



Full Report

# Insights on refugees with disability in Australia

## Foundations for Belonging 2025

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**WESTERN SYDNEY**  
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of life.

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# Key messages

**Foundations for Belonging 2025 reports on a fifth phase of research carried out with newly arrived refugees in Australia. This phase explored the lived experiences of refugees with disability.**

The rights of refugees have been codified in the Refugee Convention for more than 70 years, while the rights and freedoms set out in the United Nations Convention on the Rights of People with Disability (CRPD) were adopted in 2006 and ratified by Australia in 2008.

Increasing numbers of refugees with disability are settling in countries such as Australia which have obligations under international conventions and disability rights enshrined in domestic laws and policies.

The limited research on the experiences of refugees with disability in countries such as Australia points to a number of intersecting issues that both contribute to and hinder their settlement and integration as they begin a new chapter of their lives.

This mixed methods research sheds light on these experiences through 75 surveys and 13 interviews conducted with newly arrived refugees with disability and their carers and family members. Research participants were mostly from Iraq, Syria and Afghanistan and had lived in Australia for an average of about four years.

## The domains and processes of integration

Integration, in this research, refers to a two-way process of mutual adaptation involving refugees with disability and host communities: a process involving rights, obligations, access to services and identification with and respect for a core set of values.

Overall, despite challenges in a number of key areas (e.g. housing, English language learning), most refugees with disability felt that they were part of the Australian community. They rated their overall settlement experience positively, at levels similar to refugees in general in previous phases of Foundations for Belonging research and to refugees with a long-term disability, injury or health condition<sup>1</sup> in the Building a New Life in Australia (BNLA) longitudinal research.

## Social connections

Refugees with disability reported receiving strong support from their national, ethnic and religious communities. However, they also reported challenges in maintaining ties within their community networks, and some reported experiencing disconnection and isolation. This suggests a possible lack of structural supports for social participation outside the family.

They also reported significant challenges in developing ties outside their own

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<sup>1</sup> Henceforth, in most instances in this Full Report, 'refugees with long-term disability, injury or health condition' in the Building a New Life in Australia research will be referred to as 'refugees with disability'.



communities. A large majority found it hard to make friends in Australia, understand Australian ways or culture and talk to their Australian neighbours. English language difficulties, compounded by experiences of disability, limited their opportunities to develop mixed social networks.

Refugees with disability reported very high levels of difficulty accessing government services, more so than refugees in general in previous phases of Foundations for Belonging research and refugees with disability in the BNLA research. This was attributed to a range of factors, including language difficulties, transport difficulties, problems finding or using mobile apps and online or internet difficulties.

That said, about half reported that their disability was supported through access to government services. However, it seems this often relied on formal and informal supports from on-arrival settlement services, the National Disability Insurance Scheme (NDIS) and associated funded services, family members and carers.

Relatedly, refugees with disability reported very limited digital skills and use of the internet for everyday tasks, including online shopping, English language and other studies, and accessing services. However, they were relatively more adept at using technology to connect with friends and family.

Refugees with disability reported higher levels of trust in Australian institutions, including the government and police, than in the media, people in their neighbourhood and people in the wider Australian community. However, levels of trust were lower than among refugees in general in previous phases of Foundations for Belonging research.

## **Housing, work, education, leisure, health and wellbeing**

Housing accessibility, affordability and security are major concerns for refugees with disability. While they share similar housing difficulties to other refugees, they face a range of challenges that are magnified by experiences of disability. This echoes the wider findings in relation to housing made by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission).

Our findings indicate that the right of refugees with disability to adequate housing is not being met through either social housing or the rental market. Many live in unsuitable homes, have insecure tenure and are dissatisfied with various aspects of their home, such as the accessibility of the bathroom, kitchen and laundry.

Refugees with disability experience a range of intersecting issues in navigating barriers to work, with limited access to specialised disability employment support. They also report pressures due to mandatory obligations relating to income support, which fail to adequately take their disability into account.

This finding points to the need for improved interaction between the various services available to refugees with disability on their arrival in Australia. Such improvements include stronger referral pathways between settlement services and, for those who have the capacity to work, specialised disability employment support from the new Inclusive Employment Australia program.

Most refugees with disability in this study mentioned the Adult Migrant English Program (AMEP) when prompted to discuss education and training. They appeared to be strongly motivated to learn English, but their experiences pointed to barriers in terms of accessing adult learning, including the AMEP. This finding aligns with the low rates of English language learning observed among refugees with disability in the BNLA research and their low rates of English language proficiency reported one, five and 10 years after arrival in Australia.

While it is possible that some research participants may have missed out on reforms to the AMEP since 2021, which may have improved accessibility, further disability-related adjustments may be needed.

Many refugees with disability reported only limited engagement in leisure activities. This reflected broader issues of accessibility in terms of mobility, the built environment, public facilities and available support, including from on-arrival settlement services, the NDIS, their families and social networks.

A majority of refugees with disability rated their health in the past month as poor or very poor. Some rated their health as worsening since arriving in Australia, while others reported improvements in their health and wellbeing.

Encouragingly, there appear to be strong service protocols and referral pathways in relation to health and wellbeing where refugees with disability commented on how specialised refugee health and settlement services worked together to provide access to other social services, such as the NDIS and Centrelink, to meet their health and disability needs.

## **Rights and responsibilities**

In this study, refugees with disability reported a positive sentiment towards Australia when it came to concepts of respect (including towards disability), rights and equality, and low rates of interpersonal discrimination. This contributed to positive feelings of being part of the Australian community and towards their experience of settlement.

Comparisons with past experiences of disrespect and discrimination towards disability in their home countries may have contributed to these positive views of limited racial and disability-related discrimination in the new context of Australia.

Their experiences of other aspects of settlement and integration – including housing, health, education and social connections – reflect and embody their day-to-day experiences of rights and responsibilities in Australia.

Conversely, when refugees with disability experienced barriers to services, they tended to downplay these inadequacies and barriers by comparing them with past experiences of very limited disability rights and very limited services that accommodated disability in their home countries.

As permanent residents of Australia, refugees with disability have rights to access publicly funded safety nets (e.g. Medicare). However, participants reported barriers to having their immediate and critical disability needs met when they arrived in Australia, due to lengthy and complex processes (e.g. specialist medical reports, NDIS applications), resulting in delays in accessing what they were eventually deemed to be eligible for (notably, the NDIS).

## Life satisfaction, hopes and dreams

This research also explored the future hopes and dreams of refugees with disability through an open-ended question, shown in the word cloud below, which reveals their outlook on their current strengths and difficulties, with health, housing, connections to family and disability support playing outsized roles in their future aspirations.

Settlement and integration rely on whole-of-community approaches, and on actions from refugees, host communities and government at all levels. This research points to a series of actions that governments, policymakers, service providers and others that can contribute to the settlement and integration of refugees with disability.



# Recommendations

## Governments and policymakers

- In response to the increasing numbers of refugees with disability settling under Australia's Humanitarian Program, **the Australian government should review settlement policy settings and program delivery** to ensure that:
  - policy settings align with the goals of the 2025 update of Australia's Disability Strategy 2021–2031, particularly in relation to housing, and that they address systemic barriers to access to government services reported in this research;
  - settlement program delivery responds to the issues and disparities identified in this research and other Australian research (including the BNLA study) among refugees with disability while maintaining the Humanitarian Settlement Program's current specialised, intensive on-arrival support for refugees with disability;
  - the AMEP is assessed and monitored to evaluate the extent to which recent reforms have resulted in increased access and stronger English language proficiency among refugees with disability;
  - in light of the stark evidence in this research of limited social connections among refugees with disability, social connections for refugees with disability are enhanced through increased and targeted resourcing in on-arrival settlement programs, rather than a passive 'organic' approach.
- **The Australian government and the National Disability Insurance Agency (NDIA) should consider challenges faced by refugees with disability in the design of navigation supports**, as foreshadowed in the National Disability Insurance Scheme (NDIS) Review in light of the findings from this research and other research highlighting barriers to both mainstream and disability services.
- **The Australian and state/territory governments should consider the challenges faced by refugees with disability highlighted in this and other Australian research in the forthcoming design of foundational supports** foreshadowed in the NDIS Review and in responses to the recommendations of the Disability Royal Commission.
- In this research, refugees with disabilities reported a range of difficulties in terms of digital inclusion and online access to essential government services. **The Australian and state/territory governments should ensure that the digital transformation of government services is based on policy that promotes equitable access and digital inclusion**, including:
  - building digital gateways (i.e. websites, apps) that are more intuitive, with less need for digital skills;
  - minimising language barriers (i.e. in-language, plain English);



- addressing intersecting needs for accessible communication formats (e.g. Easy Read) and modes (e.g. screen readers).
- **The NDIA should resource and increase efforts to advance the goals of the NDIS Cultural and Linguistic Diversity Strategy 2024-2028** and the priority areas in the related Action Plan to ensure the NDIS is culturally responsive to refugees with disability, and people from culturally diverse backgrounds with disability more broadly.
- As outlined in the NDIS Cultural and Linguistic Diversity Strategy Action Plan, **the NDIA should have stronger protocols in place with government agencies, including the Department of Home Affairs, to better support newly arrived refugees to access the NDIS and avoid delays** reported in this research. This may include using information from health assessments and supporting documents completed before arrival to help support people with disability more effectively.
- **State/territory governments should continue to resource specialised refugee health and mental health initiatives**, particularly in areas with high refugee settlement, to maintain and strengthen these critical specialised health responses to refugees with disability.



# Recommendations contd

## Settlement services and other services

- Settlement providers of the on-arrival Humanitarian Settlement Program should continue to **strengthen service protocols and referral pathways for refugees with disability, particularly in relation to specialised disability employment support, and adult education and training, including the AMEP.**
- In light of the stark evidence in this research of limited social connections among refugees with disability, **settlement programs should be resourced to bolster community engagement and opportunities for informal meeting and exchange for refugees with disability, their families and carers, both within and between communities.**
- Given the need for digital skills to navigate everyday life and essential services, **on-arrival settlement services need to be resourced to deliver tailored, accessible digital skills training early in settlement to refugees with disability, their families and carers.**
- Settlement services and other services **should work to strengthen culturally responsive practices when providing information, support and services to newly arrived refugees with disability** in light of differences in cultural understanding, community attitudes and practices regarding disability in refugees' home countries.



## Civil society organisations

- In advocating and promoting inclusion for people with disability in Australia, civil society and disability peak bodies **should consider the challenges faced by refugees with disability highlighted in this and other Australian research.**

## Research institutions

- There is a **critical need for research on the intersections of disability and refugee experiences**, including research that broadens the framework of integration used in this research to examine:
    - different understandings and concepts across research, cultures and policies of disability, health, trauma and wellbeing, rights, accessibility, discrimination and stigma;
    - disability-inclusive, culturally sensitive and trauma-informed research methods and approaches that recognise the diversity of disability and refugee experiences and preferences for interaction.
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# Executive Summary

**This research builds on past phases of Foundations for Belonging research to shed light on the experiences of refugees with disability across multiple domains of integration.**

*Foundations for Belonging 2025* reports on a fifth phase of research with newly arrived refugees in Australia. This phase explored the experiences of refugees with disability. Increasing numbers of refugees with disability are settling in countries such as Australia in line with obligations under international conventions and disability rights in domestic laws and policies.

This phase of the Foundations for Belonging research uses similar research methods to three of the previous phases (Culos et al., 2020, 2021, 2022) and, as with previous phases, seeks to foreground the strengths and resilience of refugees in the face of a broader landscape of refugee research which can often reinforce deficits. The research also draws on Building a New Life in Australia (BNLA), a 10-year longitudinal study of refugees in Australia that commenced in 2013 managed by the Australian Institute of Family Studies.

The mixed methods research included 75 surveys (conducted in refugees' preferred first language) and 13 interviews conducted in 2024 with refugees with disability and their carers/family members. The research participants all held permanent humanitarian visas, were mostly from Iraq, Syria and Afghanistan, and had lived in Australia for an average of about four years. In comparison to Australia, these countries are ranked much

lower in terms of development by the United Nations Development Programme, which has profound impacts on people with disability in these contexts, stemming from economic deprivation and instability, limited resources for educational attainment, and reliance on family members for support along with very limited social safety nets.

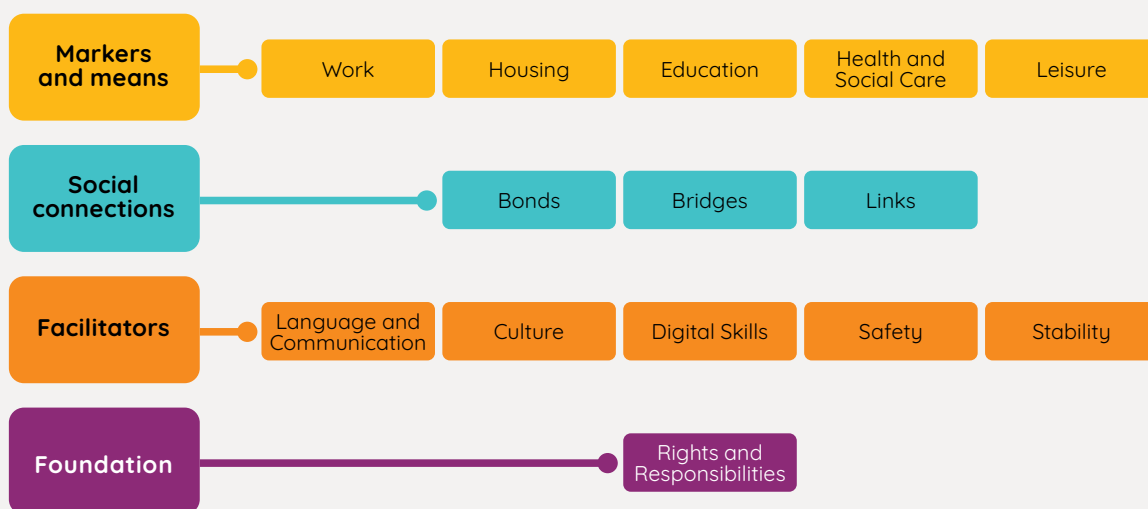
As in past phases, the research uses a comprehensive and multidimensional framework of settlement and integration developed by the UK Home Office (Ndofor-Tah et al., 2019) and comprising 14 domains, shown in Figure 1. Integration refers to a two-way process of mutual adaptation involving refugees with disability and host communities – a process involving rights, obligations, access to services, and identification, of and respect for, a core set of values. Integration is not only about addressing needs; it is also about having 'the opportunity to flourish, to be at home, to belong [which] is powerfully shaped by the prevailing social climate and structures [of host communities] that are openly inclusive or exclusive' (Correa-Velez et al., 2010, p. 1406).

The interdependencies and linkages between and across domains in this framework are vital to understanding the process and mechanisms of integration and the survey and interview topics focused on the experiences of refugees with disability in Australia in relation to:

- **social connections**

(**bonds**: ties with people from the same cultural background who share similar norms and values; **bridges**: ties with people from different backgrounds and

Figure 1. The structure and domains of the framework of integration



opportunities for cultural exchange;  
and **links**: two-way engagement and  
interaction with the institutions of society);

- **markers and means**  
(functional domains of integration,  
including housing, work, education,  
leisure, and health and wellbeing);
- **rights and responsibilities**  
(fulfilling social and civic responsibilities  
and access to rights and equality).

“

**[I thank] Australia for  
the things that they offer ...  
compare between Iraq and  
Australia, the service here  
is so, so nice, so better than  
Iraq ... The country here is  
multiculture people. Iraq, no.  
Yeah, it's like discrimination  
in Iraq. More, more  
[discriminatory]. But here  
there's no discrimination'**

(Interview with Putrus,  
26 November 2024).



**While refugees with disability reported positive sentiments towards their settlement and integration in Australia, they also experienced significant challenges in social connections.**

Overall, most refugees with disability felt that, despite challenges across a number of domains (e.g. housing, English language learning), they were part of the Australian community. They rated their overall settlement experience positively, at levels similar to refugees in general in previous phases of Foundations for Belonging research and to refugees with disability in the BNLA research.

This overwhelmingly positive sentiment seems to spring from a deep appreciation of the relative safety and security of life in Australia and a gradual process of familiarisation and adaptation to their new social and cultural context.

Refugees with disability reported strong support from their national, ethnic and religious communities but also challenges in maintaining ties within their community networks, suggesting a lack of structural supports for friendships and social participation outside the family. They also reported significant challenges in developing ties outside their own community. A large majority found it hard to make friends in Australia, understand Australian ways or culture and talk to their Australian neighbours. English language difficulties, compounded by experiences of disability, limited their opportunities to develop mixed social networks, which the Disability Royal

Commission noted can prevent harm and counter social isolation.

They also reported higher levels of difficulty accessing government services than refugees in general in previous Foundations for Belonging research. This was attributed to a range of factors including language difficulties, transport difficulties, finding or using mobile apps, and online or internet difficulties. Despite this, about half reported that their disability was supported through access to government services, although it seems this often relied on formal and informal supports from on-

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**NDIS should have a team of people [to work with] [refugee] families with ... a person with disability. So, NDIS should be aware that, like have in advance this information, and they should have a team that meets this person and sees the needs of this person directly, and to help — manage or help the family to find the proper provider. Because we don't know ... as a refugee we came with no knowledge, no experience.**

(Interview with Adnan and Yazan, 26 November 2024).

arrival settlement services, the NDIS and associated funded services, family members and carers.

Relatedly, participants reported very limited digital skills and use of the internet for everyday tasks, including online shopping, English language and other studies, and accessing services. However, they were relatively more adept at using technology to connect with friends and family. This adds to the increasing evidence of how digital technology helps to sustain refugees' connections with their family and decrease the sense of separation often created by displacement (Baganz et al., 2025).

Refugees with disability reported higher levels of trust in Australian institutions, including the government and police, than in the media, people in their neighbourhood and people in the wider Australian community. However, levels of trust were lower than among refugees in general in previous Foundations for Belonging research.

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**I'm very, very happy with the area and the surroundings and the neighbours. I have an Italian couple. They live next door. We are getting along very well. My wife, when she cooks something, she takes them and when they cook something and then when they see my grandchildren visiting, they talk to them. They give them chips and chocolate.**

(Interview with Ismael, 19 November 2024).





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**[My] sister's trying to find a property for [me] that is accessible for wheelchair. She cannot find anything. It's all properties or units that - it's not going to be helpful for [me]. The houses that she's going to find, they're too expensive. [I] can't afford it.**

(Interview with Alya,  
12 December 2024).

**Refugees with disability reported a series of barriers across the functional domains of integration (work, housing, employment, leisure, health and wellbeing) that intersected with experiences of disability, access to formal and informal support and engagement with services.**

Housing accessibility, affordability and security were major concerns for refugees with disability. While they experience similar housing difficulties to other refugees, they face a range of challenges that are magnified by experiences of disability. This echoes the wide-ranging findings in relation to housing made by the Disability Royal Commission and points to a critical need for progress on the inclusive housing goals in the 2025 update of Australia's Disability Strategy, which sought to address the Disability Royal Commission's recommendations.

Refugees with disability were found to experience a range of intersecting issues in navigating barriers to work, with limited access to specialised support in pursuing employment pathways. Participants also reported pressures due to mandatory obligations in relation to income support that fail to take their disability into account.

