Submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) and the use of Independent Assessments in the NDIS

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Summary of Recommendations

1. That the NDIA collects the additional cultural background information as recommended by ABS.
2. That the NDIA no longer uses CALD to describe linguistically diverse communities and comes up with a more inclusive term.
3. That any assessment that is provided occurs:
    a. in a culturally safe environment
    b. a linguistically safe environment
    c. an emotionally safe environment
    d. a physically secure environment.
4. Consider alternative processes that cater to the unique needs and circumstances of marginalised groups such as CALD people with disability.
5. Ensure that whatever was influential in the previous arrangement, such as remote connectors, remote health services and Indigenous health services are not lost but enriched in the proposed plan.
6. Ensure that whatever was influential in the previous arrangement, such as mandatory reporting, is not lost but enriched in the proposed plan
7. Provide for transitional provisions that can ensure the envisioned changes are smoothly and effectively initiated without substantial shocks and gaps.

Background about EDAC:

The Ethnic Disability Advocacy Centre (EDAC) is Western Australia's peak not-for-profit organisation advocating for the rights of people with a disability, from a Culturally and Linguistically Diverse (CALD) background and their family and carers. EDAC is a member of the National Ethnic Disability Alliance (NEDA).

EDAC currently receives recurrent funding from the Australian Department of Social Services (DSS) and the WA Department of Communities Disability Services (DS). EDAC delivers individual and systemic advocacy services in the metropolitan, regional and remote areas of WA. This includes state-wide CALD advocacy services and individual generalist advocacy to WA's North West region (Kimberley and Pilbara).

Additional project funding is used to deliver human rights-based self-advocacy training for people with disability and their families/carers. EDAC generates extra income from its cultural competency training for the disability services sector. This training is delivered in line with the National Disability Services Standards. EDAC also has a weekly radio programme where disability and ethnicity issues are discussed in terms of new and existing services, policies, legislation, etc.

EDAC appreciates the significance of the Joint Standing Committee Inquiry into the implementation, Performance and Governance of the National Disability Insurance Scheme (NDIS), and specifically the use of Independent Assessments in the NDIS. As an institution that addresses issues related to diverse persons living with disability, we are happy to contribute towards this worthwhile discourse.

EDAC acknowledges that the 2010-2020 National Disability Strategy has opened up vast opportunities for individuals with disability in obtaining a whole and productive life as Australian citizens. It realises their potential through a united approach within Australian governments and their relative agencies, based on upholding Australia's commitment to the United Nations Convention on the Rights of Persons with Disability.

No doubt, the recent development in the delivery of disability supports and services under the NDIS is significantly changing the way persons living with disability are able to fully participate in economic, cultural, social, civil and political life-changing the society approach to implementing disability-inclusive policies.

The proposed use of independent assessments is hoped to ensure that the aspirations and needs of people living with disability within marginalised population groups, including CALD people and Aboriginal and Torres Strait Islander people, are well-targeted and included in the provision of equitable services.

Our submission arises from issues raised by EDAC's Individual Advocates and clients we represent.

An effort has been made to use the terms of reference of the Select Committee as the guiding framework. It is the basis on which the issues raised in our submission are categorised.

Background about NEDA

National Ethnic Disability Alliance (NEDA) is a national Disabled People's Organisation (DPO) that advocates federally for the human rights of people with disability, and their families, from culturally and linguistically diverse (CALD) and non-English speaking backgrounds (NESB). We are a founding member of Disabled People's Organisations Australia (DPOA).

We are a community based, non-government organisation funded by the Department of Social Services (DSS). We have a small secretariat and are governed by a council of state/territory and community representatives; as a DPO, the majority of our Councillors are required to be people with disability from migrant or refugee backgrounds.

About the Authors

Dominic Hồng Đức Golding is NEDA's Policy and Project Officer. He has both a lived experience of disability and 17 years of experience working with refugees with disability. Being an intercountry adoptee, Dominic also identifies as a CALD person. He has participated in the National Disability Insurance Agency's (NDIA) Independent Assessment (IA) pilot. The statements in this submission reflect his experience with the IA pilot.

Brian Cooper is a strong advocate for improved data collection/analysis and provides advice to the government to ensure various survey and administrative data collections have adequate disability, ethnicity, and gender measures.

