment tools: Further review of the suite of assessment tools identified by the NDIA to determine whether they have been validated with CALD populations is required. Where they have not been validated with CALD populations, consideration needs to be given to:

- how assessment results will be interpreted, including lowering thresholds to accommodate for barriers.
- potential traumatisation and stress caused by a culturally inappropriate assessment tool/process
- Inclusion of more longitudinal and qualitative measures.

- The level of functioning within a person's own environment compared with that of their own family members and community peers.
- Inclusion of qualitative information and collateral information from overseas assessments, existing service providers such as settlement services, support workers, bi-cultural workers or school personnel.

7.3 Access to interpreters: access to certified interpreters who have knowledge of the concepts and terminology of the NDIS is critical to the delivery of an independent assessment. A whole of Government approach is required to ensure we have a sustainable, adequately resourced language service (TIS). Equitable, culturally safe and inclusive assessments will not be achieved for CALD and refugee people with low English proficiency if assessors don't have access to an interpreter workforce with the appropriate skills. Assessors need to demonstrate an awareness of the importance of language services and the integration into their practice e.g. brief and debrief of interpreters at assessment appointments.

Exemptions

8. What are the limited circumstances which may lead to a person not needing to complete an independent assessment?

8.1 Complex presentations: cultural distance to Australian culture and language barriers are in themselves significant reasons why an assessment process may be challenging to conduct. However, there may be additional factors to consider for some individuals which could exempt them from an independent assessment. Consider the following:

- People who reside in regional or remote locations, the added barrier of physical distance can have a real impact on equity of access and outcomes.
- No interpreter available to conduct the assessment. In some circumstances there are language groups (especially emerging groups) where there is limited or no access to qualified interpreters. Family and friends cannot substitute for an interpreter
- Level of disability coupled with trauma and torture experiences, paranoia or other mental health consideration may undermine engagement with an assessor.

Quality assurance

9. How can we best monitor the quality of independent assessments being delivered and ensure the process is meeting participant expectations?

9.1 CALD Data collection: Service agreements with commissioned providers of independent assessments must include performance indicators relating to number of people assessed from culturally and linguistically diverse background and outcomes of those assessments e.g. rejected/accepted, support packages identified. To facilitate this a mandatory data capture is

recommended which should at the very least include: ethnicity/cultural background, age, year of arrival in Australia, country of birth, language spoken, and interpreter required.

9.2 Validity and reliability of tools: the suite of assessment tools needs to incorporate a framework or guidelines pertaining to cultural considerations in relation to engagement and process of assessment as well as interpretation of results of assessment. As noted in the Independent Assessment Framework (NDIA, August 2020) *“the same instrument, used in a different setting or with different subjects can demonstrate wide variation in reliability” (Cook et al, 2006, p13). Hence tools which have not been used across different cultural and linguistic groups may not have enough reliability or validity*. It is therefore recommended that regular monitoring and review of the assessment tools is undertaken in consultation with key stakeholders including AHP providers from CALD background, CALD communities, specialist CALD and refugee services, consumers, researchers and policy makers.

Communication and accessibility of information

10 How should we provide the assessment results to the person applying for the NDIS?

10.1 Language, literacy and cognitive considerations: the use of certified interpreters and include client’s preferred carer(s) when explaining assessment results and outcomes needs to be identified and routinely implemented. It is important that written assessments are provided in plain English and if required translated into the preferred language.

10.2 Transparency of process: Translated written information, audio and video about the assessment process, expectations of assessors, and the appeals and complaints process should be accessible and thoroughly explained. Assessors should be able to engage an interpreter to explain and reiterate the process as required at any stage of the assessment process. At a minimum, the Participant Service Guarantee should be translated (also in audio) and a date for review of the assessment framework by the NDIA be clearly identified.