This points to a need for improved interaction between the various services used by refugees with disability access on arrival. Such improvements include stronger referral pathways between settlement services and, for those who have a capacity

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**When [I] applied for housing they ask [me] for a health report, summary report, and another special report, [I] provide all that document, but until now [I] didn't get anything. In [my] house, the bathroom is too small. [I] can't close the door when [I] go to it. So [I] hate winter because it's so cold for [me]. [I asked] the occupational therapist for that and he provided occupational therapy report for [me]. After that, the housing told [me] we remove your name from the list, the waiting list**

(Interview with Radwan, 28 November 2024).

to work, specialised disability employment support from the new Inclusive Employment Australia program.

When asked about education and training, most refugees with disability mentioned the Adult Migrant English Program (AMEP) rather than other forms of adult education. They appeared to be strongly motivated to learn English but their experiences pointed to barriers. Many had either deferred starting the AMEP or had to stop lessons for various reasons, including

health issues and unsuitable learning options (e.g. online-only classes; being unable to sit for long periods; having trouble with memory and learning).

This finding aligns with the low rates of English language learning observed among refugees with disability in the BNLA research and their low rates of English language proficiency reported one, five and 10 years after arrival in Australia. While it is possible some participants may have missed out on reforms to the AMEP since 2021, which may have improved accessibility, further disability-related accommodations and adjustments may be needed.

Evidence from two recent scoping reviews of integration among refugees with disability in other resettlement countries such as Australia found more widespread and persistent barriers in access to essential services across education, health and employment (Badu et al., in press; Rfat et al., 2023). This suggests that while this research also found barriers, Australia's social supports and publicly funded safety nets reduce some of the challenges faced by refugees with disability resettling in other high-income countries.

Many refugees with disability reported only limited engagement in leisure activities. This reflected broader issues of accessibility in terms of mobility, the built environment, public facilities and available support, including from on-arrival settlement services, the NDIS, their family and social networks. As a result, they may miss out on potential benefits of taking part in various multicultural festivals that have been shown to support a sense of community and belonging.

A majority of refugees with disability rated their health in the past month as poor or very poor. Some rated their health as worsening since arriving in Australia, while others reported improvements in their health and wellbeing. Encouragingly, there appear to be strong service protocols and referral pathways in relation to health and wellbeing. Participants spontaneously recounted how specialised refugee health and settlement services worked together to support access to other social services, including the NDIS, to meet their health and disability needs.

This contrasts with other resettlement countries, with a recent scoping review finding that, despite resettlement countries having high-quality healthcare, there were significant barriers to accessing health services. These included eligibility issues (as in the case of health insurance in the United States), lack of culturally informed healthcare and/or access to interpreter services (Rfat et al., 2023). Some of these issues may be less pronounced for refugees with disability in Australia as they have access to Medicare on arrival and interpreting services, including specific health care interpreting in some locations, are publicly funded in Australia.

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### **Refugees with disability by and large reported positive perceptions of their rights and responsibilities in Australia, which were in part informed by past experiences of rights in their home countries.**

At its core the refugee experience has been characterised as ‘one of being cast out, of being socially excluded, where belonging – to family, community and country – is always at risk’ (Correa-Velez et al., 2010, p. 1399). Refugees with disability in this study had a positive sentiment towards Australia around the concepts of respect (including towards disability), rights and equality, and low rates of interpersonal discrimination. This contributed to the positive perceptions of their experience of settlement in Australia and of being part of the Australian community, as reported in this study. Comparisons with past experiences of disrespect and discriminatory attitudes towards disability in their home countries may have contributed to these positive perceptions of limited racial and disability-related discrimination in the new context of Australia.

The experiences of refugees with disability regarding other aspects of settlement and integration – including housing, health, education and social connections – reflect their day-to-day experiences of rights and responsibilities in Australia. Conversely, when refugees with disability experienced barriers to services, they tended to downplay these inadequacies and barriers by comparing them with past experiences of very limited



disability rights and the lack of services accommodating disability in their home countries.

All research participants had permanent residency and were thus eligible for employment, education, healthcare and social safety nets. On a deeper level, secure residency intersects with belonging: ‘where you belong is where you are safe; and where you are safe is where you belong’ (Ignatieff, 1994, as cited in Antonsich, 2010, p. 649). Refugees with disability in this study noted a reciprocal relationship between rights and responsibilities in Australia and interdependence with other areas of integration and of settlement. This included a desire to obtain Australian citizenship to enhance their rights and contribute to a formal sense of belonging.

In relation to overall life satisfaction, refugees with disability in this study rated their life satisfaction much lower than refugees without disability. In terms of their future hopes and dreams, refugees with disability saw health, housing, connections to family and disability support playing an outsized role in their future aspirations.

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**I didn't receive any type of [support] — nothing similar to the services and the care I received here from these organisations, not in my country. Not from my relatives or the close people to me. But the healthcare and the other care that I received here in Australia is something amazing. So that's why I always tell my kids, 'you have to give back to this country what we have received. I will never forget the favour, so we have to return this favour'**

(Interview with Ameena,  
26 November 2024).

## **Improving settlement outcomes for refugees with disability requires integrated support from settlement services and disability services.**

This research has been conducted against a background of Australia's long history of refugee settlement and work to facilitate the integration of refugees. This includes both on-arrival and longer-term specialist settlement programs, including dedicated English language learning, and torture and trauma services, complemented by state/territory initiatives. From about 2012, changes in Australian Government policy have allowed for an increase in the numbers of refugees with disability settling in Australia, although precise numbers are not known. Other resettlement countries, such as Canada and Germany, have similar pathways to provide protection to refugees with disability.

In addition, this research has occurred against a backdrop of major shifts in disability policy over the past 10 years, with some of the most visible aspects including the NDIS and the Disability Royal Commission. The Australian Institute of Health and Welfare estimates that about one in six people (18%) in Australia has a disability, with about one-third (5.8%) of these classified as having a severe or profound disability. While there are no reliable estimates of how many people with disability are from culturally and linguistically diverse (CALD) backgrounds, evidence indicates that people with disability from migrant and refugee backgrounds have much lower rates of using disability-specific services, including the NDIS.

Evidence and guidance are emerging regarding 'what works?' to facilitate integration among refugees with disability. Notably, the Disability Royal Commission had a strong focus on the experiences of people with disability from CALD backgrounds and actively sought their testimony.

The Royal Commission also commissioned the UNSW Social Policy Research Centre in partnership with the National Ethnic Disability Alliance to review best-practice approaches to services for people with disability from CALD backgrounds. The review found that:

*[M]any organisations have policies or programs to support inclusion of people with disability and also people from CALD backgrounds, but these policies often do not intersect, nor do they intersect with other initiatives around inclusion. Further, implementation of these policies is often patchy and ... often not adequately monitored or evaluated. (Bates et al., 2023, p. 1)*

The review highlighted that as a result people with disability from CALD backgrounds are less likely to access disability services and mainstream services such as health, education and social support (Bates et al., 2023), echoing some of the findings of this research.

The review pointed to the need for policy frameworks and systems that explicitly acknowledge and respond to the different layers or intersections of identity and experiences of people with disability. Its recommendations for good practice – at system, organisational, professional and individual levels – drawing on earlier work

on best practice in cultural competence. Relatedly, emerging work from disability rights and service providers seeks to capture, conceptualise and promote ‘disability responsiveness’ (ACOLA, 2022). There is a vital need to work across and join these two concepts of cultural and disability responsiveness.

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**I had a while ago a stroke on one side that I wasn't able to lift my hand and eat. So the doctor himself was feeding me with himself. So it was an excellent experience. Every time I go to the hospital, I feel like I'm getting everything I want. The check-ups, the medication, the care is excellent. [The Humanitarian Support Program] supported me with the traveling to doctor appointments, always they provided a car transport. When I came here I already had some health issues, so I had to go to the hospital and Refugee Health helped me. When I was discharged from hospital they always used to come and visit me and check on me.**

(Interview with Ameena,  
26 November 2024).

Overall, this phase of Foundations for Belonging research provides further evidence of the interdependencies between the domains of the integration process and the intersecting barriers that hinder inclusion for refugees with disability. Social connections, engagement with services and access to rights are closely connected and challenges may be magnified by experiences of disability. Settlement and integration rely on whole-of-community approaches, and action from refugees, host communities and government at all levels. This research points to a series of actions through which governments, policymakers, service providers and others can strengthen their contributions to the settlement and integration of refugees with disability.

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# Background

Australia has a long tradition of providing protection and resettlement to refugees under the United Nations Refugee Convention, ratified after the end of World War II, with the number of refugees and humanitarian entrants welcomed to Australia since then on track to pass one million in late 2025 (Refugee Council of Australia, 2024a). Australia's recent history includes countless stories of refugees who have contributed to the social, cultural, civic and economic fabric of the country.

UNHCR, the UN Refugee Agency, estimated that by mid-2024, there were almost 123 million people forcibly displaced worldwide, of whom almost 38 million were refugees (UNHCR, 2024b). More than two-thirds (65%) of refugees originate from just four countries—Syria, Venezuela, Ukraine, and Afghanistan—and almost one-third are hosted in five countries, often called transition countries: Iran, Turkey, Colombia, Germany, and Uganda (UNHCR, 2024b).

Permanent resettlement in countries such as Australia is one of the three durable solutions that the UNHCR and nation states pursue to address this spiralling humanitarian need. For 2025, the UNHCR projects that more than 2.9 million refugees worldwide are in need of resettlement, while only 96,000 were resettled globally in 2023 (UNHCR, 2024a). The main countries of resettlement globally include Canada, Australia, Germany, UK, and the USA (Refugee Council of Australia, 2024b). Over the past five years, the Australian Humanitarian Program, which resettles refugees, has predominantly been from three source countries – Iraq, Syria, and Afghanistan – due to the impacts of

ongoing conflict and social upheaval in those countries (Australian Department of Home Affairs, 2025a). The United Nations Development Programme's (UNDP) Human Development Index (HDI) is a summary measure of the key dimensions of human development: a long and healthy life; being knowledgeable; and having a decent standard of living. Under the HDI, Australia is ranked very high compared with Iraq and Syria, which are ranked medium, and Afghanistan, which is ranked low (UNDP, 2025). These differences have profound impacts on people with disability in these contexts, stemming from economic deprivation and instability, limited resources for educational attainment and reliance on family members for support with very limited social safety nets.

The World Health Organization (WHO) estimates that 15 per cent of the world's population – one person in seven – experiences disability, which led the UNHCR to infer in 2022 that around 12 million people with disability were forcibly displaced worldwide (UNHCR, 2022). Using the latest UNHCR estimates in 2024, this translates into more than 18 million forcibly displaced people with disability, of whom almost six million are refugees with disability.

International obligations to refugees and other displaced people have been codified for decades under the 1951 Refugee Convention, while the United Nations Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, seeks to promote, protect and ensure the full human rights and freedoms of people with disability (Crock et al., 2017; United Nations, 2025).

In Australia, research, policy settings and practice of refugee settlement have evolved over the past 80 years. Foundations for Belonging, conducted by SSI in partnership with Western Sydney University, aims to extend the understanding of settlement through research, gathering the perspectives of refugees and their everyday sense of welcome, participation and belonging as they navigate a new chapter of their lives in Australia. The research also seeks to foreground the strengths and resilience of refugees in the face of a broader landscape of research, which can often reinforce deficits. This current research builds on four earlier phases of Foundations for Belonging. In this report, Foundations for Belonging 2025, we present findings on research conducted with refugees with disability in 2024.

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### **In recent years, the intersections of disability and refugee settlement have gained greater attention in policy.**

The CRPD adopts a social model of disability, which sees disability as a consequence of interactions with barriers that hinder people with disability, including those who have long-term physical, mental, intellectual or sensory impairments from full and effective participation in society (United Nations, 2025, Article 1). Unlike a medical model of disability, which focuses solely on impairments and what people can or cannot do, a social model of disability fosters policy that reorients discriminatory physical and social environments and seeks to prioritise the rights of people with disability. As noted by Antonio Guterres in 2008, in his role as UNHCR Commissioner:

*Too often invisible, too often forgotten and too often overlooked, refugees with disabilities are among the most isolated, socially excluded and marginalized of all displaced populations ... those with disabilities are more limited by our actions than by their own physical and mental abilities.* (Women's Refugee Commission, 2008, as cited in Duell-Piening, 2018)

While the social model of disability is accepted in United Nations policy, some have argued that the medical model still holds sway in policy and practice, especially as refugees with disability in need of resettlement are classified in the same category as refugees with medical needs (Hoagland, 2019), leading to calls for a specific category for disability within UNHCR policy to create stronger compliance with the obligations of the CRPD (Duell-Piening, 2018).

Alongside Australia's ratification of the CRPD in 2008, a parliamentary inquiry investigated Australia's long-standing discrimination towards people with disability in migration and resettlement policy. Specifically, before 2012, people with disability routinely failed the health requirement due to their potential use of publicly funded services at a 'significant cost' if granted a permanent visa to reside in Australia (Duell-Piening, 2018). The inquiry's recommendations, and the Australian Government's subsequent response, resulted in refugees and other humanitarian entrants (and not other categories of prospective migrants) being granted an expanded health waiver, which reduced the barriers to refugees with disability resettling permanently in Australia. From 2012 onwards, this allowed for an increase in the numbers of refugees with disability settling in Australia (Dew et al., 2023; Duell-Piening, 2018; Hirsch et al., 2019). Other resettlement countries, such as Canada and Germany, have a quota of five per cent set aside for refugees with medical needs, under which



people with disability can access permanent protection (Korntheuer et al., 2021).

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**Disability policy and practice have undergone major reform in Australia over the past decade under the concept of inclusion and a Royal Commission that brought attention to serious violations of rights.**

Australia is implementing a complex social and economic reform through the rights-based and inclusive vision originally articulated in the first National Disability Strategy 2010–2020 and the current Australia’s Disability Strategy 2021–2031, which was recently updated. The most widely known aspect of this reform, the National Disability Insurance Scheme (NDIS), is designed to progress this vision by transforming disability support services and achieving greater inclusion in mainstream services. The NDIS is a fundamental shift in disability funding and policy, and has been characterised as the most important social reform since the introduction of Medicare in 1975 (Goggin & Wadiwel, 2014). The NDIS was established through a staggered geographical rollout across Australia from 2016 onwards and provides individual supports to assist people with permanent and significant disability, to participate in economic and social life (Devine et al., 2022). Under the NDIS, people with disability hold individualised plans with funding attached, which in theory gives them choice and control (within the parameters of what the funding can be used for) over services and supports purchased through their tailored budgets (Devine et al., 2022). Eligibility for the NDIS is restricted to holders of a permanent residency visa and people aged up to 65 years (Hirsch et al., 2019). In 2023, about one

in 10 (13%) people with disability accessed NDIS support (Australian Institute of Health and Welfare, 2024a). The NDIS also includes the Information, Linkage and Capacity Building program to assist all people with disability, including those who are ineligible for the NDIS, their families and carers with information and referrals to mainstream services, and to increase social and economic participation (Hirsch et al., 2019; Mortimer & McMahon, 2018). The NDIS has been subject to multiple reviews, including the most recent NDIS Review commissioned by the Australian Government and released in 2023, which has proposed a series of reforms to create ‘a unified ecosystem of disability supports ... for the 2.5 million Australians with disability’ (Commonwealth of Australia, 2023b, p. 59). The Australian Government and other governments are progressing the response to the NDIS Review through the Disability Reform Ministerial Council and a formal response to the recommendations of the NDIS Review was expected in 2025. Relatedly, the final report of the Disability Royal Commission (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023) documented significant and systemic violence, abuse and neglect, and serious violations of the human rights of people with disability. The Royal Commission made more than 200 recommendations, to which a joint government response was recently released (Australian Department of Social Services, 2024).

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## **Settlement policy and practice in Australia for refugees have gradually evolved over the past decade around the concept of integration supported by specialised settlement programs.**

Australian resettlement policy has been shaped by multiculturalism, which emerged in the 1970s and underpinned a move towards supporting refugees' participation in Australia away from policy settings that expected assimilation to 'mainstream' norms. The emergence of settlement services from 1970s onwards occurred alongside the adoption of multiculturalism, which has maintained widespread community support as an overarching narrative in Australia's policy response to migration and social, cultural, civic, and economic participation (Refugee Council of Australia, 2023). That said, the recent Multicultural Framework Review commissioned by the Australian Government called for a reset of multiculturalism and put forward a set of recommendations to ensure that multiculturalism fits Australia's current context, embraces Australians' multifaceted identities and responds to discrimination and disadvantage influenced by the intersections of age, gender, class, religious affiliation, language, ethnicity, sexual orientation and disability (Australian Department of Home Affairs, 2024c).

Integration in the field of migration, including forced migration, is a much-debated topic, with challenges in terms of definition and measurement – although international bodies like the Organisation for Economic Co-operation and Development (OECD) define integration as a two-way process of adaptation involving newcomers and receiving societies: a process involving rights, obligations, access to services and the labour market, and identification of and respect for a core set of values that bind

newcomers and receiving communities for the common good (OECD, 2011). There are various ways to gauge settlement and integration, with the Australian Government recently adopting a multidimensional framework to monitor outcomes across the major settlement programs that it funds (Australian Department of Home Affairs, 2024b). Ultimately, integration is determined by the extent to which refugees 'are able to become a valued citizen within their new country' (Correa-Velez et al., 2010, p. 1406). As such, integration is not only about addressing needs; it is also about having 'the opportunity to flourish, to be at home, to belong [which] is powerfully shaped by the prevailing social climate and structures that are openly inclusive or exclusive' (Correa-Velez et al., 2010, p. 1406).

The expertise of Australia's settlement sector is recognised internationally, and settlement programs funded by the Australian Government provide support to navigate service systems and the building blocks of integration, civic participation and acculturation to a new, active and productive life (Australian Department of Home Affairs, 2024b). The current main on-arrival settlement program is the Humanitarian Settlement Program (HSP), typically provided for a period of up to 18 months. The HSP also includes an intensive case management component that can be accessed by refugees, including those with disability, who need specialised and intensive supports (Duell-Piening, 2018). The HSP provides individualised case management tailored to refugees' needs, strengths and goals, including airport reception, short-term accommodation, referral to mainstream and specialist support services, connections to local community groups and activities, support to find long-term housing, employment, access education and training, and orientation to Australia. Refugees who exit the HSP are referred to the Settlement Engagement and Transition Support (SETS)

program, provided to refugees (and some eligible migrants); it encompasses individual and group support delivered by more than 100 organisations nationally.

