with a range of initiatives including funding for resettlement of refugees, assessment of refugee qualifications, English language tuition for school children and adults, careers advice and support for those seeking work, and the development of a national network of settlement information services. Regional strategies and action plans in Auckland and Wellington are also in place to support the responsiveness of settlement activities in these regions.

Settlement Support New Zealand (SSNZ) is a national settlement network set up to direct newcomers and their families to services they might need during their first years in New Zealand, and is delivered in 18 locations around the country. This entails a collaborative approach involving central government (through the Department of Labour), local authorities and NGOs as appropriate to each location. The initiative focuses on better co-ordinated delivery of settlement advice and information at a local level, and on improving the responsiveness of local services to the needs of newcomers. Refugee Services Aotearoa New Zealand is the key NGO funded to resettle refugees, providing case management, social work and trained volunteer support. Once refugees have moved on from this service they are able to access the SSNZ local point of contact for referral to relevant services.

Over time, New Zealand’s refugee policy has evolved in response to changing global circumstances and needs. The New Zealand government has, however, demonstrated a continuing commitment to devote a proportion of its quota to refugees who can significantly benefit from the medical or disability support available in New Zealand.

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Early engagement

Celia Brandon and Candy Smith

New Zealand welcomes refugees with disabilities - but how well are they supported after arrival?

Each year, the New Zealand government selects 750 refugees for resettlement. Assessment services and support for disability cases among these 750 have improved over the past few years, thanks to strong advocacy from Refugee Services (the primary agency helping refugees to settle within their new communities) and other specialist agencies such as CCS Disability Action. Quota refugees have six weeks of orientation, screening and assessment at the Mangere Reception Centre in Auckland before resettling throughout the country. Prior to 2006 refugees with disabilities arriving in New Zealand would not receive specialist support until they had been housed in the community (six or more weeks later). Introduction of assessment at the point of arrival has meant that support is now better streamlined and responds more closely to people’s needs.

Challenging the system

Many of the issues for people with disabilities focus on accessing much needed resources – which are also scarce for the general population. Some refugees with disabilities arrive in the country without basic resources such as a wheelchair or appropriate assistive devices. Some have lived without these supports for a long time (for example, children or even adults may have been used to being carried rather than having a wheelchair) and there needs to be a period of transition.

Difficulties around accessing appropriate interpreting support are generic for many refugee clients. Refugee populations in New Zealand tend to be small and it can be difficult finding appropriate professionally trained interpreters – and finding interpreters who can support refugees with a hearing impairment (i.e. who also have sign language skills) can be even more problematic. Finding adequate housing can also be difficult. In some cases there has to be a compromise between being housed where there is community support and being housed where specific disability needs (such as for modified housing) can be provided for.

Accessing the necessary support has meant working through systems which tend to have a ‘one size fits all’ philosophy and whose staff may not be accustomed to working with very different cultural traditions and beliefs. This requires time, education and resources.

Providing professional disability-related support

To address the gap between arrival in New Zealand and receiving disability support, CCS Disability Action linked up with the Mangere Reception Centre to ensure that professional staff are available when refugees with disabilities first arrive, working alongside the family to advocate for them and help them cope with the unfamiliarity of their new lives from a disability perspective. Early engagement enables a smoother transition into the community. In addition to this, staff have set up service networks at the centre in order to enable the government’s needs assessment agency to do assessments while people are still at the centre, before they are moved out into the community and elsewhere in the country. The needs assessment can then be sent on to disability support agencies in the city of destination so that action can be taken before
the refugees arrive. CCS Disability Action staff have also worked with the resettlement centre to find economical ways to provide better access to its facilities, installing features such as ramps and handrails.

As service representatives became more familiar with each other, and good relationships were forming between Community Support Staff and the disabled person and their family, it became clear that needs assessments were not addressing ‘whole-of-life’ needs, only their need for interim support (which often changed once the family were settled into their own home). Families did not know what was available nor what they could ask for and were often hesitant to ask for anything. To address this, a Community Support Coordinator now meets the family prior to the needs assessment and talks about what might help them in their new environment, making suggestions based on what is available – such as a wheelchair, home-based support, carer support, funding for a vehicle or vehicle modifications. The discussion revolves around how they can be supported in a community context rather than in segregated facilities. CCS Disability Action also now funds a full-time staff member to support refugees with disability arriving in New Zealand.

Emerging from this relatively new area of work for CCS Disability Action are a number of new challenges, not least supporting families who have life experiences that New Zealanders cannot imagine. An immediate priority will be to effect change in the provision of education for refugee children and youth with disabilities, as data show that they are far more likely to be referred to special schools than is the case with non-refugee children and youth with disabilities.

Recommendations for effective support:

- Involve community support staff (or social workers) who have had similar life experiences in service delivery.
- Establish contact with the family of the disabled person prior to any needs assessments.
- Establish and maintain full communication between all agencies involved.
- Always use an interpreter who can communicate effectively with service providers and the family.
- Do not assume that all staff know about effective disability support.

Avoid involving too many professional people – resettlement is stressful enough already.

Government funding agencies should independently contract disability support organisations to work in partnership with resettlement centres.

Resettlement centre environments should be accessible to disabled people, families with young children and the elderly.

Providing that service providers and the New Zealand government are able to learn from the different communities of refugees who are resettled in New Zealand, our country will be enriched by diversity and in turn may be able to share with other countries some examples of good practice.

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1. The Taikura Trust is the needs assessment agency working on behalf of the Ministry of Health.

Failing London’s disabled refugees

Neil Amas and Jacob Lagnado

Small, refugee-led community organisations are disproportionately taking the strain for supporting London’s disabled asylum seekers and refugees

Mary, a 26-year-old Zimbabwean refugee living in London, stands less than one and a half metres tall and walks with difficulty, a result of restricted growth due to a condition that makes her bones brittle and vulnerable to breaking. Each time she breaks a major bone she faces months in hospital. For this reason, she is terrified of stairs and other such challenges.

It seems surprising to learn, therefore, that when she first claimed asylum in the UK, the UK government’s asylum support service housed her on the second floor of a building without lifts and with no additional support for her condition. As her story unfolds, a litany of barriers to appropriate support is revealed. To overcome these, she has taken great strength from both her own spirit and determination and also from the emotional and practical support of a local Zimbabwean women’s group, whom she describes as ‘aunties’ to both her and her child. She is quick to emphasise that some individual doctors and social workers have also gone beyond the call of duty to help her but that these have been exceptional cases in a bigger system of health and social care support for disabled asylum seekers and refugees that appears to have failed her. It appears her case is far from untypical for others in her situation.

There is a significant gap in support for this population, compounded by the complexity of law around asylum and disability rights and entitlements, by their refugee-specific needs and by inappropriate provision from those with a duty of care. Anecdotally, it appears that disabled refugees and asylum seekers rely on friends, family and refugee community organisations (RCOs) rather than on the extensive network...