His expertise in data visualisation has made NEDA Australia's leading agency in disability estimate for CALD communities. His work in disability estimates influenced the Commonwealth to revise the NDIS estimates to a higher number. Brian developed the pioneer CALD disability statistical model, which made him one of the first recipients of the NEDA Medal.

Dr Siyat Abdi is a systematic policy advocate. He is a migrant and also has a lived experience of disability.

Siyat has had a firsthand experience with the challenges posed by the Australian Migration System, especially for those living with a disability.

KEY ISSUES

What does Cultural and Linguistic Diversity Mean?

Culturally and Linguistically Diverse or CALD is a term that often reflects the ethnocentric and xenophobic biases of the persons who have created it for their own purposes.

Whilst there may have been some consensus in 1999 concerning the principles involved, no data collection has been undertaken since then. The term can either be inclusive or it can be a phrase that increasingly excludes specific populations based on their perceived capacity to communicate in spoken English.

As an inclusive term, it caters for all Australian born and those born overseas from culturally diverse backgrounds, regardless of language spoken. Those not included are people who identify as Indigenous or those who communicate in an Indigenous language.

Many agencies and individuals have presumed that linguistic diversity and cultural diversity are the same. It is essential to distinguish between Cultural Diversity and Linguistic Diversity. A person who considers themselves **culturally** and **linguistically diverse** will differentiate from the mainstream **culture** in terms of ethnicity, social class, and or **language** (Perez, 1988). In this sense, **linguistic diversity** is a subset of **cultural diversity** (Parla, 1994).

The NDIA is an example of this where no information is collected on the person's cultural background: only the country of birth and language are collected as a preferred form of communication.

The NDIA also presumes monolingualism is the norm, not polylingualism which is usually prevalent in many multicultural communities in Australia. A community may, for instance, speak in a a local dialect, have a trade or religious language, a national language and converse in English as well.

The definition of Cultural and Linguistic Diversity used by the NDIA is discriminatory as it excludes those born in Australia but raised in a culturally diverse setting. This situation arises because the parents' only common language is English or the parents' desire for assimilation or integration made them forgo their native language and concerse exclusively in English. The NDIA only allows for linguistic diversity and birthplace diversity and brand it as “cultural diversity”.

The NDIA discriminates against those from a culturally and linguistic background by not allowing for a simple question that helps the person’s self-identify. The NDIA only collects on intake language and birthplace but no information is collected on the person's cultural background.

As a result, there are numerous long-established culturally diverse communities in Australia that the NDIA definition might exclude. The ABS 1999 standard expects that the agency collecting information about the person would also include variables such a parental place of birth, ancestry, religion, etc.

Reports by the NDIA on culturally and linguistically diverse are misleading and incorrect. The NDIA does not state it excludes Indigenous languages from the languages used, or does it state indigenous Australians who speak English are excluded. As the NDIA does not collect information on the person's CALD status, it can only report on the participants' linguistic diversity.

The Independent Assessment process will not operate in a neutral cultural setting if the process does not acknowledge the cultural context of the person being assessed. As the person's cultural background is not collected, how does one ensure a culturally safe experience?

Recommendation:

1. **That the NDIA collects the additional cultural background information as recommended by ABS.**
2. **That the NDIA no longer uses CALD to describe linguistically diverse communities and comes up with a more inclusive term.**
3. **That any assessment that is provided occurs:**
    a. **in a culturally safe environment**
    b. **a linguistically safe environment**
    c. **an emotionally safe environment**
    d. **a physically secure environment.**

The appropriateness of the assessment tools selected for use in independent assessments to determine plan funding;

The assessment tools need to ensure CALD people with disability understand the tools and the assessor's language. An interpreter with the necessary training in disability must be present during the assessment.

Independent assessments may be unnecessary for children born in Australia as they have already interacted with multiple health professionals and services. However, this may be beneficial for new entrants, especially refugees who may lack evidence of disability, health history etc.

We have concerns that Independent assessments don't consider the input of health history, family etc., and may only recognise disabilities that present as severe, hence overlooking “hidden” disabilities.