The Australian Government also funds the Adult Migrant English Program (AMEP), which provides free English language learning to refugees, including a distance learning option. A recent independent and comprehensive evaluation of the AMEP (which is available to all refugees and some eligible new migrants) from 2002–2011 examined AMEP program data and drew on linked data from the 2011 Census. It indicated that there were clear differences in AMEP uptake rates – by age, country of birth, visa sub-class, and gender (Life Course Centre, 2022). On a positive note, the highest participation rates were observed among refugees (Life Course Centre, 2022), but there was no breakdown of the uptake among refugees with disability (noting that at the time of the 2011 Census there would have been very few refugees with disabilities settling in Australia). The high reported uptake of the AMEP among refugees is corroborated in Building a New Life in Australia (BNLA). A 10-year longitudinal study of refugees in Australia, BNLA reported that by year 10, nearly all (94%) participants who needed to learn English after arriving in Australia had studied English at some point (van Kooy et al., 2024). There are requirements for starting and completing AMEP learning, depending on when refugees arrive in Australia. In 2021, reforms to the AMEP began to be rolled out with learning offered across five levels through redesigned online and face-to-face learning and other learning modalities (van Kooy et al., 2024). In relation to trauma and mental health recovery, Australia has eight specialist rehabilitation agencies located in every state/territory that work with survivors of torture and trauma who have come to Australia, most of whom are refugees. Lastly, some jurisdictions fund specialist refugee

health services or responses (e.g. NSW Refugee Health Service, Refugee Health Program in Victoria) to address the poor health status and complex needs of newly resettled refugees.

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## **Research on the intersections and experiences of resettled refugees with disability is under-developed internationally and in Australia.**

There is an extensive body of resettlement research exploring experiences of integration among refugees, as well as a body of evidence exploring the lived experiences of people with disability. However, empirical research on the intersections and experiences of resettled refugees with disability is rare, as documented in a review of evidence of the needs of refugees and people seeking asylum with disability in transition and resettlement countries (Rfat et al., 2023). Australian researchers have found a similar dearth of evidence, which they attributed in part to the fact that Australia actively excluded refugees with disability until quite recently (Soldatic et al., 2015). In addition, there are different theoretical underpinnings in refugee research and disability research. Integration is often an orienting concept in research with refugees, whereas inclusion is often an orienting concept in research with people with disability (Korntheuer et al., 2021). Moreover, there may be distinct understandings of these concepts within and across fields – for example, in disability studies, some interpret integration as a process of ‘normalising’ people with disability in accordance with norms, spaces and societies already designed for people without disability (Winance, 2007). Integration in this context arguably encourages the participation of people with disability through positioning

difference as conditions ‘to be fixed’. Relatedly, integration in refugee studies has been a contested concept where integration has been regarded by some as being akin to assimilation – where to belong means to adhere to ‘mainstream’ cultural and societal norms (Strang & Ager, 2010). That said, understandings of integration among refugees, as defined and conceptualised in this research (see Figure 1 below), are gaining traction and wider acceptance.

The rise of the intersectionality paradigm in the social sciences has prompted greater interest in the intersection of migration and disability. Intersectionality analyses the ‘interweavings or intersections of different social categories and power relations such as heterosexism, racism, classism and ableism’ (Abay & Soldatic, 2024; Korntheuer et al., 2021, p. 4). An exploration of intersectional knowledge in relation to resettled refugees with disability in Germany and Canada indicated that intersectionality remains attached to race, gender, sexuality and class, and continues to exclude other groups such as disability and age (Meekosha & Shuttleworth, 2009, as cited in Korntheuer et al., 2021). This is corroborated in the findings of a mapping study of disability research in Australia from 2018 to 2020, which concluded that research on the intersections of disability and migration constituted a significant gap (Smith-Merry et al., 2022). Of more than 1200 documents retrieved, there were only 17 research papers and eight research reports focusing on people with disability from culturally and linguistically diverse communities (a category that would include refugees). This represented only 1.3 per cent of research papers and 3.5 per cent of research reports in Australia from 2018 to 2020 (Smith-Merry et al., 2022), against the backdrop of a cohort that has been estimated to make up about one in five people with permanent and significant disability in Australia (National Disability Insurance Agency, 2018).

In light of this limited evidence, a scoping review (Badu et al., in press) based on the concept of integration was conducted to inform this phase of Foundations for Belonging research. Fifteen studies conducted across Canada, the United States, Australia, Austria and the United Kingdom were included in the final synthesis, which identified several formal (resettlement programs, health insurance, resettlement organisations, access to disability support and access to specialist support) and informal (faith, peer support, community relationships, families, ethnic community and cultural events) approaches to support integration among refugees with disability in resettlement countries. Further, the study identified systemic (organisational or environmental) and personal factors that hinder or challenge the integration of refugees with disability.

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**While there are major gaps in the evidence base for refugees with disability in Australia, there are common themes in terms of barriers and enablers.**

Around one in six (18%) of people in Australia have a disability; of these, about one-third (5.7%) have what the Australian Institute of Health and Welfare (AIHW) classifies as severe or profound disability (AIHW, 2024a). There are no reliable estimates of what proportion of people with disability are from culturally and linguistically diverse backgrounds. Similarly, while regular reporting on the experiences of disability and support across a wide range of measures is conducted as part of monitoring the progress of the Australian Disability Strategy, a critical gap is how the experiences vary by intersecting characteristics, such as cultural and linguistic diversity (AIHW, 2024a).

That said, there is evidence indicating that people with disability from migrant and refugee backgrounds have much lower rates of utilising disability-specific services. For example, the uptake of the NDIS by people from migrant and refugee backgrounds continues to be much lower than for the rest of the Australian population, despite having similar rates of profound or severe disability (Mortimer & McMahon, 2018). A 2017 Productivity Commission report found that while the NDIS had increased supports, improved the wellbeing of NDIS participants and given people more choice and control, it cautioned that:

*Not all are reporting improved outcomes under the NDIS. The groups at risk of having a less positive experience include those with psychosocial disability, complex and multiple disabilities, and language and cultural barriers.* (Australian Productivity Commission, 2017, p. 20)

The National Disability Insurance Agency (NDIA) projected that by 2019, around 20 per cent of NDIS participants would be from culturally and linguistically diverse backgrounds (NDIA, 2018). However, as of June 2023, only 9.2 per cent of NDIS participants were from a culturally diverse background (AIHW, 2024a) and there is no evidence to suggest that this reflects their preferences or that they need less support (Mortimer & McMahon, 2018).

A comprehensive report exploring access to services for culturally diverse people with disability, conducted for the Disability Royal Commission, highlighted that they are less likely to access disability services and mainstream services – such as health, education, and social support (Bates et al., 2023). These themes of access issues have also been corroborated in two recent scoping reviews, each of which had a different focus although they nonetheless shared an examination of refugees with disability in resettlement countries (Badu et al., in press;

Rfat et al., 2023). This underscores that the structural inequalities and disadvantages faced by refugees and people with disability are primarily socially determined and perpetuated, and intersect for refugees with disability to limit their potential.

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### **Evidence and guidance are emerging regarding ‘what works?’ to facilitate integration among refugees with disability.**

The Disability Royal Commission included a focus on the experiences of people with disability from culturally and linguistically diverse backgrounds and actively sought their testimony. In addition, a review of best-practice approaches of access to services for people with disability from culturally and linguistically diverse backgrounds, funded by the Commission, was conducted by the UNSW Social Policy Research Centre in partnership with the National Ethnic Disability Alliance. The report highlighted that governments need to have policy frameworks and systems in place that explicitly acknowledge and respond to the different layers or intersections of identity and life realities of people with disability (Bates et al., 2023). This kind of policy architecture would have flow-on effects for refugees with disability.

The review also found that:

*Many organisations have policies or programs to support inclusion of people with disability and also people from [culturally and linguistically diverse] backgrounds, but these policies often do not intersect, nor do they intersect with other initiatives around inclusion. Further, implementation of these policies is often patchy and ... often not adequately monitored or evaluated* (Bates et al., 2023, p. 1).



The review framed its recommendations for good practice at multiple levels – system, organisational, professional and individual – drawing on earlier work on best practice in cultural competency completed by the Australian National Health and Medical Research Council (NHMRC) in relation to access to health services by migrants and refugees (Bates et al., 2023; NHMRC, 2005). A comprehensive cultural competency (or culturally responsive) framework could work to improve the responsiveness of the NDIA, NDIS disability providers and mainstream services, and strengthen linkages and capacity-building with communities to improve the participation of people with disability from refugee and migrant backgrounds (Bates et al., 2023; Mortimer & McMahon, 2018). The four dimensions of the framework – systemic, organisational, professional and individual – interrelate so cultural competence at an individual and professional level is underpinned by systemic and organisational commitment and capacity. Cultural competence (or cultural responsiveness) is a developmental process that evolves over an extended period. Individuals, professionals, organisations and systems are at various levels of awareness, knowledge and skills along a cultural competence continuum (Mortimer & McMahon, 2018). The recently released *NDIS Cultural and Linguistic Diversity Strategy and Action Plan 2024–2028* is an example where cultural responsiveness is embedded across a suite of priority areas, including communications, outreach, infrastructure and staff capability (NDIA, 2024), with specific actions relating to refugees with disability, in an effort to

generate the systemic change needed to progress integration and inclusion. We also note here the emerging work from disability rights and service provision, which seeks to capture, conceptualise and promote ‘disability responsiveness’ (and cognate concepts). A leading example of this work in Australia is the 2022 report by the Australian Council of Learned Academies, *Ensuring Occupations are Responsive to People with Disability* (ACOLA, 2022). There is a vital need to systematically work across and join these two concepts of cultural and disability responsiveness.

This phase of *Foundations for Belonging* research aims to contribute to these efforts through mixed methods research that sheds light on refugees with disability’s experiences of integration across multiple domains in Australia.

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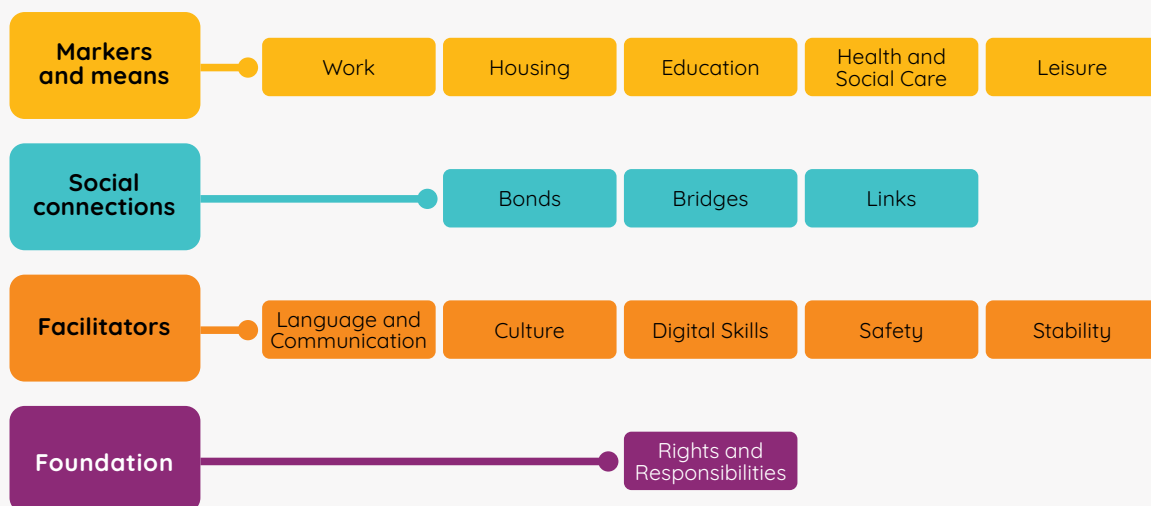
## This research is framed by a comprehensive and multidimensional framework of settlement and integration.

This research is guided by an influential framework of integration originally developed by the UK Home Office in 2004, and updated and expanded in 2019 (see Figure 1). The framework and the update were developed through a rigorous consultation process with migrant and refugee communities, settlement sector organisations and policymakers (Ager & Strang, 2008; Ndofor-Tah et al., 2019). The framework informed the Australian Government's newly released Refugee and Humanitarian Entrant Settlement and Integration Outcomes Framework which guides settlement services programs and their work in integration (Australian Department of Home Affairs, 2024a).

The key principles underpinning the UK framework are:

- **Integration is multidimensional** and depends on multiple factors encompassing access to resources and opportunities as well as social mixing;
- **Integration is multidirectional** and involves mutual adaptation by everyone in a society or community;
- **Integration is a shared responsibility** that depends on everyone taking responsibility for their own contribution, including newcomers, receiving communities and government at all levels;
- **Integration is context-specific** and needs to be understood and planned in relation to its particular context, which influences the timeframe of outcomes (Ndofor-Tah et al., 2019).

Figure 1. The structure and domains of the framework of integration



The interdependencies and linkages between and across domains in this framework are vital to understanding the process and mechanisms of integration. To illustrate, there is evidence of social connections assisting refugees to gain work (Arian et al., 2021); improve health and local language proficiency in terms of employment pathways (Brell et al., 2020); and improve a sense of agency with independent living skills and belonging (Williams et al., 2024). Similarly, the domain of rights and responsibilities provides a basis for full and equal engagement within society. This can be in terms of uptake of citizenship (Rezaei et al., 2021) or volunteering (Culos et al., 2021), with flow-on impacts to other domains, including health and education (Ager & Strang, 2008).

In previous phases of Foundations for Belonging research, we have focused on the social and civic domains of settlement and integration, recognising that most research on refugee experiences has focused on functional aspects of integration such as employment, health and education. These functional domains of integration are collectively referred to as markers and means in the framework, and represent both the processes through which integration can occur and measures critical to refugees' sense of belonging and settlement (Ager & Strang, 2008).

Yet, as refugees with disability are a critically under-represented population in research, little is known about their experiences, processes and successes in functional domains of integration. As such, the 2024 survey and interviews explored the five markers and means domains with refugees with disability to learn more about their settlement and integration experiences in housing, work, education, leisure, and health and wellbeing.

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**This phase of Foundations for Belonging is focused on social connections, rights and responsibilities and their relationship to housing, work, education, leisure and health and wellbeing among refugees with disability.**

### **Social connections**

The role of social connections in refugee integration includes three related aspects: bonds, bridges, and links. Strong social connections among refugees have been found to be associated with satisfaction with social support and, in turn, with a sense of belonging and overall happiness with life in Australia (Ziersch et al., 2023). Conversely, refugees in resettlement countries often experience high levels of loneliness and social isolation, exacerbated by family separation and discrimination, which is associated with a range of poorer physical and mental health outcomes (Nguyen et al., 2024; Rüdel & Joly, 2024).

Equally, for people with disability, research indicates that stronger social connections are associated with self-rated health and wellbeing (Mithen et al., 2015). In addition, as noted by the Disability Royal Commission, 'strong relationships and social support networks can prevent harm and counter social isolation' (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023, p. 302). While community attitudes and awareness of disability have potentially improved in recent decades in Australia, gaps remain, creating barriers to social connections for people with disability. These gaps are further influenced by factors such as gender, age, sexuality, race, experience of disability, and cultural backgrounds (Australian Department of Social Services, 2025). The most recent Australian Bureau of Statistics (ABS) Survey of Disability and Aged Care found that over two-thirds (69%)

of people had weekly in-person contact with friends and family outside their household, whereas almost all (95%) reported regular contact via phone/video calls and texting (ABS, 2024), though the extent to which this applies to people with disability from refugee and migrant backgrounds is not known.

Social bonds involve the strengthening of relationships with refugees' ethnic, cultural and religious communities. Strang and Ager (2010, p. 598) note the 'importance of bonds as a source of emotional support, self-esteem and confidence'. Social bonds, created and maintained (either in-person or online) through places of worship, family gatherings, community events and organisations, imbue refugees with confidence in their identity and a sense of feeling at home in their new environment (Baganz et al., 2025; Refugee Council of Australia, 2014; Strang & Ager, 2010). In relation to refugees with disability in Australia, there is evidence of disability-related stigma and attitudes in countries of birth and transition countries (Dew, 2024), which can persist among ethnic, cultural and religious communities and hinder the development of social bonds for refugees with disability when resettling in Australia (Dew et al., 2021). Religious communities can be sources of social bonds where religious affiliation is practised in predominantly co-ethnic networks.

Digital technology helps to sustain refugees' connections with their family and lessen the separation that is often created by displacement, as found in previous phases of Foundations for Belonging research (Baganz et al., 2025) – although that research was not conducted with refugees with disability. It found that while refugees experience challenges with digital access and digital skills, technology helps to maintain bonds and address separation from friends and family, something that was especially evident during the COVID-19 pandemic (Baganz et al., 2025).

Social bridges involve forming networks with other groups in the broader community in everyday encounters – for instance, at events, sports and leisure, and religious affiliation activities outside of co-ethnic networks. Whereas social bonds have been described as assisting in 'getting by', social bridges are seen as assisting in 'getting ahead' (Putnam, 2000, as cited in Ziersch et al., 2023, p. 3879). Faith-based institutions that often form a backbone in resettlement countries can provide crucial bridges that enable refugees to socialise with the broader Australian community and rediscover a sense of belonging in the resettlement contexts. For example, recent studies conducted in Germany by Nagel (2023) and Maier et al. (2022) highlight the role played by religious institutions from 2015 onwards, when over a million people sought protection in the aftermath of the Syrian conflict, and the exodus to Europe during the 'refugee crisis' – a role that was not only spiritual, but also social – by expanding social networks and providing practical assistance and guidance on ways to strengthen refugee integration.

In relation to social connections among people with disability, a study of people with and without disability who participated in the ABS General Social Survey in Australia found that, overall, people with disability had lower levels of social connections – with low levels of social bonds associated with intellectual and psychological impairments and lower levels of social bridges associated with physical impairments (Mithen et al., 2015). In contrast, Building a New Life in Australia (BNLA), a 10-year longitudinal study of refugees in Australia, found that refugees with a long-term disability, injury or health condition had a slightly lower likelihood of mixed friendship networks compared with other refugees at one, five and 10 years after settlement (van Kooy et al., 2024).

Social links, the third aspect of social connections, involve engaging with

the institutions of society at all levels of government and non-government organisations. Refugees' social connections potentially contribute to trust in institutions (Strang & Ager, 2010) and, unsurprisingly, have also been shown to have benefits in terms of mental health (Nickerson et al., 2019). Yet, the role of these institutions in facilitating the integration of refugees is rarely examined in research (Grzymala-Kazlowska & Phillimore, 2018); however, past phases of Foundations for Belonging, exploring social links in depth, found very high levels of trust in governments and the police, and moderate levels of trust in the media and wider Australian community (Culos et al., 2021). The most common difficulties in accessing government services were language difficulties, digital skills to access online services and long waiting times (Culos et al., 2021). However, for refugees with disability, social links appear to be much weaker, with a scoping review in resettlement countries reporting widespread and persistent barriers in access to essential services across education, health and employment (Rfat et al., 2023) – although these findings may not hold in the Australian context.

### Markers and means

The final set of integration domains under the framework that we explore in this research – housing, work, education, leisure, and health and wellbeing – are seen as the functional domains of integration and are also the most tangible and visible in terms of outcomes. Leading integration scholars argue that this can lead to an undue focus on some areas of refugee research – work and mental health, in particular – and less appreciation of the other, less tangible but equally important, domains that collectively support integration (Phillimore, 2021). The framework of integration sees housing, work, education, leisure, and health and wellbeing as the markers and means of

achieving integration – that is, they result from, but also contribute to, successful resettlement and integration (Ndofor-Tah et al., 2019). These markers and means interact with other domains in the area of social connections (bonds, bridges and links) and the foundational domain of rights and responsibilities (Ager & Strang, 2008).

### Housing

Secure, suitable and affordable housing is a critical domain of refugee integration, both at a functional level and to facilitate a subjective sense of home in a new country (Ziersch et al., 2024). This is equally true for refugees with disability. A small Australian study indicated that housing challenges for refugee families are compounded when there are family members with disability (Dew et al., 2023), which has also been documented in studies in Germany and Canada (Korntheuer et al., 2021). For refugees in general, housing security, suitability and affordability seem to improve with longer residency. BNLA reported that 10 years after arrival, over one-third of refugees (37%) owned or mortgaged their own home – 2.5 times higher than in year 5 (15%) (van Kooy et al., 2024). That said, refugees who were still renting 10 years after arrival were almost twice as likely to report financial hardship to mortgagees and homeowners, though financial hardship was not associated with refugees with a long-term disability, injury or health condition (van Kooy et al., 2024).

This underscores the links between housing precarity and affordability, with research showing that refugees are much more likely to use homelessness services (one in eight), compared with migrants overall (one in 50) (AIHW, 2024b). Correspondingly, people with disability are much more likely to rely on housing supports than people without a disability, and are eight times more likely to live in public housing, five times more likely to

access homelessness services and three times more likely to receive Commonwealth Rent Assistance (Australian Department of Social Services, 2025). This adds to previous research that highlighted a need for greater attention to inclusive housing policies to ensure that refugees with disability can be supported to obtain accessible, affordable and secure housing (Callaway et al., 2021; Callaway & Tregloan, 2018). Indeed, the Disability Royal Commission explored housing and homelessness in depth as part of its deliberations and made wide-ranging recommendations to create more inclusive housing and provide more accessible homelessness responses for people with disability (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). Subsequently, the recent update of Australia's Disability Strategy released in 2025 has a much stronger focus on housing and homelessness (Australian Department of Social Services, 2025).

## Work

Attaining secure and meaningful employment is another critical area of refugee integration that, unlike housing and homelessness, has received much stronger attention in research in Australia (e.g. see Correa-Velez et al., 2015; Due et al., 2025; Hebbani & Khawaja, 2019), although this does not shed light on employment among refugees with disability. The limited evidence of employment among refugees with disability in resettlement countries such as Australia indicates a range of systemic challenges, particularly in settlement services, that fail to take account of the vocational needs of people with disability (Badu et al., in press; Rfat et al., 2023). The extent to which this is occurring in Australia, where there is a publicly funded disability employment support program, remains unclear. For refugees in general, BNLA reported that 10 years after arrival,

almost half of the surveyed refugees (46%) were employed, compared with under one in 10 (7%) in the first year after arrival (van Kooy et al., 2024), although this is not disaggregated for refugees with disability. Similarly, while it is well established that the unemployment rate of working-age people with disability (7.5%) is more than twice the rate for people without disability (3.1%) (ABS, 2024), the unemployment rate of refugees with disability in Australia is not known. As highlighted by the Disability Royal Commission, the opportunity to work and earn a living has flow-on effects for a person's ability to access services, support themselves and their family, and achieve greater financial security. Further, the Commission stressed that a rewarding occupation can generate a sense of purpose and personal development, and foster social connections (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). Consequently, the Commission investigated barriers to employment and made multiple far-reaching recommendations to address a range of related systemic issues and ensure greater economic participation for people with disability. While there is little published literature on employment of refugees with disability, many of the well-documented disparities and barriers reported among people with disability (Sundar et al., 2018) and refugees (Hebbani & Khawaja, 2019), including systemic discrimination, are likely to intersect for refugees with disability.

## Education

Policy attention in the area of education for people with disability understandably tends to focus on improving inclusion across primary and secondary levels of education for children and young people with disability (Australian Department of Social Services, 2025). Yet the Disability Royal Commission found that:

*[P]eople with disability can face difficulties pursuing further education and qualifications after school. Again, these difficulties result from inadequate transition planning, low expectations about capacity (ableism) and inaccessible post-school education providers. (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023, p. 195)*

The extent to which this limits the participation of refugees with disability in tertiary education is unclear, although it has been pointed out that refugees with hearing impairment need to learn a foreign sign language to improve their daily communication (Rfat et al., 2023). For refugees in Australia, accessing formal English language learning – mainly through the publicly funded Adult Migrant English Program – is critical as improvements in English language proficiency are associated with better employment outcomes and a range of other positive integration and settlement outcomes (van Kooy et al., 2024). BNLA found that by year 10, nearly all (94%) refugees who needed to learn English after arriving in Australia reported that they had studied English at some point, with most (86%) studying English in formal settings. While proficiency in English improved over 10 years of the BNLA study, people with a long-term disability, injury or health condition had a consistently higher probability of significantly lower rates of spoken English proficiency one, five and 10 years after settlement (van Kooy et al., 2024).

## Leisure

Leisure activities can help refugees and migrants to learn more about the culture of a country or local area, and can provide opportunities to strengthen social connections, practise language skills and improve health and wellbeing (Ndofor-Tah et al., 2019). Accessible transport, communication and the built environment – including accessible buildings, facilities, parks and events – all support the inclusion of people with disability in leisure activities; which are characterised in the NDIS as social and recreation activities, including examples such as watching a movie, attending a concert, shopping, visiting a museum, yoga, dance, art classes, cooking classes and sports. As noted in Australia's Cultural Policy, which would equally apply to a wider set of leisure activities:

*Low expectations, attitudes, physical access, and other types of barriers to participation, limit access to many arts and cultural spaces, venues and events for both audiences with disability and cultural and creative practitioners with disability. (Commonwealth of Australia, 2023a, p. 45)*

Diaspora communities and settlement services in Australia have a long history of combining leisure with a range of events and celebrations to promote cultural pride and cultural exchange. SSI's New Beginnings Festival, an arts and culture festival in Sydney, is an example that research has found celebrates migrants and refugees by showcasing their capabilities and enabling them to express themselves in culturally meaningful ways, leading to a sense of affirmation and acceptance among attendees (Hassanli et al., 2020). The research also documented how multicultural festivals promote and deliver a psychological sense of community and belonging among attendees, demonstrating the potential of leisure activities to bolster integration for refugees, including refugees with disability.



## Health and wellbeing

Health is socially determined, with well-established evidence that it varies across a range of factors, including socio-economic background, gender, age and disability. Self-rated health is generally lower for people with disability than for people without disability (Mithen et al., 2015). For refugees, health is impacted by pre-migration, displacement and post-migration factors. The health of refugees in resettlement is strongly interrelated with other domains of integration, such as the relationship between health and employment (van Kooy et al., 2024) and health and housing (Ziersch et al., 2024). Research on the health of refugees is typically concentrated on examining health disparities, including in relation to higher rates of mental illness seen among refugees, which can fluctuate – worsen or improve – over time in resettlement (e.g. see van Kooy et al., 2024; Wu et al., 2021).

Structural barriers such as financial hardship, language proficiency and insecure housing, along with a lack of understanding of how to access services, all impact negatively on the mental health of refugees in resettlement (Byrow et al., 2020). While there is limited specific research on the mental health of refugees with disability, war-related injury, disability and trauma have been found to have a major and persistent impact on health and wellbeing and, in turn, settlement and integration (Hermansson et al., 2002). Refugees' level of access to treatment for mental health issues can be low. A scoping review of reviews on barriers for refugees to mental health care in high-income countries found that, despite well-established mental health systems, most research has explained low levels of access through the characteristics of refugees, neglecting the role of structural barriers including health system structures and the attitudes and (lack of) cultural responsiveness of mental health service providers (Dumke et al., 2024).

Much less is known about the health and wellbeing of refugees with disability in resettlement. A recent scoping review reported that, despite resettlement countries having high-quality healthcare, there were significant barriers to accessing these health services, either due to eligibility issues (as in the case of health insurance in the United States), culturally informed healthcare and/or access to interpreting (both spoken or sign language) (Rfat et al., 2023). Some of these issues may be less pronounced for refugees with disability in Australia as they have access to Medicare on arrival and interpreting services, including specific healthcare interpreting in some locations, are publicly funded in Australia. The longitudinal BNLA study found that in year 10, more than one in four refugees (27%) had a long-term disability, injury or health condition that lasted or was likely to last for 12 months, with the proportion increasing with age and being slightly higher among women (van Kooy et al., 2024). However, age-standardised proportions showed a decrease in reported disability for all respondents and by gender, indicating that the rise in overall prevalence in year 10 could be attributed to the ageing of the research cohort (van Kooy et al., 2024).

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## Rights and responsibilities

The foundational domain of rights and responsibilities foregrounds access to rights, security, and equality, and the opportunity to contribute and fulfil responsibilities to strengthen belonging among refugees (Strang & Ager, 2010). At a core level, the refugee experience has been characterised as ‘one of being cast out, of being socially excluded, where belonging – to family, community and country – is always at risk’ (Correa-Velez et al., 2010, p. 1399). Ager and Strang (2008, p. 176) note that the rights and responsibilities domain focuses on ‘the extent to which refugees are provided with the basis for full and equal engagement within society’. Secure residency status is critical for substantive rights. Permanent residency is ‘in itself, instrumental in enabling integration, emphasising the ... foundational place of policy on rights and citizenship on refugee integration ... and belonging’ (Strang & Ager, 2010, p. 596). On one level, permanent residency is a legal status that confers eligibility and access to employment, education, healthcare and social safety nets. On a deeper level, however, secure residency intersects with belonging: ‘where you belong is where you are safe; and where you are safe is where you belong’ (Ignatieff, 1994, as cited in Antonsich, 2010, p. 649).

Conversely, experiences of discrimination or unfair treatment can undermine belonging. Previous phases of Foundations for Belonging research with refugees, all of whom had permanent residency, found strong perceptions of being treated fairly in access to services, having their rights protected and having equal access to services as well as low reported levels of interpersonal racial discrimination (Culos et al., 2022). While interpersonal racism is reflected and expressed in individual attitudes and behaviours, structural racism – which researchers have contended is largely

unexplored in Australia (Ben et al., 2024) – is harder to measure.

The Disability Royal Commission found that people with disability continue to be subjected to discrimination and exclusion at significantly higher rates than people without disability, despite the long-standing protections afforded under the *Disability Discrimination Act 1992* to eliminate discrimination against people with disability (Australian Department of Social Services, 2025). In 2022, among people with disability, one in 10 had experienced discrimination – similar to rates in 2018 (ABS, 2024). Other fundamental rights for people with disability can be precarious, with access to income support conditional on meeting work-related requirements that, if not met, can result in temporary or long-term loss of income support (Rfat et al., 2023). This is seen as a part of a wider trend in Australia to restrict access to income support payments to people with disability (Collie et al., 2022).

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### **This research builds on other phases of Foundations of Belonging research with refugees to shine a light on refugees with disability in Australia.**

Each phase of Foundations for Belonging is guided by overarching research questions about the social and civic domains of settlement and integration that aim to build on previous findings while also addressing research gaps. For example, the first phase of the research indicated gender differences (Culos et al., 2020), which were explored in more depth in the next phase of the research (Culos et al., 2021). Likewise, the acceleration towards digital access to essential services necessitated by COVID-19 resulted in the second phase taking a closer look at digital inclusion among refugees (Culos et al., 2021).

In a similar vein, border restrictions related to the pandemic throughout 2020 and 2021 prompted a focus in the third phase of the research on impacts of family separation and reunion (Culos et al., 2022). The fourth phase explored refugees' understanding of First Nations issues and histories in advance of the referendum in late 2023 on proposed constitutional changes and establishing an Aboriginal and Torres Strait Islander Voice (Shakespeare et al., 2023). As highlighted earlier, we have focused primarily on the social and civic domains of settlement and integration, rather than the functional aspects of integration such as employment, health and education in previous phases of Foundations for Belonging research. However, as refugees with disability are a critically under-represented population in research, the 2024 survey and interviews incorporated the social, civic and functional domains of integration among refugees with disability to learn more about their settlement and integration.

Each phase of Foundations for Belonging uses consistent research methods (Culos et al., 2022) to strengthen the reliability and validity of the findings. These methods include sourcing survey respondents from a pool of former SSI clients, data collection in refugees' preferred language and, where possible, direct comparisons with large existing datasets (Culos et al., 2022). This current phase of the research also embedded additional considerations and adjustments to meet the accessibility needs of refugees with disability. As with previous phases of the research, we included a qualitative component to explore and corroborate the survey findings in more depth. Nonetheless, there are research limitations, which are described as part of an overview of the approach and methods for this phase of the research in the next section.

# Approach and methods

This project builds on the approach developed in the four earlier Foundations for Belonging research projects, conducted from 2019 to 2023. Broadly speaking, this is a mixed-methods study, combining a survey, with interviews and a focus group. Ethics approval for this study was received from the Human Research Ethics Committee of Western Sydney University (Approval number H16000 AM16584).

## Recruitment

A purposive sample was generated from SSI records of former participants in the Humanitarian Settlement Program (HSP) (the HSP is delivered by SSI across many parts of New South Wales, with funding from the Australian Government Department of Home Affairs).

The sample was a subset of former SSI HSP participants who had received higher-level ‘Tier 3’ support – namely, Specialised and Intensive Services (SIS). SIS provides short-term, needs-based support to help participants with complex needs access mainstream services and develop independent skills.

Criteria for participation in the research included that participants were:

- no longer being supported by the HSP;
- over 18 years of age;
- ‘flagged’ in their records as being potentially eligible for the National Disability Insurance Scheme (NDIS) (it is important to note that participant records did not detail the specific disability).

We also excluded any former participants who were currently receiving support from the HSP (e.g. had been referred back to the SIS for complex case support).

In total, we generated 169 records of individuals.

The records in the sample included:

- a unique identifier called Client ID;
- selected demographics;
- names and contact details of the participant ‘flagged’ for the NDIS and/or the ‘Principal Applicant’ of the participant (see below for explanation of ‘Principal Applicant’).

This identifying information was only accessed by SSI researchers and SSI staff in this study as per the approved research protocol from Western Sydney University Ethics Committee. The sample broadly reflected the demographics of the Australian Humanitarian Program intake over the past three to eight years in terms of countries of origin, preferred language, age and gender.

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## Survey design

The development of the original *Foundations for Belonging* survey in 2019 was framed against three key domains of the Framework of Integration by the UK Home Office (Ndofofor-Tah et al., 2019): social connections (bonds, bridges and links); and rights and responsibilities – which were used to generate insights into refugees’ sense of welcome, participation and belonging (see Background for more information on these domains). Notably, previous phases

of Foundations for Belonging research focused on the social and civic domains of settlement and integration, recognising that other functional domains of integration such as employment, health and education are already covered extensively in refugee research. These functional domains of integration are collectively referred to as ‘markers and means’ in the Framework. Markers and means represent both the processes through which integration can occur as well as measures critical to refugees’ sense of belonging and settlement (Ager & Strang, 2008).

As refugees with disabilities are a critically under-represented population in research, little is known about their experiences, processes and successes in these functional domains of integration. As such, the 2024 survey and interviews explored the five markers and means domains with refugees with disabilities to learn more about their settlement and integration experiences in housing, work, education, leisure, and health and wellbeing.

As in the previous Foundations for Belonging surveys, the 2024 survey, where possible, used existing validated Australian research instruments to explore these domains. These included: *Building a New Life in Australia* (BNLA), a longitudinal study of refugees (van Kooy et al., 2024); *Mapping Social Cohesion*, an annual survey of the broader Australian population (O’Donnell et al., 2024); and one question from the ABS Survey of Disability and Aged Care (SDAC: ABS, 2024). Where possible, the wording of the items from these sources was retained to ensure the validity of questions and to allow for comparison of results with existing Australian datasets.

The original 2019 survey was developed iteratively by the authors and piloted with SSI’s Multicultural Support Officers

(MSOs)<sup>2</sup> from the target communities and subsequently revised. The 2019, as well as 2020 and 2021 surveys, each had about 30 multiple-response questions and some open-ended questions (Culos et al., 2020, 2021, 2022).

The 2024 survey was piloted with three refugees with lived experience of disability recruited through SSI. The final 2024 survey had 38 questions of which 29 were multiple-response questions. After each section, respondents were invited to provide open-ended responses. The final survey is available in Appendix 1.

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## Interview design

The survey was complemented by qualitative research in the form of semi-structured interviews with refugees. The interview questions were focused on understanding their experiences of their settlement journey in Australia and how disability shaped this journey (or, if the respondent was the ‘Principal Applicant’, the experiences of their family member). The interview guide is available at Appendix 2.

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## Survey data collection and analysis

The surveys were conducted between July and September 2024.

In order to enable survey respondents to participate in this research in their preferred language, we engaged SSI’s MSOs to conduct telephone surveys (and the

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<sup>2</sup> SSI employs Multicultural Support Officers who speak community languages. For continuity, survey respondents who consented to be interviewed, were followed up by the Multicultural Support Officers who had conducted the survey with them.

subsequent interviews). As SSI's MSOs speak a range of community languages, they were matched in terms of languages spoken to the sample. Telephone surveys were conducted at SSI offices to allow access to supervision by the SSI researchers if the need arose.

An in-person workshop was held to brief the MSOs on inclusive approaches to disability research and ensure that they were familiar with the purpose of the research, the survey questions and how to deliver and record the surveys in the online survey platform, Qualtrics and the research protocol.

The first point of contact for MSOs to gauge interest in the research was with the Principal Applicant. In the HSP, the Principal Applicant is the person nominated to liaise with SSI throughout their time of being supported by the HSP. Principal Applicants were briefed by MSOs on the research project and helped to ascertain the accuracy of SSI records. Specifically, they were asked to confirm those individuals within their family identified in the sample experienced disability. The discussion included identifying any adjustments that might make their potential participation in the telephone survey easier. In situations where the Principal Applicant informed the MSO that their relative's disability was such that they did not have the capacity to participate, the Principal Applicant was invited to respond to the telephone survey on their behalf. These responses were recorded as being made by 'proxy respondents'. In situations where the Principal Applicant assisted the person with disability to respond to the survey, or partially responded on behalf of that person, this was recorded.

After making contact, in cases where the Principal Applicant themselves had a disability, they were offered the opportunity to either complete the survey there and then over the telephone or to schedule it later. Telephone surveys were conducted in the

preferred language of the participant and responses were recorded in Qualtrics.

In the process of obtaining consent in accordance with research ethics protocol, the project included Easy Read versions of research information and participation information sheets. Upon making telephone contact, MSOs asked whether prospective participants would prefer to hear about the research project from the Easy Read versions of the information materials. Throughout this process, MSOs gave feedback that Easy Read material was a practical, simple and effective way of providing information about the research, especially as English was not the preferred language spoken by the sample.

Only de-identified survey data from the telephone surveys were entered and stored in the online system which was accessed by the Western Sydney University researchers. After the completion of the survey phase of the research, demographic details from the HSP were linked to survey responses by a unique and anonymous client ID for each respondent by SSI researchers. Once the survey data collection was completed, data were exported from Qualtrics and cleaned to remove incomplete/invalid surveys.

The 2024 survey dataset was then analysed to identify statistically significant differences in age, gender, length of residency and mode of survey response (i.e. proxy vs non-proxy). Three different kinds of tests were conducted:

- **Mann-Whitney U Test** (to check for statistically significant differences in responses between proxy and non-proxy respondents);
- **Chi-Square test of independence** (to check for statistically significant relationships between survey measures and demographic variables);
- **Spearman's rank correlation coefficient** (to check for statistically significant

correlations between ranked survey measures).