Another issue would be implementing assessments on young children who may not necessarily engage with unknown health professionals/processes; therefore, children under one may be a limiting guideline.

It is essential that assessors ensure that the assessment terms and questions are delivered clearly and simply for families to understand. An aspect of this to consider would be pre-assessment information provided to families to prepare themselves better.

The recommendation to commission early childhood partners to administer Independent Assessments sounds feasible; however, there could be a conflict-of-interest issue should they be tied to the NDIA.

However, this could be a positive move for new entrants that lack evidence of a disability but maybe doubling up on services for children born in Australia.

The Independent Assessments process could be used at the proposed "exit point" (where relevant) to ascertain if supports are still required after age seven or nine.

Independent assessments should be shaped around cultural competency and not as a systematic exercise that removes families and supports around the child. IA assessment is invasive because it is a set selection of tools that "suit almost all needs". Consideration needs to be given to how different disabilities manifest different impairments.

If an IA cannot be conducted, is there another process available as an alternative, or will this be an immediate rejection of NDIS eligibility?

Recommendation:

Consider alternative processes that cater to the unique needs and circumstances of marginalised groups such as CALD people with disability.

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;

Remote health services and Indigenous health services in remote communities must be utilised better.

Local Area Coordinations (LACs) need to have stronger links to and knowledge of local services to better connect them to families and communities. Furthermore, a focus is required on LAC

retention as it impacts on the level of service and support given to families and communities serviced by the NDIS.

The new recommendations include helping families to explore "best practice" service providers – and yet families are often just given a massive list of providers. They are not aware precisely what quality service is on offer, with no hands-on help to source the right place ("best practice" or otherwise). With little or no English, how can families call around different providers?

Families with more than one child with a disability (often not the same type of disability) are sometimes only given Support Coordination for one child. This rejection of the second child and subsequent children is unacceptable as many families need additional assistance, and disability supports are not transferrable between children.

The assessment tools need to ensure CALD people with disability understand the tools and the assessor's language. Ideally, a qualified professional interpreter should be present during the assessment.

Have the instruments been tested on non-Anglo populations from various migrant and socio-economic backgrounds? Applying the tools to a people in another country do not equate to cross-cultural aptitude.

This translation of the assessment instrument only implies that the test can be delivered in that national language. For example, a health expert using the PEDICAT tool on Korean children in Korea is transferring an assessment on functionality to a population group.

Cross-cultural competency would equate to the PEDICAT assessment being provided to Vietnamese-Australian people with disability, in Vietnamese and using culturally applicable terminology which does not reinforce dimsability stigma.

Additionally, there is always a risk that a person from a CALD background might not be able to describe their limitations in a way that the Australian system wants and expects.

The tools provided use Global cultural North (Western) norms within the medical focus's professional context to determine an impairment's functionality.

Trust is paramount between the assessor and NDIS participant or potential participant; this ensures that the assessor can allay concerns about answering personal questions about their functionality. Shame and stigma and able passing are genuine concerns people have. For example, low literacy due to an intellectual disability and not understanding English can be inflated and confuse disability 'assessments'.

The NDIS ACT places 'disability' within realms relating to communication, social interaction, learning, mobility, self-care, self-management, social participation and economic participation; all have CALD cultural perceptions. We are concerned that the allied health sector assessors will not have a cultural sensitivity/understanding when asking functional questions regarding a person's ability and non-ability, especially when asking about the body.

For this reason, it is strongly advised that information is provided in Easy English and Languages Other than English (in a simplified form) before the full roll-out if Independent Assessments..

Has it been determined with the questions in the tools about "social and attitudinal" factors?

We question the appropriateness of the tools chosen as relevant to the participant's disability. None of the IA tools has considered that functionality of impairment does not exist in and of itself. Immediate action context and environmental context is vital to understand the limitation of function.

There is the issue that newly arrived refugees might face while trying to understand what and why IA tools are necessary. This understanding is fundamental. Many have not had a formal diagnosis of their impairment (unless it is an apparent physical disability) in either their country of origin or in the transit country before residing in Australia.

Trauma and forced displacement, directly and indirectly, impact impairments. How this is manifested as a disability to people and children of refugee background is a case-by-case

situation. We cannot seperate lived experience to the functionality of one's impairment and then come to a conclusion based on a mixed bag of health assessment tools.