These inferential results were used to check and validate descriptive text and charts/tables.

Response rate

The total number of former clients of SSI selected to be contacted for the survey was 169 (see Table 1). The MSOs were able to contact 117 individuals and completed 75 telephone surveys.

With 75 valid surveys from 117 people contacted, the overall response rate is 64% (compared to a response rate of 29% in the 2021 survey, 53% in the 2020 survey and 49% in the 2019 survey: Culos et al., 2022).

Table 1. Summary of respondents

Summary	
Total number of people identified for the survey	169
People contacted	117
People unable to be contacted (wrong number, dead number, unanswered after three attempts)	52
People who refused/undecided	41
Total surveys completed	75
Total valid surveys	75

Comparison group:  
Building a New Life in Australia

BNLA is a longitudinal study conducted by the Australian Institute of Family Studies (AIFS) on behalf of the Department of Social Services, and is the largest longitudinal survey of humanitarian entrants in Australia and one of the largest studies of its type in the world (Edwards et al., 2018). In 2013, the longitudinal study included the settlement journeys of about 2400 refugees, which by year 5 had reduced to around 1900 respondents and at the 10-year mark had reduced to about 1200 respondents (van Kooy et al., 2024).

For the purpose of this phase of Foundations for Belonging research, we selected BNLA Wave 5 results as the comparison group for data collected in the 2024 survey, as the length of residence in Australia was the best match to our sample in 2024 (from 40–48 months).<sup>3</sup> The main countries of birth in BNLA Wave 5 are Iraq, Syria, Afghanistan and Iran (van Kooy et al., 2024), which more or less corresponds with the backgrounds of the 75 respondents to the 2024 survey. We specifically compared our findings with a sub-sample of BNLA respondents who had indicated having a long-term disability, injury or health condition. There were 185 respondents in our BNLA comparison group, not including enumerated persons and non-responding/non-enumerated persons (Australian Department of Social Services, 2020).

Interview data collection and analysis

Between November and December 2024, semi-structured, in-depth interviews were conducted with 13 individuals who arrived in Australia in the last three to eight years with language support in a preferred language provided by SSI MSOs. The preferred languages of interview participants were similar to the surveys: Arabic, Syriac, Assyrian, and Dari/Farsi.

Potential interviewees were sourced by asking telephone survey respondents whether they would like to be contacted to participate in an interview at a later time. In addition to their preferred language, potential interview participants were offered adjustments to support their involvement, including their preferred location (e.g. at

3 Access to the BNLA dataset is available, on request, from the Australian Institute of Family Studies at <https://aifs.gov.au/building-new-life-australia/apply-access-data>



home, in a public place, at an SSI office); mode of interview (e.g. phone, online, in person); and who they would like to be present (e.g. by themselves, with a friend or family member). Interviews were mainly conducted at home or in an SSI office, with one interview conducted by phone.

With the exception of one interview, participants consented to having their interviews audio recorded using mobile phones. The recordings included real-time language support by MSOs. The audio recordings were submitted to an external service, which transcribed the English audio for analysis. The qualitative data was analysed thematically in relation to the integration domains framing this research with short, de-identified profiles provided.

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## Multicultural Support Officer focus group

Following completion of the telephone surveys and interviews, in February 2025 MSOs were invited to participate with the research team in a focus group to cross-validate the preliminary research findings and provide feedback on the overall research process. As SSI's MSOs came from the same language groups and similar cultural backgrounds as survey respondents and interview participants, and as many are themselves from a refugee background, their input provided additional context to the early findings that we had identified. As with the interviews, MSOs who participated in the focus group consented to having the session audio recorded using mobile phones. These recordings were transcribed by an external service. The focus group session guide can be found in Appendix 3.

## Limitations

Multiple steps were taken to ensure that the findings from this study were robust, including through using, where possible, existing validated survey items, a purposive sampling strategy and the inclusion of comparisons with other refugees (through the BNLA comparison group) and other Australian surveys (where possible) in the reporting of the findings.

A limitation of this research is that it is a sample of refugees from one jurisdiction and may not be representative of all refugees with disability in Australia. The BNLA sample comparison group used in this study may be more representative of refugees with disability across Australia, although the way disability is identified in BNLA is ambiguous (i.e. through a self-report of having a long-term disability, injury or health condition). We further discuss the demographic information of the BNLA sub-sample in our findings.

In addition, our potential pool of study participants was drawn from the records of one settlement provider, which may have introduced bias. Similarly, it is also possible that the use of SSI MSOs may have introduced a respondent bias in the survey.

As this study sample extracted SSI records where they were 'flagged' as being potentially eligible for the NDIS, the sample prioritised refugees that had or were likely to have a visible disability or level of impairment that required higher support. The sample therefore potentially overlooked refugees who identified as having a disability, but had more 'invisible' disability and/or lower support needs – and who would nonetheless have lived experiences of disability that may have been similar to or different from this sample.

The survey data collection relied in the first instance on previous HSP Principal Applicants, the household representative of the refugee family, to assist by confirming

the people with disability in their household (whose details were already captured in the sample extracted by SSI). As part of the discussion about the research, in practice the Principal Applicant acted as a gatekeeper in providing their view to MSOs of the capability of the person with disability to be contacted for a telephone survey. While the MSOs could technically nonetheless contact the person with disability separately to explain the research project and provide the opportunity to secure consent and participation directly, an operational decision was made to defer to the Principal Applicant's judgement about the capability of the person with disability to participate in the survey. The reliance on Principal Applicants' views of the capability of their relative/s with disability may have introduced a barrier to participation in the research by refugees with disability that, with adjustments, may have enabled their participation.

While SSI offered to undertake best endeavours to make adjustments and accommodations to enable participation of refugees with disability, the format of the research methods, telephone surveys and later interviews drawn from some of the survey respondents had limitations in that it may not have been suitable to engage with some types of disability.

Finally, there is a potential limitation to consider regarding language. The research team did not speak any of the preferred languages of the survey respondents or interview participants (and very few had sufficient proficiency in English). As noted above, the approach we used was for the MSOs to provide the language support in interviews and to conduct the telephone surveys in the respondent's preferred language. We chose this approach because the MSOs had expertise in the preferred language(s) and were from the same or a similar cultural background as the survey respondents and interview participants,

which potentially facilitated a more culturally safe means of participation in the research.

In addition, many MSOs were themselves from a refugee background so were well placed to build rapport and reduce barriers to participation in the research. An alternative approach would have been for the researchers to conduct the surveys and interviews via a telephone or in-person interpreter and have the responses interpreted back into English. Most of the MSOs working in this study had previous experiences of using their language and cultural skills in research, including in previous Foundations for Belonging research (see McMahon et al., 2025) and in other highly sensitive research (see Spangaro et al., 2025) with refugees, with no reported issues regarding accuracy and/or communication difficulties. We therefore judged that MSOs' cultural and linguistic knowledge would help to ensure that participants and respondents were comfortable with the interview context and survey context and would be able to share their views and experiences in a culturally safe environment. However, this meant we did not seek verbatim interpretations or translations of the open-ended survey and interview responses and that we instead relied on the MSOs' restatements for analysis and reporting.

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# Findings

## Survey respondent demographics

Of the 75 survey respondents, 33 (44%) were female and 41 (55%) were male. Gender was missing for one respondent (1%). Ages ranged from 19 to 69 years, with an average age of 44 years ( $SD = 15.74$ ). Seven survey respondents were 65 years old or older – above the upper age limit for NDIS eligibility.

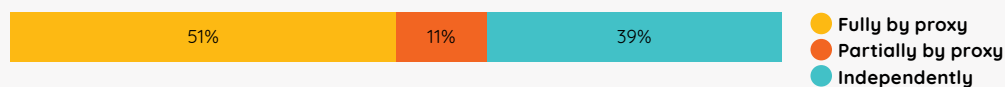
All respondents held a permanent humanitarian visa, lived in a major city in New South Wales (using Australian Bureau of Statistics definitions), and most arrived in Australia in 2019 (49%), with an average residency in Australia of 52 months (4.3 years) at the time of the survey. This differs from survey samples in the first three phases of Foundations for Belonging, where respondents had an average residency of 30 months (Culos et al., 2020), 24 months (Culos et al., 2021) and 46 months (Culos et al., 2022), respectively.

Survey respondents spoke a wide variety of languages (and the telephone survey was conducted in multiple languages, including Arabic, Assyrian, Chaldean, Dari/Farsi and Syriac), with the most common first languages in the sample being Arabic ( $n = 57$ ; 76%), Dari/Farsi ( $n = 6$ ; 8%), and Assyrian ( $n = 6$ ; 8%).

While we endeavoured to meet research participants' accessibility needs, many were not in a position to consent or respond to a telephone survey for varied reasons. We also acknowledge that there are inherent limitations with a telephone survey that excludes participation for certain populations of people with disability. In situations where

respondents faced difficulties with consenting or responding to a telephone survey, we surveyed a proxy respondent who answered the survey on behalf of the participant with disability. In all cases, the proxy respondent was a family member, guardian or carer of the participant with disability. Most survey responses were fully ( $n = 38$ ; 51%) or partially completed by a proxy respondent ( $n = 8$ ; 11%); 29 (39%) were independently completed by the participant with disability (Figure 2). We suggest several explanations for the sizeable proportion of surveys fully or partially completed by a proxy respondent. Although we did not explicitly collect information about our respondents' disability, the Multicultural Support Officers (MSOs) who conducted the surveys observed that proxy respondents were indeed involved when the participant with disability faced difficulties with consenting or responding to a telephone survey – such as in the case of communication-related disability. We suggest that this may also be compounded by how we selected our survey respondents, particularly from a subset of former SSI Humanitarian Settlement Program (HSP) participants who received Specialised and Intensive Services (SIS) support and were 'flagged' in their records as being potentially eligible for NDIS (for a more detailed explanation of our criteria for participation, see the Approach and Methods section). As such, while we cannot make definite claims about the nature of our respondents' disability, it is possible that our sample may trend toward those with higher support needs or more visible disability. To further explore whether there were significant differences between how proxy respondents and non-

**Figure 2. Mode of survey completion**



proxy respondents answered the survey, we performed Mann-Whitney U tests throughout and report significant differences where relevant.

### **Foundations for Belonging comparison group demographics**

Throughout, we compared the 2024 survey findings with the previous iteration of our survey conducted with refugees (Culos et al., 2022), which was not conducted specifically with refugees with disability but where respondents' average length of residency was similar. This comparison group will be referred to as the '2021 survey'. Of the 314 respondents in the 2021 survey, 170 (54%) were female, and 144 (46%) were male. Respondents' ages ranged from 18 to 78 years, with an average age of 42 years ( $SD = 14.17$ ). Most 2021 survey respondents arrived in Australia in 2017 (80%), with an average residency in Australia of 46 months at the time of the survey. The most common languages reported in the 2021 survey were Arabic (76%), Assyrian (8%) and Kurdish/Kurmanji (7%).

### **BNLA comparison group demographics**

As mentioned in the Approach and Methods section, we also compared our findings with a sub-group of Wave 5 BNLA respondents, who reported having a long-term disability, injury or health condition. Of the 185 respondents in this sub-sample, 79 (43%) were female and 106 (57%) were male. Respondents' ages ranged from 22 to 76 years, with an average age of 51 years ( $SD = 13.35$ ). Most respondents participated in the

Wave 5 BNLA study four years after arrival in Australia ( $n = 160$ ; 86%) – noting that the Wave 5 BNLA data collection was carried out in 2017 (Australian Department of Social Services, 2020). Among this sub-sample, the most common languages in which the Wave 5 BNLA study was conducted were Arabic ( $n = 109$ ; 59%), Dari/Farsi ( $n = 29$ ; 16%) and English ( $n = 23$ ; 12%). In addition, among this sub-sample, most respondents were not NDIS participants ( $n = 129$ ; 70%), while 32 (17%) were NDIS participants at the time of the study and 24 (13%) preferred not to say. Where relevant, we also compared our findings with the full Wave 5 BNLA panel (likewise excluding entries from enumerated persons and non-responding/non-enumerated persons) – such as in cases where the valid pool of responses from those with a long-term disability, injury or a health condition was too small for meaningful comparison. Of the 1881 respondents in the full sample, 47% were female and 53% were male. Respondents' ages ranged from 18 to 76 years, with an average age of 40 years ( $SD = 14.11$ ). Most respondents participated in the Wave 5 BNLA study four years after arrival in Australia (86%). The most common languages in which the Wave 5 BNLA study was conducted were Arabic (41%), English (23%) and Dari/Farsi (19%).

## Interview participants demographics

Of the 13 follow-up interview respondents, six were female and seven were male. Ages ranged from 21 to 62 years. The interviews were conducted in Arabic ( $n = 8$ ), Assyrian ( $n = 3$ ), Dari/Farsi ( $n = 1$ ) and Chaldean ( $n = 1$ ). Most interview respondents arrived in Australia in 2019 ( $n = 8$ ). Seven interviews were conducted with a refugee with disability while six were conducted with a proxy respondent where the refugee with disability was also present. We provide specific information about each interview respondent at first mention throughout the findings.

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## Social connections

**Social connections in this research explore three related domains that are fundamental to settlement and integration:**

- 1. social bonds**  
(ties with family, friends and other people from the same cultural background who share similar values and norms);
- 2. social bridges**  
(connections with people from different backgrounds and opportunities for cultural exchange);
- 3. social links**  
(two-way engagement and interactions with the institutions of society).

## Key points

**Overall, the findings from this research on social connections indicate that:**

- Refugees with disability perceive receiving support from their co-ethnic, co-national, and co-religious communities, which potentially facilitates their sense of belonging and settlement in Australia. Yet, they also frequently highlighted their disability as a contributor to challenges in maintaining social bonds, with some expressing disconnection and isolation due to perceptions of negative attitudes and norms around disability in their national or ethnic community.
- This points towards a possible lack of structural supports for developing informal relationships and spaces for

social and community participation for refugees with disability in their own communities outside of the family. This need was manifested in starkly weaker friendship networks and much lower rates of incidental contact with friends and family.

- Similarly, refugees with disability face significant challenges in developing social bridges; a large majority of respondents found it hard to make friends in Australia, understand Australian ways or culture, and talk to their Australian neighbours. They suggested that English language difficulties, compounded by experiences of disability, limited their opportunities to develop mixed social networks.
- Somewhat surprisingly, despite these challenges, a strong majority of refugees with disability felt that they were part of the Australian community and rated their overall settlement experience in Australia positively, at levels comparable to refugees in general.
- This overwhelmingly positive sentiment seems to spring from a deep appreciation of the relative safety and security of life in Australia and a gradual process of familiarisation and adaptation to their new social and cultural contexts.
- Refugees with disability reported very high levels of difficulty accessing government services – more so than refugees in general. This was attributed to a range of factors including language difficulties, transport difficulties, finding or using mobile apps and online or internet difficulties.
- That said, we did not find strong statistical associations between different measures of access to government services, potentially pointing to distinct sets of barriers faced by people with different disability experiences when accessing government services.
- Relatedly, refugees with disability had very limited digital skills and had difficulties using the internet for everyday tasks, including online shopping, English language and other studies, and accessing services. However, they were relatively more adept at using technology in other areas, such as connecting with friends and family.
- Refugees with disability expressed low levels of trust in the media, people in their neighbourhood and people in the wider Australian community, and higher levels of trust in institutions – including the government and police – although this was still weaker than for refugees in general.
- Despite refugees with disability facing greater difficulties accessing government services and having weaker digital skills compared with refugees in general, about half of refugees with disability felt that their disability was supported in their access to government services, including through the internet. However, it seems this was often reliant on formal and informal supports from on-arrival settlement services, the NDIS and associated funded services, family members and carers.
- Positive and negative experiences of services were coloured by refugees with disability's experiences with the NDIS – a service that was central to their lives – with poor perceptions of institutions and services in general related to negative experiences of the NDIS.

### **Taking a closer look at the findings in relation to social bonds:**

- These findings provide a nuanced picture that highlights key similarities and differences in how refugees with disability experience and perceive social bonds compared with refugees in general, as found in previous phases of Foundations for Belonging research (Culos et al., 2022) and among refugees with a long-term disability, injury or health condition in the longitudinal BLNA study.
- There were mixed findings on the extent to which refugees with disability received support from their ethnic, national and religious communities. Refugees with disability reported stronger support from their own communities compared with the levels reported by refugees in general in previous phases of Foundations for Belonging research.
- Conversely, a majority reported weaker disability-specific support from their own communities, apart from their religious community. Correspondingly, in open-ended responses, refugees with disability who perceived a disconnect from their own communities frequently highlighted their disability and mental health as key contributing factors. This points towards a possible lack of structural supports for developing informal relationships and inadequate spaces for community support and social interaction.
- Compared with previous phases of Foundations for Belonging research, refugees with disability had much lower contact with family and friends through key communication channels such as audio/video calls, social media and text messaging. A very large proportion of 'not applicable' and non-responses to these measures, particularly for text messages, may relate to limited literacy due to severely disrupted education prior to

arriving in Australia, contributing to a very low use of text-based modes of contact.

- Another stark difference was refugees with disability's friendship networks: they reported a lower rate of mixed friendship networks than refugees with disability in the BNLA study and a much lower rate compared with refugees in general in previous phases of Foundations for Belonging research. Critically, almost one in two respondents indicated not having any friends in Australia.
- Interviews and the focus group conducted with Multicultural Support Officers suggested that limited connections among refugees with disability within their own community were driven in part by negative community attitudes to disability in refugees' home countries, including low expectations about capacity – often called ableism – and norms around limited social and community participation for people with disability. Some interviewees also reported feeling disconnection and isolation from their community. That said, others found peace and comfort in connecting with individuals from similar ethnic or cultural backgrounds.

### **Taking a closer look at the findings in relation to social bridges:**

- In relation to support from the wider community, refugees with disability reported experiencing much lower levels of support from communities other than their own compared with refugees in general in previous phases of Foundations for Belonging research (Culos et al., 2022), although these low levels of support were similar to refugees with disability in the BLNA study.
- Relatedly, refugees with disability faced intersecting challenges in developing social bridges: a large majority of respondents found it hard to make friends



in Australia, understand Australian ways or culture, and talk to their Australian neighbours. While these challenges were on par with refugees with disability in the BNLA study, refugees with disability in this research reported far more difficulties compared with refugees in general in previous Foundations for Belonging research.

- Refugees with disability were ambivalent about whether they received disability-specific support from communities other than their own, with open-ended responses suggesting that English language difficulties, compounded by experiences of disability, limited their opportunities to develop mixed social networks.
- In addition, interviews highlighted challenges in adapting to a markedly different society. They perceived the Australian context as more ‘individualistic’ than their countries of origin, which they characterised as being collectivist, more communal and culturally familiar.
- Despite these challenges, a strong majority felt that they were part of the Australian community and rated their overall settlement experience positively at levels on par with refugees in general, as reported in previous phases of Foundations for Belonging research and on par with refugees with disability in the BNLA study.
- Interviews indicated that this overwhelmingly positive sentiment springs from a deep appreciation of the relative safety and security of life in Australia and a gradual process of familiarisation and adaptation to new social and cultural contexts in Australia.

### **Taking a closer look at the findings in relation to social links:**

- Refugees with disability’s experiences of links to, and benefits from, the institutions and social infrastructure of Australia differ from previous phases of Foundations for Belonging research conducted with refugees in general (Culos et al., 2022) and from refugees with a long-term disability, injury or health condition in the BNLA study.
- Refugees with disability expressed low levels of trust in the media, people in their neighbourhood and people in the wider Australian community, and greater trust in institutions – including the government and police, although it was still weaker than in previous phases of this research with refugees in general and refugees with disability in the BNLA study.
- They also reported high levels of difficulty accessing government services than refugees in general in previous phases of Foundations for Belonging research and refugees with disability in the BNLA study.
- The most prominent challenges were language difficulties; long wait times for appointments; transport difficulties; finding or using relevant mobile apps; online or internet difficulties; and not knowing where to get help.
- In relation to digital skills, a large majority of refugees with disability did not feel confident in their abilities to use the internet for browsing information, paying bills, online shopping, English language and other studies, and accessing services such as health, welfare and social services.
- There was higher reported confidence in digital skills to connect with family and friends, getting news from their home countries and accessing entertainment through the internet. Indeed, for some

digital technology helped to sustain family and cultural connections that were disrupted by migration.

- Reported difficulties accessing government services were much higher, and digital skills weaker, compared with refugees in general in previous phases of Foundations for Belonging research. Despite this, about one in two refugees with disability felt their disability was supported in their access to government services, including through the internet, although open-ended responses indicated that they relied on formal and informal support from on-arrival settlement services, the NDIS and associated funded services, family members and carers to access various services, including via the internet.
- Interviews indicated that positive and negative experiences of engaging with services hinged largely on their experiences with the NDIS, which was one of the most important government services in many participants' lives. Poor perceptions of institutions and services were particularly associated with negative experiences of the NDIS, including complex and time-consuming application processes.

## Social bonds

Social bonds relate to the connections people have with others from the same cultural background and identity groups. Supportive relationships with people who share similar values, norms and expectations about life are an important initial step to establish connections in a new country. These bonds are generally – although not always – formed with family and friends who share the same culture, language and faith. Co-ethnic, co-national and/or co-religious social bonds can contribute to a sense of belonging, feelings of safety and security, and other forms of social and emotional support (Ziersch et al., 2023).

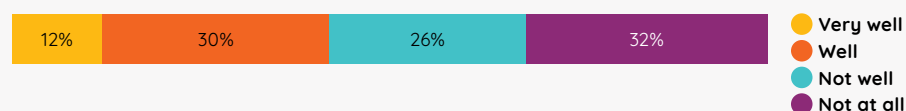
More than half of 2024 survey respondents reported receiving strong support or comfort from their national or ethnic communities. When asked about receiving support or comfort from their own religious community, around the same number of respondents answered either affirmatively (46%) or negatively (45%). Compared with the 2021 survey (Table 2), there were stronger perceptions of support from their national, ethnic and religious communities in the 2024 survey. In contrast, compared with Wave 5 BNLA respondents with a long-term disability, injury or health conditions, a much larger proportion of 2024 survey respondents reported feeling supported by their national, ethnic and religious communities. Age, gender, and length of residency did not significantly impact these measures.

**Table 2. Do you feel that you/they have been given support or comfort in Australia from ... ? (by survey, %)\***

	Your/their national or ethnic community			Your/their religious community		
	Survey 2024	Survey 2021	BNLA	Survey 2024	Survey 2021	BNLA
Yes	54	38	14	46	27	12
Sometimes	7	10	19	9	9	13
No	39	52	66	45	64	75

\* Percentages may not total to 100 due to rounding.

**Figure 3. How well do you feel your/their disability is supported in social connections with people from your/their ethnic or religious community?**



In the 2024 survey, we added a question that explored respondents' perceptions of social bonds specific to disability. When we asked respondents about how well they felt their disability was supported in social connections with people from their ethnic or religious community, nearly six in 10 respondents answered 'not well' or 'not at all' compared with 'well' or 'very well' (Figure 3). Age, gender, and length of residency did not significantly impact this measure.

There was a statistically significant relationship between whether respondents perceived receiving support from their religious community and how well they felt their disability was supported in their social connections ( $\chi^2(1) = 16.94, p < .001$ ). That is, respondents who perceived at least some support from their religious communities were more likely to feel their disability was supported in social connections. The relationship between whether respondents perceived support from their national or ethnic community and how well they felt their disability was supported in their social connections was not statistically significant ( $\chi^2(2) = 5.51, p = .06$ ).

The non-significant relationship between these two measures could be understood further from the survey's qualitative responses, where one participant mentioned that as their co-ethnic community viewed people with disability differently, they chose to avoid areas that people from these communities frequented. Other research on refugees with disability in Australia has suggested that attitudes towards disability are culturally dependent, and that disability

may often be associated with a sense of shame and pity among some refugee communities (Dew et al., 2021).

Critically, open-ended responses in the survey indicated barriers to social bonds. Respondents who perceived a disconnect from their communities frequently highlighted their disability and mental health as key contributors, which suggests a possible lack of structural supports for developing informal relationships and inadequate spaces for community support and social interaction outside the family. Rather, several respondents highlighted that they predominantly received social support from formal organisational sources such as the NDIS.

Our interviews supported the survey finding that many refugees with disability did not receive adequate support from their own communities and chose to distance themselves for various reasons. We found that barriers to social support and bonding within co-ethnic, co-national, and co-religious communities may also arise from community values and beliefs. This was evident in the case of Ameena, a 59-year-old woman with disability from Iraq who arrived in Australia in 2017, and who found herself ostracised due to a perceived violation of social norms. Specifically, her eldest daughter married someone from a different religion, which was considered unacceptable according to the religious teachings of their community. As a result, Ameena and her family were further isolated and denied support from members of their cultural group from their country of origin:

**No, I don't mix with my community. My eldest daughter got married to a Muslim and my religion doesn't allow us to marry anyone from other religion, so that's why my community sort of kept away from us. Even from before, my community were not very supportive, so I didn't get anything from them. So after this thing, and my daughter's marriage, even like the distance became bigger.**

(Interview with Aameena,  
26 November 2024)

From the MSO focus group, we were further able to contextualise the disconnection of refugees with disability from their co-ethnic and co-national groups due to different perspectives toward disability, with one focus group participant sharing:

**Most [respondents] said when they were in [their home] country they were ashamed, feel shamed. So we try to lock them in, we try not to go out, because we feel people's eyes are [staring] and sometimes verbally they feel like [they're being put] down or feeling embarrassed ... as if there is a guilt, feeling of guilt or shame ... over there, you just stay home, disabled and isolate from the community.**

(MSO focus group,  
13 February 2025)

These experiences illustrate how cultural or religious norms can result in a form of social exclusion for refugees with disability.

Yet our interviews also suggest that refugees with disability gain critical forms of support from their communities – whether through shared language, religion or other commonalities. Haneen, a proxy respondent for and sister of Jamal, a 56-year-old man with disability from Iraq, described the strong bonds with their Iraqi religious community:

**Yes, I go to the church on Sundays, every Sunday and Wednesday. Majority of time I try not to miss it and Jamal also joins me. My sisters and her friends, they say if you don't bring Jamal with you, don't come, we want to see Jamal be with you, they like to have him there.**

(Interview with Haneen and Jamal,  
14 November 2024)

Haneen also shared how they gradually began to experience psychological wellbeing in their daily lives, largely because the local community in which they lived shared the same religious background.

A similar experience was shared by Ismael, a 62-year-old man with disability from Iraq, who found peace and comfort in connecting with individuals from similar backgrounds, particularly those from his country of origin. Despite the cultural diversity in his neighbourhood, he expressed appreciation for the support he received, describing the environment as welcoming and conducive to building a new life in Australia. As he described, his neighbours often greeted him warmly and occasionally shared food with him.

Interviewees also expressed the value of support from family and friends to settle in Australia. Aameena is one such example; having family members who had arrived in Australia earlier provided her with essential guidance in navigating life in a new country. Relatives frequently visited her home, helped her understand necessary procedures and shared their experiences on how to become part of Australian society. Thus, communities with shared backgrounds – particularly those connected through religion, country of origin and family ties – play a significant role in bonds to discover a sense of belonging. Yet, these community networks can also lead to feelings of disconnection and isolation when refugees with disability are perceived to diverge from dominant cultural, social or

religious norms, including norms and attitudes towards disability, within their communities.

**Social bonds:**  
**Contacting family and friends**

Maintaining regular contact with friends and family members is also an important aspect of social bonds. Among the three modes of communication we queried (Tables 3 and 4), 2024 survey respondents favoured using audio or video calls (via the phone or the internet) and social media to keep in touch with their family and friends, compared with text messages. A majority of respondents used audio or video calls and social media at least weekly to stay in touch with family members, while more than four in 10 respondents used these at least weekly to stay in touch with friends. Neither age nor gender significantly impacted these measures.

Compared with respondents in the 2021 survey, a much larger proportion of respondents in the 2024 survey chose to reply ‘not applicable’ or gave no response to questions about contact with family and friends. Correspondingly, the frequency of reported contact with family and friends among respondents with disability was lower compared with surveys in previous years, against our previously observed trend of the increased use of digital communication methods by refugees from 2020 onwards (Culos et al., 2022).

**Table 3. On average, how often do you/they use ... to stay in touch with family members? (by survey, %)\***

	Audio or video call		Social media		Text message	
	Survey 2024	Survey 2021	Survey 2024	Survey 2021	Survey 2024	Survey 2021
More than once a week	53	74	44	68	29	60
About once a week	11	12	7	10	3	9
More than once a month	4	5	3	4	3	4
Less than once a month	0	6	5	9	1	9
Not applicable and non-responses <sup>4</sup>	32	3	41	8	64	19

\* Percentages may not total to 100 due to rounding.

<sup>4</sup> We introduced the ‘not applicable’ response option in the 2024 survey. As such, percentages for the 2021 survey reflect only non-responses.

**Table 4. On average, how often do you/they use ... to stay in touch with friends? (by survey, %)\***

	Audio or video call		Social media		Text message	
	Survey 2024	Survey 2021	Survey 2024	Survey 2021	Survey 2024	Survey 2021
More than once a week	<b>31</b>	46	<b>29</b>	42	<b>24</b>	44
About once a week	<b>16</b>	18	<b>12</b>	15	<b>4</b>	12
More than once a month	<b>3</b>	12	<b>1</b>	13	<b>1</b>	9
Less than once a month	<b>5</b>	14	<b>11</b>	13	<b>5</b>	12
Not applicable and non-responses <sup>5</sup>	<b>45</b>	10	<b>47</b>	17	<b>65</b>	24

\* Percentages may not total to 100 due to rounding.

The MSO focus group offered several possible explanations for the high prevalence of ‘not applicable’ responses and non-responses. Regarding respondents’ use of text messaging, several focus group participants highlighted issues of literacy and education – affected by potential experiences of disability and/or disrupted education in their country of origin. As our respondents were all adults with disability, this gives rise to critical questions of how adult refugees with disability are connected to adult education pathways, including English-language learning (as we will further discuss in the section on education). One focus group participant also suggested that the question did not capture the interdependent ways in which refugees with disability stay in touch with their family and friends – for example, someone else in the family may initiate a call that the participant with disability later joins in on. This suggestion was supported by the interview with Marjanita, a partial proxy respondent

for and mother of Doreena, a 47-year-old woman with disability from Iraq. Speaking on how Marjanita regulated her use of the phone, Doreena shared:

**I want to speak to someone, and I like to speak with my cousins or, like, [my] brothers in America. But because [I] called them constantly, my mother said, it’s not ... It’s not good ... Maybe they’re asleep. A different time, like day or night.**

(Interview with Marjanita and Doreena, 21 November 2024)

Nevertheless, from the interviews, we found that digital technology helps to sustain family connections for some refugees with disability, thus lessening the feeling of separation often created by displacement, a finding corroborated in our previous research with refugees (Baganz et al., 2025). Similarly, Putrus, a 55-year-old man with disability, shared how he used his mobile phone to support his psychological wellbeing by listening to church sermons in his native language. He also listened to spiritual songs in Arabic, which allowed him to maintain a sense of spiritual connection and remain grounded in his faith and community while

<sup>5</sup> Given the high proportion of ‘not applicable’ and missing responses for this question in particular, we included these options when presenting Table 3 to more accurately reflect the distribution of participant responses (where we otherwise excluded ‘not applicable’ and missing responses for all other analyses).



settling into a new country. As noted in the burgeoning research within digital migrant studies, diaspora communities often use digital technologies to navigate a sense of identity and feelings of belonging to their national and ethnic communities – where digital technologies allow for various online spaces of transnational connection (Leurs & Ponzanesi, 2024). This is also true for refugees, where digital technology can build cultural connection, identity and pride across diasporas (Austen, 2022). Previous Foundations for Belonging research found that while refugees experience challenges with digital access and digital skills, digital technology helps to maintain bonds and address separation from friends and family, which was especially evident during the COVID-19 pandemic (Baganz et al., 2025).

**Social bonds:**  
**Friendship networks**

When asked about their friendship networks in Australia (Table 5), 2024 survey respondents largely indicated that their friends in Australia were mostly from their ethnic or religious community, or that they did not have any friends in Australia yet. This is notably different from respondents in the 2021 survey, where most respondents reported relationships with a mixture of people from other communities and their own ethnic or religious community after a similar period of residency. While

longer residency is associated with more mixed friendship networks, this was not the experience of refugees with disability in the 2024 survey, who had an average residency of more than four years. Similarly, a markedly larger proportion of 2024 survey respondents indicated that they did not have any friends in Australia yet compared with Wave 5 BNLA respondents with a long-term disability, injury or health condition.

The BNLA 10-year report found that English language proficiency and employment significantly influenced refugees’ likelihood of having mixed friendships in their tenth year of settlement in Australia (van Kooy et al., 2024). As we will highlight in later sections on education and work, refugees with disability in the 2024 survey faced prominent barriers to both English language acquisition and employment. Moreover, the MSO focus group suggested that dominant cultural attitudes around disability in refugees’ home countries also contributed to the finding of few mixed friendship networks: *‘I can say 90 per cent is they felt burden on the family or friends, so that’s why they isolated themselves’* (MSO focus group, 13 February 2025), a prevailing perception of disability also raised earlier. Alternatively, there was a possible sentiment that refugees with disability were content with support from their family and formal disability services and did not seek wider connections: *‘they were kind of like happy if*

**Table 5. Would you say that your/their friends in Australia are ... ? (by survey, %)\***

	Survey 2024	Survey 2021	BNLA
Mostly from my/their ethnic or religious community	32	29	50
Mostly from other ethnic or religious communities	3	1	1
A mixture	19	62	37
I/they do not have any friends in Australia yet	46	8	11

\* Percentages may not total to 100 due to rounding.



*they get NDIS and family together, that will be enough for them ... nothing perfect, but for them that is kind of enough for them'* (MSO focus group, 13 February 2025).

Interviews also indicated that refugees with disability may experience barriers to forming wider social connections stemming from environmental barriers and other accessibility issues. Ismael, for instance, faced barriers related to a lack of familiarity with Australian transport:

**I had to rely on myself and because with reading the stops, I'm not very good at it. So that's why ... Then I don't go with train much because I don't go – the further[st] I went is the city and that was a couple of times and then – I've been only a couple of times to the city. Family friends took us to the city and the parking is very difficult. You have to pay a lot of money for the parking and me, because I can't walk.**

(Interview with Ismael, 19 November 2024)

Alya, a 30-year-old woman with disability from Afghanistan, reported feelings of alienation, loneliness and exclusion, shaped by language challenges and healthcare obligations. Alya was required to undergo therapy and a series of medical procedures. These obligations significantly limited her ability to engage in social interactions, including pursuing English language learning, thereby deepening her sense of isolation due to communication barriers. Even her national and ethnic community – which might have served as a foundation for wider connections – remained largely inaccessible to her as she was required to undergo continuous medical treatment in hospital settings. As she explained during the interview, this lack of social support further reinforced her sense of disconnection:

**[I] didn't have any problems. [I] was just staying in there for an hour or so and then left. There was no problem at the time. It's been a year and a half that [I've] never been to any of those things anymore ... That was only for the celebration, the new year celebration or these yearly celebrations that they have.**

(Interview with Alya, 12 December 2024)

As she stated: *'[I don't] have any friend here in Australia. [I have my] family in here who [I] can discuss everything'* (Interview with Alya, 12 December 2024). This situation underscores the complex nature of limited friendship networks for refugees with disability, shaped by the intersections of cultural displacement, linguistic barriers and environmental inaccessibility.

## Social bridges

Establishing social bridges with people from other cultural backgrounds is another important dimension of social connections, and is critical to establishing the ‘two-way’ interaction at the heart of integration. Creating bridges to other communities opens up opportunities for broadening cultural exchange and understanding and provides a pathway for refugees to contribute to social and cultural life.

**Table 6. Do you feel that you/they have been given support or comfort in Australia from other community groups?** (by survey, %)

	Survey 2024	Survey 2021	BNLA
Yes	32	66	12
Sometimes	11	7	17
No	57	27	71

However, more than half of our survey respondents felt that they did not receive support or comfort in Australia from community groups other than their own (Table 6). Based on the 2021 survey, we

had previously suggested that refugees may be more inclined to seek support and connection with other communities besides their own the longer they reside in Australia. This was not the case for the 2024 survey, where only around four in 10 respondents felt they had been given support from communities other than their own, which was slightly lower than, but similar to, Wave 5 BNLA respondents with a long-term disability, injury or health condition.

Most 2024 survey respondents found it hard or very hard to make friends in Australia (77%), understand Australian ways or culture (68%) and talk to their Australian neighbours (76%) (Table 7). Moreover, proxy respondents on average responded more negatively to these questions—reporting greater difficulty making friends in Australia ( $U = 783, p = .002$ ); talking to Australian neighbours ( $U = 725.5, p = .03$ ); and understanding Australian ways or culture ( $U = 847.5, p < .001$ ). We note here that previous research has found that proxy respondents for people with disability tend to underestimate various quality of life measures, and this bias may extend to our current survey (Rand & Caiels, 2015).

**Table 7. Since you/they came to Australia, how easy have you/they found it to ... ?** (by survey, %)\*

	Make friends in Australia			Talk to Australian neighbours			Understand Australian ways or culture		
	Survey 2024	Survey 2021	BNLA	Survey 2024	Survey 2021	BNLA	Survey 2024	Survey 2021	BNLA
Very easy	7	10	5	4	16	6	7	15	8
Easy	16	61	36	19	53	40	24	60	40
Hard	24	22	43	26	24	35	22	20	38
Very hard	53	7	16	50	7	19	46	5	13

\* Percentages may not total to 100 due to rounding.

From the qualitative open-ended responses in the 2024 survey, several respondents highlighted language difficulties, compounded by experiences of disability, as a key barrier to connecting with people from communities other than their own. However, challenges with language alone cannot explain the difficulties faced by refugees with disability when interacting with Australian communities and culture, given that 2024 survey respondents reported notably greater difficulty across these measures compared with the 2021 survey and Wave 5 BNLA respondents with a long-term disability, injury or health condition (who similarly reported challenges with language). As we have previously discussed, refugees with disability face complex barriers to social connections – for example, including low expectations about capacity (ableism) and norms towards disability in their national and ethnic communities as well as wider environmental accessibility issues.