Diagnosis with the selected tools is often specific to autism, dyslexia, intellectual disability, ADHD, and mental health. Misdiagnosis is an area of concern.

Recommendation:

1. **Ensure that whatever was influential in the previous arrangement, such as remote connectors, remote health services and Indigenous health services are not lost but enriched in the proposed plan.**

The appropriateness of independent assessments for people with particular disability types, including psychosocial disability; and

The best way to check progress would be to include the families throughout the entire intervention process, from creating goals, reinforcing therapy practices at home and evaluating outcomes. This process should also be facilitated by professionals using interpreters and culturally appropriate methods.

Mandatory reporting already exists in NDIS processes, but it could benefit from including the family's opinions and views etc.

LAC should be more proactive in their roles by making and maintaining connections with local services, agencies etc. so that they can better connect families.

"Celebrate" is a questionable term regarding transitioning as it implies that a child or family should consider their move to "normalcy" something to celebrate. This idea of celebration, in turn, implies that their previous way of being was negative and does not align with NDIS values.

Recommendation:

Ensure that whatever was influential in the previous arrangement, such as mandatory reporting, is not lost but enriched in the proposed plan

Additional issues:

Transitioning issues

- Transitioning is a dynamic process and has many factors that need to be considered, including parents, community services, family etc.
- An increase in the age of assessment, with an option to transition out is a positive point.
- Many are unsure about the transition process to exit EI/NDIS, when one of the eligibility criteria is a life-long disability?
- How will the transition be facilitated, what outcomes will decide change rather than continuing support, will there be a long term follow up in place so that families are not left without support.
- Will transitioning be a barrier to re-entry of NDIS?
- Does early intervention prove that behaviours/delays can be rectified or does it support that children with intensive supports can lead better lives?
- How will parents be involved in assessing the success or positive outcomes of early intervention programs?
- A transition policy recommendation would be stronger connections with families/schools/communities to improve outcomes outside a theraputic environment.
- Concerning language such as capacity building, natural settings, etc., we would advise that the NDIA consider these outside terms used in assessments, policies, etc. To fully understand how to convey these terms, we must consider how different cultural backgrounds may understand disabilities, therapies and interventions.
    - Furthermore, different cultural backgrounds may understand "natural settings" such as prayer, more extensive family settings, etc. Communication requires more than a change of terms but a greater understanding of the people intended to receive and comprehend the message.
- Another recommendation would be translating documents into languages to allow families and communities to understand concepts around disability and capacity that may not exist in their cultures.

Recommendation:

Provide for transitional provisions that can ensure the envisioned changes are smoothly and effectively initiated without substantial shocks and gaps.

Operation Guidelines of IA

What criteria is the government creating to ensure independence from the government of the assessing company? Currently, APM , a LAC in WA is doing the pilot.

Choosing an assessor from tendered companies is not in accordance with "choice and control", especially when the tendered companies have a conflict of interest as LACs and service providers within the NDIS market.

The 90 Days compulsory timeline to do an IA and these assessments determine one's eligibility to the NDIS as either an existing participant or part of an access request. This action is no different from applying to Centrelink for the DSP (Disability Support Pension), where there is also a requirement for medical assessment by GP. Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 is used to determine DSP eligibility. If a person fails to meet the criteria, he/she could be refused the Disability Support Pension (DSP) and might have to apply again.

If that person fails to provide an IA assessment, he/shehas to apply again, adding upto systemic discrimination.

As the Operational Guidelines state, you can have a "family member or someone close to you" be present to "help answer questions or answer them for you". There is a concern that "independent assessment doesn't cover other professionals' costs to be there". Can a nominated professional interpreter be present in the assessment? If not, what other action will the NDIS undertake to ensure CALD participants can understand the assessor?

We are also very concerned about the risk to the assessor if the interviewee, as stated in the guidelines is:

- “A person with severe paranoia or delusions.
- A person with extreme behaviours of concern.

The experience of undertaking an assessment will likely trigger trauma or other behaviours, which could negatively impact the assessment process.