Moreover, when asked about how well respondents felt their disability was supported in social connections with people of backgrounds different from their own (Figure 4), more than half answered ‘not well’ or ‘not at all’.

Some interviewees expressed appreciation of the importance of social bridges developed through contact with religious institutions. Tala, a 56-year-old woman with a disability who arrived in

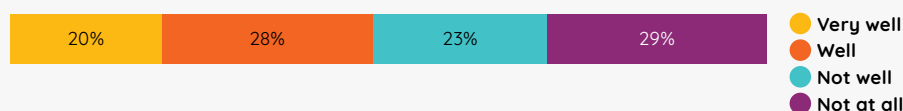
Australia in 2019, found support through a church community, which became a vital link connecting her to various people who assisted her in adapting and adjusting to life in Australia. The church served as a bridge that facilitated her integration into the community and eventually enabled her to actively participate in it, as she described:

**[W]hen [I] first arrived, [I] started going to church ... Because [I have] no one here, none of [my] family in Australia and ... the church was the only connect option for [me] to meet and connect and because of [my] situation, the priest at the church helped and linked with the community within the church.**

(Interview with Tala,  
3 December 2024)

The interviews also suggested that some respondents come from societies with more communal and culturally familiar structures than those found in Australia. In their countries of origin, it is common for social interactions to be highly collective, marked by frequent informal check-ins and greetings among strangers and mutual assistance. On arrival in Australia, some respondents were confronted by a markedly different society and perceived the Australian context as more ‘individualistic’. For refugees, this transition can result in profound feelings of disconnection and disorientation:

**Figure 4. How well do you feel your/their disability is supported in social connections with people from different backgrounds to your/their own?**



**When I lost my way, and I couldn't find anyone, I just found a place and sat there. But I was surprised. I thought – In Iraq, in my situation, people would reach out and ask, 'Do you need help? Why are you here by yourself?' But from that time, I realised that here, no one – not even your neighbour – is going to ask you what you're doing, why you're by yourself, or whether you need help.**  
(Interview with Marjanita and Doreena, 21 November 2024)

Adding to her feelings of disconnection in an unfamiliar culture, Marjanita also experienced difficulties in using public transportation and accessing public services in the early stages of settlement. This was evident in her struggle to use the bus – particularly in identifying directions and stops – as well as her confusion in handling Australian currency, especially coins. Additionally, she expressed disorientation with the urban layout, noting, 'money, buses, houses – they look the same' (Interview with Marjanita and Doreena, 21 November 2024).

Feelings of isolation and loneliness are further compounded when refugees with disability do not have other social connections, including social bonds:

**Two of my brothers passed away and I didn't get to see them, and my problem now is whenever I want to talk about something I start to get emotional. I can't help myself, so I feel lonely, very lonely. No one to listen or open my heart to.**  
(Interview with Ameena, 26 November 2024)

Despite these challenges, seven in 10 respondents nevertheless felt they were part of the Australian community always or most of the time (Table 8), though proxy respondents responded more negatively to this question compared with non-proxy respondents ( $U = 732, p = .04$ ). Additionally, six in 10 respondents characterised their overall experience of settling in Australia as good or very good (Table 9). Notably, these measures are weaker compared to both the 2021 survey and Wave 5 BNLA respondents with a long-term disability, injury or health condition.

**Table 8. Do you/they feel part of the Australian community?** (by survey, %)

	Survey 2024	Survey 2021	BNLA
Always	59	62	58
Most of the time	13	25	23
Some of the time	16	10	14
Hardly ever	6	3	3
Never	6	0	2

**Table 9. Overall, has your/their experience of settling in Australia so far been ... ?** (by survey, %)\*

	Survey 2024	Survey 2021	BNLA
Very good	33	37	36
Good	32	46	51
Hard	25	14	11
Very hard	11	3	1

\* Percentages may not total to 100 due to rounding.

Our interviews revealed that, despite challenges, refugees with disability have generally managed to adapt to life in Australia. Our interviewees live their lives much like other Australians. Despite various difficulties, they believe their current life is better than before. In this new environment, they are able to go about their activities safely and securely. Ismael, for example, despite his limited financial situation, described feeling happy and said he had begun to find a rhythm in his life in Australia:

**So we came here, we settled and that's it. We happy here with our life. We don't want trouble. We don't want problems. We try to avoid any problems. The majority, they want to live in peace and safety. These things are provided here. Even with minimal money. I might go to work and make a couple of hundred dollars a day or whatever and that's enough for me. While overseas it wasn't like that. So yeah, we happy. We like it.**

(Interview with Ismael,  
19 November 2024)

As Ismael expressed:

**I'm very, very happy with the area and the surroundings and the neighbours. I have an Italian couple. They live next door. We are getting along very well. My wife, when she cooks something, she takes them and when they cook something and then when they see my grandchildren visiting, they talk to them. They give them chips and chocolate.**

(Interview with Ismael,  
19 November 2024)

This evolving connection and sense of belonging in Australia are clearly expressed through the interviews. Marjanita, for instance, conveyed her gratitude by saying, *'I believe in God, and God helped me by, like, for being*

*in Australia ... Australia is blessed'* (Interview with Marjanita and Doreena, 21 November 2024). Similarly, Ameena expressed pride in being part of the Australian community. She is raising her children – who are currently studying medicine – to be responsible citizens who will contribute to the country:

**I want them to serve this country [...] like being good citizens, serve this country, and that's what all my aim is. So I raise them up that way'**

(Interview with Ameena,  
26 November 2024).

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## Social links

Social links refer to engagement with the institutions of society, such as government and non-government services, adding a third dimension to the types of social connections involved in settlement and integration. Social links exist where a person is able to connect with and benefit from essential and other government services, and can develop a sense of independence and trust in the institutions of society.

Compared with the 2021 survey cohort, as well as the Wave 5 BNLA respondents with a long-term disability, injury or health condition, respondents to the 2024 survey exhibited lower levels of trust in people in their neighbourhood, the police, people with whom they worked or studied, the media and the government (Table 10). Notably, proxy respondents on average answered these questions more negatively, indicating that respondents with disability held lower levels of trust for people in their neighbourhood ( $U = 725$ ,  $p = .05$ ); people in the wider Australian community ( $U = 705.5$ ,  $p = .03$ ); the police ( $U = 800$ ,  $p < .001$ ); people they work or study with ( $U = 465.5$ ,  $p < .001$ ); the media ( $U = 616.5$ ,  $p = .004$ ); and the government ( $U = 751$ ,  $p < .001$ ).

**Table 10. How much do you/they trust the following groups of people? (by survey, %)\***

		A lot	Some	A little	Not at all
People in your/their neighbourhood	<b>Survey 2024</b>	<b>28</b>	<b>14</b>	<b>22</b>	<b>36</b>
	Survey 2021	27	38	25	10
	BNLA	35	48	14	2
People in the wider Australian community	<b>Survey 2024</b>	<b>30</b>	<b>22</b>	<b>12</b>	<b>36</b>
	Survey 2021	31	30	22	17
	BNLA	34	46	14	5
The police	<b>Survey 2024</b>	<b>61</b>	<b>11</b>	<b>3</b>	<b>25</b>
	Survey 2021	82	14	2	2
	BNLA	86	12	1	1
People you/they work or study with	<b>Survey 2024</b>	<b>25</b>	<b>12</b>	<b>2</b>	<b>62</b>
	Survey 2021	40	36	16	8
	BNLA	39	36	15	11
The media	<b>Survey 2024</b>	<b>5</b>	<b>27</b>	<b>22</b>	<b>47</b>
	Survey 2021	28	38	22	13
	BNLA	22	40	22	16
The government	<b>Survey 2024</b>	<b>52</b>	<b>14</b>	<b>5</b>	<b>29</b>
	Survey 2021	87	10	1	2
	BNLA	80	14	4	1

\* Percentages may not total to 100 due to rounding.

As with the previous phases of Foundations for Belonging, the 2024 survey also explored ease of access to government services (Table 11). Compared with the 2021 survey, the measures on ‘afraid that my/their information would not be kept private’ and ‘online/internet difficulties’ were (re)introduced. Generally, refugees with disability in the 2024 survey faced difficulties in accessing government services, to a greater degree than the 2021 sample

and Wave 5 BNLA respondents with a long-term disability, injury or health condition – with the most common difficulties in this sample being language barriers, long wait times for appointments and problems finding or using relevant mobile apps. A substantial proportion of respondents also reported barriers to access due to transport difficulties, not knowing where to get help and online or internet difficulties.

**Table 11. Thinking about government services, have any of the options below, if any, made it difficult to get help from these services? (by survey, %)**

		Yes	No
I/they did not know where to get help	<b>Survey 2024</b>	<b>57</b>	<b>43</b>
	Survey 2021	21	79
	BNLA	14	87
Transport difficulties	<b>Survey 2024</b>	<b>58</b>	<b>42</b>
	Survey 2021	14	86
	BNLA	16	84
Language difficulties	<b>Survey 2024</b>	<b>75</b>	<b>25</b>
	Survey 2021	47	53
	BNLA	52	48
I was/they were afraid that my information would not be kept private	<b>Survey 2024</b>	<b>32</b>	<b>68</b>
	Not in Survey 2021		
	BNLA	7	93
I/they had to wait a long time for an appointment	<b>Survey 2024</b>	<b>60</b>	<b>40</b>
	Survey 2021	22	78
	BNLA	45	55
I/they asked for help but did not get it	<b>Survey 2024</b>	<b>31</b>	<b>69</b>
	Survey 2021	8	92
	BNLA	14	87
Online/internet difficulties accessing government services	<b>Survey 2024</b>	<b>57</b>	<b>43</b>
	Not in Survey 2021		
	Not in BNLA		
Difficulties finding or using mobile apps for the services I/they need (e.g. MyGov, NDIS, Medicare)	<b>Survey 2024</b>	<b>62</b>	<b>38</b>
	Survey 2021	48	52
	Not in BNLA		
I/they haven't used any government services	<b>Survey 2024</b>	<b>12</b>	<b>88</b>
	Not in Survey 2021		
	BNLA <sup>6</sup>	8	92

\* Percentages may not total to 100 due to rounding.

6 Percentages taken from the question: 'Have you used any government services in the last 12 months?'



As digital skills and access are increasingly crucial to respondents' ability to engage with essential services and rights in Australia, we further elicited respondents' views on how well they were able to conduct a range of activities on the internet.

A large majority of respondents did not feel at all confident in their abilities to use the internet for browsing information, paying bills, online shopping or sharing, English language and other studies, and accessing services such as health, welfare and social services (Table 12). In addition, proxy

respondents tended to rate the participant with disability's digital skills more negatively compared with non-proxy respondents for several measures, including paying bills online ( $U = 784, p = .01$ ); connecting with family and friends back home ( $U = 899.5, p < .001$ ); connecting with family and friends in Australia ( $U = 951.5, p < .001$ ); learning and studying English ( $U = 778.5, p = .03$ ); undertaking other study ( $U = 780.5, p = .003$ ); accessing health services ( $U = 806, p = .006$ ); and accessing welfare and social services ( $U = 782, p = .05$ ).

**Table 12. When you/they use the internet, how well are you/they able to ... ?** (by survey, %)

		Very well	Fairly well	A little	Not at all
Browse information (e.g. searching for services or learning about services)	<b>Survey 2024</b>	<b>6</b>	<b>13</b>	<b>13</b>	<b>69</b>
	Survey 2021	33	23	16	28
Pay bills online	<b>Survey 2024</b>	<b>10</b>	<b>7</b>	<b>1</b>	<b>82</b>
	Survey 2021	28	17	12	43
Connect with family and friends back home	<b>Survey 2024</b>	<b>29</b>	<b>13</b>	<b>22</b>	<b>36</b>
	Survey 2021	49	27	10	14
Connect with family and friends in Australia	<b>Survey 2024</b>	<b>31</b>	<b>11</b>	<b>26</b>	<b>32</b>
	Survey 2021	52	22	11	15
Get news from home	<b>Survey 2024</b>	<b>19</b>	<b>26</b>	<b>15</b>	<b>39</b>
	Survey 2021	45	26	9	20
Access entertainment	<b>Survey 2024</b>	<b>21</b>	<b>26</b>	<b>11</b>	<b>42</b>
	Survey 2021	48	24	7	21
Do online shopping or sharing	<b>Survey 2024</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>87</b>
	Survey 2021	25	15	13	46
Learn and study English	<b>Survey 2024</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>78</b>
	Survey 2021	26	19	13	42
Undertake other study (e.g. TAFE) or to do homework online	<b>Survey 2024</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>67</b>
	Survey 2021	26	17	12	45
Access health services	<b>Survey 2024</b>	<b>7</b>	<b>11</b>	<b>1</b>	<b>79</b>
	Survey 2021	30	22	14	34
Access welfare and social services	<b>Survey 2024</b>	<b>11</b>	<b>14</b>	<b>7</b>	<b>67</b>
	Survey 2021	29	30	15	26

\* Percentages may not total to 100 due to rounding.

Based on the qualitative, open-ended responses in the survey, respondents relied on formal and informal support from on-arrival settlement services, the NDIS and associated funded services, family members and carers to access various services, including via the internet.

Despite these barriers to access, one in two respondents nevertheless felt that their disability was supported in their engagement with essential services and other government services, including via the internet, ‘well’ or ‘very well’ (Figure 5). Based on the qualitative, open-ended responses in the survey, we suggest that respondents’ perceptions of support in engaging with essential and other government services hinged largely on their experiences with the NDIS as one of the most important government services in many respondents’ lives.

From our interviews, we found that many refugees with disability have engaged with various government services when needed. For example, they reported accessing Centrelink to receive financial assistance, as well as with health services, including for psychological support, as Ameena shared:

**I am getting psychological help, so I have visits to the psychologist. When I talk to them I feel good, so I release a bit of the stress that I am suffering.**

(Interview with Ameena, 26 November 2024)

A similar experience was shared by Ismael, who described how he is well connected with various essential government services, which have facilitated his independence:

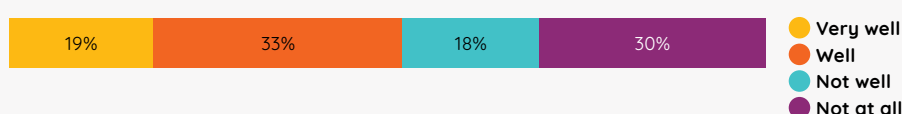
**I’ve never faced any issues with Centrelink. When I came first, I was renting for one and a half year and then when I purchased my own place, I called them to notify them about my new address and they put me a translator so everything went smoothly. They sent all my paper, the letters and everything, Medicare, it comes to my new address, which is fantastic.**

(Interview with Ismael, 19 November 2024)

In terms of disability services, just as Ismael expressed satisfaction with the support received from government services, Dania, the proxy respondent for and wife of Faris, a 60-year-old man with disability, also expressed a sense of relief and gratitude for the assistance they received through the NDIS (Interview with Dania and Faris, 21 November 2024).

Even so, some interviewees had negative impressions regarding their access to government services; chief among these were challenges applying for access to the NDIS and the resulting decisions. For example, Dania expressed her frustration because her family members’ NDIS applications kept getting rejected:

**Figure 5. How well do you feel your/their disability is supported in your/their engagement with essential services and other government services including through the internet?**



**So, this is a problem, and so many times, I applied to get an NDIS for him, a service for him, but they kept refusing it. They say, you have to get reports from the specialist, and this and that, and still, we're working on it. Both my husband and my brother-in-law, they can't control their toilet ... so they're on nappies.**

(Interview with Dania and Faris, 21 November 2024)

Adnan, the proxy respondent for and brother of Yazan, a 37-year-old man with disability, felt that the funds provided by the NDIS did not match what was requested, subsequently affecting his brother's condition:

**So he said the physio is helping a lot but the funding for physio is not enough to cover it. Sometimes he said, even the support worker tells him go for more sessions, it's okay even if [NDIS] providers say differently. But because this is like what your brother needs more and that was the plan. He needs more physio.**

(Interview with Adnan and Yazan, 26 November 2024)

The lack of funding for disability-related needs was also experienced by Ameena, who felt that the limited budget allocated through NDIS did not meet her needs (Interview with Ameena, 26 November 2024). This issue extended beyond access to NDIS services; she also encountered challenges in other essential areas such as healthcare and housing. Commonly reported concerns included bureaucratic obstacles and services that did not align with her needs.

## Markers and means

In previous phases of Foundations for Belonging research, we focused on the social and civic domains of settlement and integration, recognising that most research on refugee experiences has focused on functional aspects of integration such as work, housing and education. These functional domains of integration are collectively referred to as markers and means in the Framework of Integration that guides this research, and represent the contexts in which integration can occur as well as achievements critical to refugees' sense of belonging and settlement (Ndofor-Tah et al., 2019).

As refugees with disability remain a critically under-represented population in research, little is known about their experiences and successes in these functional domains. As such, the 2024 survey explored five domains of markers and means: housing, work, education, leisure, and health and wellbeing.

### Key points

#### Housing

Overall, the findings from this research in relation to housing indicate that:

- Housing accessibility, affordability and security are top-of-mind concerns for refugees with disability. While they share similar housing difficulties to other refugees on a broad level, they face a range of challenges that are magnified by experiences of disability.
- This points to a need for greater attention to inclusive housing policies to ensure refugees with disability are supported to obtain accessible, affordable and secure housing (Callaway et al., 2021; Callaway

& Tregloan, 2018). Our findings suggest that the right of refugees with disability to adequate housing, through either social housing or the rental market, is not being met – with many living in unsuitable, inaccessible homes with insecure tenure. Housing was considered in depth by the Disability Royal Commission, resulting in a series of wide-ranging recommendations, and the 2025 update of Australia's Disability Strategy has a much stronger focus on housing to address those recommendations.

### **Taking a closer look at the findings in relation to housing:**

- The findings in relation to housing highlight both differences and similarities in experiences and perceptions of housing in Australia between refugees with disability and refugees in general in the BLNA study.<sup>7</sup>
- For refugees with disability, more than six in 10 found it 'hard' or 'very hard' to find housing, on a par with refugees in general, indicating that housing is a shared challenge for refugees with and without disability.
- That said, open-ended responses in the survey and the follow-up interviews indicated that refugees with disability face significant difficulties finding appropriate housing that is within their financial means and meets their accessibility needs.
- Difficulties in finding housing were not related to levels of satisfaction with their current home. At least six in 10 refugees with disability were satisfied or very satisfied with various aspects of their home – including accessibility with regards to their disability, number and size of the rooms, the outdoor areas and

proximity to public transport and shops – while most respondents were satisfied or very satisfied with the surrounding environment of their home.