NEDA's membership often supports newly arrived refugees and asylum seekers who have experienced some form of trauma. Even long-term residents who are refugees may experience complex trauma triggers. NEDA and EDAC would like the assurance that the Allied Heath assessors understand the culturally appropriate trauma-informed practice and culturally appropriate interviewing skills.

IA assessment is invasive because it is a set selection of tools that quote "suit almost all needs". How do various impairments that limit the functionality of a person be quantified? Many people with disabilities have comorbid conditions which have an impact on the person. Often a person is asked what is their primary condition when it is impossible to differentiate between the conditions.

If the NDIS IA cannot be conducted, due to the assessor or participant's risk, what weight is given to assessments by chosen Allied Health specialists?

If the NDIA has determined a separate process to decide one's eligibility if an IA cannot be conducted, why is the IA assessment seen as the be all-end all-suite of tools?

How does the NDIS decide if the participant does meet the exceptions of having an IA assessment? How does this justify a penalty of no review of the decision by the NDIS?

Yet if the potential participant is not able to have an IA, they still need to provide information on their functional capacity from a treating health professional; why are IA tools being preferred over disability specialists?

As an assessment that comes up with a score, the IA tells the government "how much support you need compared to the wider population".

We have deep concerns that using a score to determine a participant's NDIS plan, is a flawed method, because two people can have the same disability diagnosis, but their impairment/ or lack of functionality will have different impacts on their lives. Additionally, it is heavily medicalised and fails to take into consideration the social and environmental factors that are, in essence, disabiling.

This flawed method is not very different to the tool used by the Federal Government in assessing how much a migrant’s disability will cost to the Australian public health system.

What is the reason behind allowing only a second IA assessment because the first one was conducted procedurally wrong or because one's disability functionality has changed? This reason implies a restriction of a person's rights with disability to challenge the first IA assessment.

The criteria that a requested IA assessment must be done within 90 days with the penalty of being removed from the NDIS is highly problematic. This process makes IA assessment a form of a mutual obligation under the Centrelink rules. It's also treating people with disabilities as welfare recipients.

How is this assessment of functionality not medical, as claimed by the NDIA?

a Using the medical health establishment tools to determine diagnostic limitations of a person's body is medical. This is why NEDA and EDAC are concerned over the assessment's privacy and trust, requiring observation of a person's ability to demonstrate inability. The assessor uses a three-hour telephone conference to determine impairment when most allied health professionals use specific tools and equipment and measures that assess impairment.

Learning about the IA

What will people who apply for the NDIS need to know about the independent assessments process? How is this information best provided?

There are many cultures in Australia where the idea of disability has no language meaning. The concept of disability is a label that do not meet the norms for a particular society or community. The IA process is built off the presumption of a person being articulate, at least in English, and has sufficient written English command even in a simplified format. Being literate in English and functionary in written English is not the same thing. A person mightbe able to recognise words and letters; it does not mean that person is able to identify the intended meaning conveyed by the combination of those words.

In addition, we have also observed that the NDIA's attempt at written communication in languages other than English is often culturally insensitive or it conveys less information than that provided in English. A simple concept for those familiar with standard middle-class Australian English may be a complex series of ideas in other linguistic environments, especially those not familiar with middle-class Australian English or those whose first language is not English and those who have limited functionary capacity in written English.

Even if the NDIA manages to provide a culturally sensitive and inclusive written form of the English version, it should not be presumed that the intended population is sufficiently literate in that language to understand the meaning of the communication. Australian Bureau of Statistics (ABS) only records language articulation, not language literacy, in the census, and the same applies to the language classification used in the settlement database. The NDIA should explore non-written forms of communication as an alternative to the emphasise on text forms.

Given that the International Classification of Functioning (ICF), which in theory is the basis of the NDIS for access, perhaps the NDIA explain the key principles that apply a condition and how it is defined as a disability. This concept particularly applies to those cultures which do not have the idea of disability. The ICF has two elements, each with two components:

Functioning and Disability	Contextual Factors
1. Body functions and Structures	1. Environmental Factors
2. Activities and Participation	2. Personal Factors

Perhaps the NDIA should express those ideas and how the assessment process relates to the Human Rights and Social Model of disability which is culturally neutral, not the outdated cultural and structural systems biased towards the medical model of disability.

Accessing the NDIS

What should we consider in removing the access lists?

Replace them with the full ICF appropriate to the Australian context.

How can we clarify evidence requirements from health professionals about a person's disability and whether it is likely to be permanent and life long?

There is insufficient detailed disability epidemiological data available to make such judgements. In the reports the NDIA has produced, there is an indication that the NDIA does not have the capacity to distinguish between the following types of disabilities:

- Those which are congenital and lifelong and
- Those that occur at a later age or result from a catastrophic incident or acquired disability.

There is no allowance for episodic disabilities, which may be lifelong but vary in intensity over time. There is no guidance provided on how severity should be determined nor the context for such determination.

How should we make the distinction between disability and chronic, acute or palliative health conditions clearer?

The statement made does not acknowledge the human rights or social model of disability, only the medical model. The ICF does not make any distinction between disability and chronic, acute or palliative health conditions. If the emphasis on the impediments that a particular condition creates for the individual, then such differences are not valid or would be made.

Undertaking an independent assessment

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

IF the NDIA wishes to proceed on this path, we believe that it is essential the assessor is not an employee of the NDIA contractor; they have the necessary qualifications to allow registration with AHPRA. They are on the list of practitioners and have a least five years of registration. Those with appropriate graduate (degree or higher) mental health training and qualifications but not eligible for AHPRA should also be eligible, providing they have at least five years post their mental health qualification. They are also registered with the NDIS Quality and Safeguards Commission.

The funds expended on contractors must be diverted to workforce development through the tertiary education sector.

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

It should be conducted with a person who has some degree of trust by the client, not a person who is not familiar with the applicant. The location of the assessment must be considered safe to the applicant.

To hold an assessment in the home of a participant may be offensive to the person as it may disadvantage the outcome of the assessment. Many communities have cultural rules about access to private space based on ethnicity, gender and social class.

An example of cultural "sensitivity" which has occurred in one jurisdiction was a participant from an East Asian culture in her late fifties who was attended to by a young male from another East Asian culture who was not articulate in the spoken language of the participant. The agency undertaking the assessment failed the participant by not recognising the importance of gender and age deference or acknowledging the animosities between the two cultures. We expect this to be a regular occurrence with IA. Any "cultural sensitivity" training provided will only reinforce negative cultural stereotypes, based on our experience.

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

The model proposed will not provide the necessary conditions for cultural safety and inclusion. The model proposed will disadvantage those who are not able to communicate in “standard middle-class” English. There is a power imbalance arising when those whose social class, language spoken, religion and ethnicity are not the same as those conducting the assessment.

There are few persons with the necessary technical knowledge to administer an assessment with sufficient cultural and linguistic diversity to ensure an appropriate assessment for the applicant.

If an applicant has limited or non-standard English proficiency and the assessor has standard middle-class English, there will be significant miscommunication between them. The assessment process will fail. Where an interpreter is used, there is a significant chance there will be a failure in communication.

An assessment tool is only valid if the language and underlying value system have meaning to the person being assessed. If the questions asked to have no cultural meaning to the participant, the expected response would not be given or an inappropriate response will be given. There is no evidence that the tools that claim cross-cultural validity do not indicate if they have been validated for Australia from the tools chosen.

A question asked in one of the tools requires the participant to be familiar with a bath's concept and its uses. If a participant comes from a culture that a bath has no meaning culturally and socially, how are they supposed to respond, especially refugees?

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

All persons who speak a language other than English or have a limited command of spoken English must be considered vulnerable. And or residents in localities of SEIFA Value less than decile 5 (Index of Education and Occupation (IEO)).

How can we best monitor the quality of independent assessments delivered and ensure the process meets participant expectations?

Ensure that the NDIA is precluded from monitoring the Independent Assessments but have an external body independent of the NDIA and IA framework to undertake the assessment. The current NDIA assessments published indicate they do not necessary transparency required.

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

In plain English or in the form of communication that is culturally acceptable to the applicant.

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Cross cultural Professional Development Resources

https://www.ceh.org.au/resource-hub/cross-cultural-communication-in-disability/

https://www.ceh.org.au/resource-hub/cultural-considerations-in-health-assessment-tip-sheet/