- The highest dissatisfaction among refugees with disability – about one in two – was with the home's facilities, such as the bathroom, kitchen and laundry – and this was particularly the case for proxy survey respondents. This was much higher than among refugees in general, where only about one in 10 were dissatisfied with the home's facilities. Indeed, levels of dissatisfaction with the current home across all measures were markedly lower for refugees in general in the BNLA study.
- This dissatisfaction with their home's facilities was corroborated in open-ended responses, where refugees with mobility disability reported living in homes with stairs or narrow corridors that did not fit a wheelchair. Others had difficulties with the size of the bathroom, which made it challenging for NDIS workers and other carers to support refugees with disability in tasks such as toileting and bathing.
- Housing (in)security was also raised in interviews, with refugees with disability reporting difficulties navigating the private rental market, including finding accessible housing, long waiting lists of many years for social housing and issues with using limited, one-off NDIS funding to make necessary accessibility adjustments to rental accommodation.

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<sup>7</sup> Given the small number of valid responses among Wave 5 BNLA respondents with a long-term disability, injury or health condition, we compared housing measures against the full Wave 5 BNLA panel.

## Work

Overall, the findings from this research in relation to work indicate that:

- Refugees with disability experience a range of intersecting issues in navigating barriers to work, with what appears to be limited access to specialised support in employment pathways. They also reported pressures due to mandatory obligations in relation to income support that fails to adequately take their disability into account.
- This points to the need for improved interaction between the various services accessed by refugees with disability on arrival in Australia – including, for those who have a work capacity, stronger referral pathways between settlement services and specialised disability employment support from the new Inclusive Employment Australia program and, in turn, improved interactions with the NDIS and Centrelink.

### Taking a closer look at the findings in relation to work:

- The findings in relation to work highlight both differences and similarities in the work trajectories of refugees with disability in this study compared with refugees with disability in the BLNA study.
- Almost all refugees with disability had never been in paid work in Australia, which is on par with levels of work for people with a long-term disability, injury or health condition in the BNLA study. This was corroborated in interviews where refugees with disability reported that work – whether in paid employment or unpaid work in the household – was not possible due to their disability.
- Despite this, refugees with disability raised issues in interviews related to the impacts of mandatory obligations to search for work to maintain income

support payments and challenges with having their disability taken into account, although settlement services seem to have been able to provide support on how to navigate these mandatory requirements.

- None of the refugees with disability in this study seemed to be aware of the Disability Employment Service (now redesigned as Inclusive Employment Australia, which will commence from July 2025), which offers specialised disability employment support.
- Focus group Multicultural Support Officer participants pointed to several contextual issues to explain the challenges of work. These mainly related to the lack of support for people with disability to enter the workforce in their home countries, including experiences of severely disrupted or very limited access to education, which can contribute to lifelong barriers, resulting in the prospect of employment not being realistic or viable.

## Education and training

Overall, the findings from this research in relation to education and training indicate that:

- There seem to be serious barriers to adult education and training for refugees with disability, which suggests that current modes of adult education and training are unsuitable for, and inaccessible to, many refugees with disability, as well as a potential lack of disability-related accommodations and adjustments in the AMEP.
- We note that reforms to the AMEP in 2021 may have improved access for refugees with disability and that participants in this study may have missed out on these changes, having arrived before their full implementation.

- In particular, disability-related accommodations and adjustments in the AMEP – which was the most-mentioned education pathway in this study – are needed to address the finding in the BNLA study of around one in two refugees with disability not having studied English in Australia in the first four years of residency, with two-thirds indicating health reasons (physical or emotional) as the primary barrier. This may contribute to a consistently higher probability of significantly lower rates of spoken English proficiency observed one, five and 10 years after arrival (van Kooy et al., 2024) among refugees with disability compared with refugees in general in the BNLA study.
- Education and training programs, including the AMEP, need to support the varied needs of refugees with disability through learning modes that are culturally responsive, trauma-informed and accessible – and recognise that there is no ‘standard’ mode and there should be no pre-ordained timeline for learning for refugees with disability.

#### **Taking a closer look at the findings in relation to education and training:**

- The findings in relation to access to education and training for refugees with disability in this study are contrasted, to the extent possible, with refugees with disability in the BLNA study – although direct comparisons were not possible as we used different measures.
- More than seven in 10 refugees with disability found it ‘hard’ or ‘very hard’ to access education and training, with almost identical rates of difficulty accessing English language training, which is primarily provided by the AMEP, a key settlement program funded by the Department of Home Affairs.
- Relatedly, in the BNLA study, around one in two refugees with disability had not studied English in Australia after a similar period of residency as the survey respondents – with 60 per cent of these indicating health reasons (physical or emotional) as the primary barrier to study. For training in general, more than eight in 10 BNLA respondents with disability had not undertaken any study or job training in Australia, other than English-language classes.
- In interviews, refugees with disability spontaneously referenced the AMEP, rather than other forms of adult education and training, and indicated that despite a strong interest in learning English, they had either deferred starting in the AMEP or had to stop lessons for various reasons, including health issues and unsuitable modalities of learning (e.g. online-only classes; being unable to sit for long periods; having trouble with memory and learning), which indicates a potential lack of accommodations and adjustments for their disability in AMEP learning environments.
- Despite this, in the interviews many refugees with disability continued to express a strong desire to learn English and an interest doing so, recognising that English-language acquisition was a key pathway to settlement (e.g. for citizenship, social participation, shopping) and a facilitator of other domains of integration, such as social connections, digital skills and other training.
- The starting requirements (within 12 months of arrival) and the five-year time limit of AMEP eligibility for those who arrived after October 2020 were also raised as concerns by some refugees with disability (as well as by their carers), as they created arbitrary barriers to learning. Adult refugees with disability and their carers may have different needs and



obligations that they must prioritise over education on arrival in Australia and so need greater flexibility for their learning.

## Leisure

Overall, the findings from this research in relation to leisure indicate that:

- Many refugees with disability do not engage in leisure activities, with access to these activities tied to broader issues of accessibility and mobility, the built environment and public facilities, as well as the availability of support including from on-arrival settlement services, the NDIS, their family and social networks. Indeed, the weak social connections reported by refugees with disability in this study are likely to intersect with their low engagement in leisure activities.
- The NDIS seemed to play a critical role in supporting the access of refugees with disability to leisure activities. However, using NDIS funding to engage in leisure activities may not be possible when the funding is required for other, more immediate needs, including for tasks in their daily living and support to attend healthcare appointments.

### Taking a closer look at the findings in relation to leisure:

- We characterised leisure activities in this study according to the NDIS delineation of social and recreational activities – such as watching a movie, attending a concert, shopping, visiting a museum, yoga, dance, art classes, cooking classes, and sports.
- The findings in relation to leisure activities for refugees with disability are contrasted with those for refugees with a long-term disability, injury or health condition in the longitudinal BLNA study, although, direct comparisons were not possible as we used different measures.

- About six in 10 refugees with disability found it hard or very hard to access leisure activities. Open-ended responses in the survey suggest that engagement in leisure activities was closely tied to the availability of formal and informal support, with those who reported that it was ‘easy’ or ‘very easy’ to access leisure activities often mentioning support from NDIS or family members. Conversely, those who reported that it was ‘hard’ or ‘very hard’ to access leisure activities highlighted difficulties related to their health, disability, environmental accessibility and financial situation.
- A similar set of questions in the BNLA study distinguished between refugees’ attendance at leisure activities organised by their ethnic or religious community or by communities other than their own. Regardless of the organiser, rates of non-attendance by refugees with disability in leisure activities (e.g. movies, sport, cultural activities) ranged from half to six in 10 respondents, which would seem to corroborate the findings in our study.

## Health and wellbeing

Overall, the findings from this research in relation to health and wellbeing indicate that:

- A majority of refugees rated their health in the past month as poor or very poor. While some refugees with disability rated their health as worsening since arriving in Australia, others report improvements in their health and wellbeing.
- There appear to be strong service protocols and referral pathways in relation to health and wellbeing, with refugees with disability spontaneously recounting how specialised refugee health and settlement services worked together to provide access to other social services – including the NDIS and Centrelink – to meet their needs. This offers a model for improving service provision in other



domains, including housing, education and training, including the AMEP, for refugees with disability.

- Future research should assess mental health support separately from other aspects of healthcare and specifically consider the importance of culturally sensitive, trauma-informed and accessible mental healthcare for refugees with disability.

### **Taking a closer look at the findings in relation to health and wellbeing:**

- The findings in relation to health and wellbeing highlight differences and similarities for refugees with disability and were compared, where possible, to the findings for refugees with disability in the BLNA study.
- About six in 10 refugees with disability rated their health in the previous four weeks as poor or very poor – similar to refugees with disability in the BLNA study.
- When comparing their health to six months before they arrived in Australia, four in 10 refugees with disability rated their health as ‘somewhat worse now’ or ‘much worse now’, while more than three in 10 participants rated their health as ‘somewhat better now’ or ‘much better now’.
- In interviews, there appeared to be good service protocols and referrals pathways among different providers (i.e. HSP settlement program and specialist refugee health services working together to provide access to Centrelink and NDIS) in relation to health issues for refugees with disability.
- Common concerns related to accessing healthcare among refugees with disability included lengthy waiting times and complex processes for some services, including to see a specialist. The impacts of these issues are especially pronounced

for refugees with disability when we consider that the NDIS, the Disability Support Pension and public housing applications are often contingent on multiple medical reports from specialists.

- In interviews, refugees with disability noted that their experiences of war-related injury and disability, trauma and mental health impacted their health and wellbeing, and other aspects of integration, including forming social connections. Yet, compared with physical health, few mentioned engaging with mental health services or experiences of mental health support.

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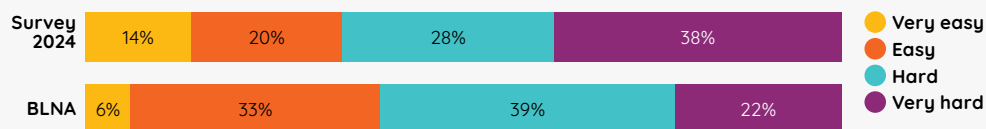
## **Housing**

More than six in 10 respondents found it ‘hard’ or ‘very hard’ to find housing in Australia (Figure 6). Given the small number of valid responses among Wave 5 BNLA respondents with a long-term disability, injury or health condition, we compared this measure against the full Wave 5 BNLA panel where, similarly, more than six in 10 respondents found it ‘hard’ or ‘very hard’ to find housing; this indicates that housing is a shared challenge for refugees with and without disability.

Throughout both the qualitative, open-ended responses in the 2024 survey and the follow-up interviews, respondents expressed facing significant difficulties with finding housing that was within their financial means and met their accessibility needs. Other key challenges faced by respondents were the long wait times and lack of feedback on social housing applications.

We also assessed respondents’ satisfaction with their current home and found that difficulties in finding housing were not reflected in satisfaction with their current home (Table 13); these two measures

**Figure 6. Since you/they came to Australia, how easy have you/they found it to find housing? (by survey, %)**



did not have a statistically significant relationship in the 2024 survey. At least six in 10 respondents were satisfied or very satisfied with various aspects of their home – including accessibility with regard to their disability, number and size of the rooms, the outdoor areas and proximity to public transport and shops – while most respondents were satisfied or very satisfied with the surrounding environment of their home. One aspect that lagged behind other measures in terms of satisfaction was the home’s facilities, such as the bathroom, kitchen and laundry. Proxy respondents on average expressed more dissatisfaction with the number of rooms in their home compared with non-proxy respondents ( $U = 488.5, p = .04$ ). Yet, compared with the full Wave 5 BNLA panel, 2024 survey respondents expressed notably higher levels of dissatisfaction with their home; only around one in 10 BNLA respondents reported being dissatisfied or very dissatisfied across all measures.

It is important to understand that, for the sizeable number of 2024 survey respondents who expressed dissatisfaction with their home, their wellbeing can be severely impacted by inadequate infrastructure, house design and facilities – as previous Australian and international research has shown (Saugeres, 2011). From the qualitative, open-ended responses in the survey, people with mobility disability reported having a home with stairs or narrow corridors that did not fit a wheelchair. Others shared their difficulties with the size of their bathroom, which makes it challenging for NDIS workers and other carers to support respondents with disability

in tasks such as toileting and bathing. There was no mention by interview respondents of involvement or consultation in the design of their housing (Tucker et al., 2022).

An overarching finding of the interviews is that housing – accessibility, affordability and security of tenure – appears as a top-of-mind concern for many. A number struggled with public housing applications and outcomes, with Radwan, a 43-year-old man with disability from Iraq, concerned about what appears to be a medicalised approach to disability and accessibility:

**When [I] applied for housing they ask [me] for a health report, summary report, and another special report, [I] provide all that document, but until now [I] didn’t get anything. In [my] house, the bathroom is too small. [I] can’t close the door when [I] go to it. So [I] hate winter because it’s so cold for [me]. [I asked] the occupational therapist for that and he provided occupational therapy report for [me]. After that, the housing told [me] we remove your name from the list, the waiting list.**

(Interview with Radwan, 28 November 2024)

Waiting lists and waiting times were also a major concern and source of frustration, with Haneen and Jamal noting that they ‘*put our name down for housing, public housing and it’s been three years waiting, but nothing, we haven’t heard from them*’ (Interview with Haneen and Jamal, 14 November 2024).

**Table 13. How satisfied are you/they with the following aspects of your/their current home?**  
(by survey, percentage)\*

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Accessibility for your/their disability	<b>Survey 2024</b>	19	45	23	13
	Not in BNLA (full panel)				
Number of rooms	<b>Survey 2024</b>	20	49	25	5
	BNLA (full panel)	33	57	6	3
Size of rooms	<b>Survey 2024</b>	12	55	24	8
	BNLA (full panel)	29	59	10	2
Facilities (e.g., bathroom, kitchen, laundry)	<b>Survey 2024</b>	16	32	35	16
	BNLA (full panel)	31	58	8	3
Outdoor area	<b>Survey 2024</b>	15	55	23	7
	BNLA (full panel)	31	57	9	3
Closeness to shops	<b>Survey 2024</b>	25	42	22	11
	BNLA (full panel)	30	59	8	3
Closeness to public transport (e.g. bus/train)	<b>Survey 2024</b>	21	56	18	6
	BNLA (full panel)	30	60	7	3
Surrounding environment (e.g. neighbours, noise, smell)	<b>Survey 2024</b>	40	47	11	3
	Not in BNLA (full panel)				

\* Percentages may not total to 100 due to rounding.

Likewise, Alya shared that she had been on a housing waiting list for a long time and is continuously told: 'it's not your turn. You have to wait' (Interview with Alya, 12 December 2024).

Furthermore, various respondents were living in housing that had accessibility problems and was unsuitable, such as Alya:

**I have a lot of problem with this house because it has lots of stairs. Every time that there is evacuation alarm going on and they lock the elevator, everyone goes out. I can't go because of the MS (multiple sclerosis) situation. That's why they kept me in hospital ... They said, we can't release you unless you are going to another proper property. Because that's not safe for you to stay there if you cannot leave the house in case of emergency. You can go to ... live to the nursing home if you cannot afford to rent another one.**  
(Interview with Alya, 12 December 2024)

Ameena likewise shared her issues with housing accessibility for herself and her children with disability: of challenges in the private rental market. Finding accessible housing in the first place is very difficult, as accessibility is often not indicated on housing and rental listings, and renting a house requires

**[I am] suffering from the driveway, there are no steps, but there is a driveway and the driveway is a bit lift, like ramp, and this is suffering from that ... It was difficult because I have two disabled children, so I needed a house with easy access, accessibility. Yeah, no stairs, so finally I found one after five - sorry, four months.**

(Interview with Ameena,  
26 November 2024)

Respondents described travelling to a property for an inspection. As Adnan remarked, *'[Houses] are not designed to be like there is a proper entrance for someone with disability and it's not easy to get a house because of the market'* (Interview with Adnan and Yazan, 26 November 2024, as paraphrased by the MSO)

If properties were available, the options were often not affordable, as Alya noted:

**[My] sister's trying to find a property for [me] that is accessible for wheelchair. She cannot find anything. It's all properties or units that - it's not going to be helpful for [me]. The houses that she's going to find, they're too expensive. [I] can't afford it.**

(Interview with Alya,  
12 December 2024)

As suggested in the MSO focus group, many refugees may have a desire to stay close to co-ethnic and co-religious communities; consequently, there is an additional challenge of finding accessible housing within these neighbourhoods. Interviewees highlighted the burden of rising rental costs, with Arash, proxy respondent for and father of Sharro, a 25-year-old man with disability, saying that *'I wish I can rent a house, but it won't be enough for other expenses as well. So, it will be impossible'* (Interview with Arash and Sharro, 21 November 2024). Ismael similarly commented that *'in the last two years things started to get tough because of the housing rental, an increase in rent. So children just trying to work, work, work just to meet up the ends.'* (Interview with Ismael, 19 November 2024).

The precarity of renting was underscored by some interviewees, with Dania and Faris noting that *'the landlord might ask you to leave for anything, so I was looking for another property, a better property'* (Interview with Dania and Faris, 21 November 2024). There is further insecurity about using limited NDIS funding to make accessibility adjustments to rental accommodation, evident in Adnan and Yazan's story: *'if I want to do some changes within the house to suit my brother's case, I cannot because I'm renting at the end. So I cannot. It's not my house ... this is really an issue'* (Interview with Adnan and Yazan, 26 November 2024).

In considering these findings, we note that difficulties with affordable and accessible housing reflect the housing market in Australia, with barriers on accessibility faced by many people with disability. However, it would appear that issues in relation to adequate, appropriate and secure housing are compounded for refugees with disability. One focus group participant reflected that, compared with areas such as health, *'housing safety nets have evaporated'*, and the right to accessible shelter has been

severely impeded. Moreover, refugees with disability may face challenges with self-advocacy when encountering inadequate or inaccessible housing services in the private or public markets. On arrival, settlement services are able to provide short-term accommodation to refugees and support to access long-term housing but thereafter refugees, especially those with disability, face significant housing challenges in Australia.

## Work

The overwhelming majority of survey respondents (99%) had never been in paid work after arriving in Australia (Figure 7); this was similar to Wave 5 BNLA respondents with a long-term disability, injury or health condition. At the same time, this was higher compared with the full Wave 5 BNLA panel (i.e. refugees in general), where 63 per cent had not been in paid work in the 12 months before the study.<sup>8</sup> Many respondents in the 2024 survey elaborated that they were unable to seek employment because of their disability, age or health condition.

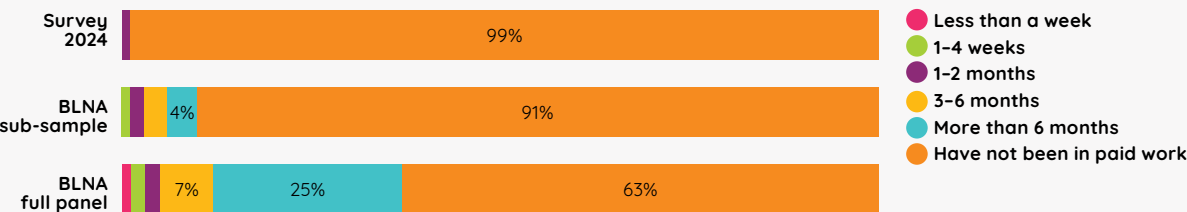
In addition, several respondents shared their negative experiences of looking for work and exploring employment options, pointing out that they did not receive job offers because of their disability, age or health status. While respondents spontaneously discussed access to specialised disability support, none mentioned the federally funded Disability Employment Service.

For our interviewees, there were substantial issues with requiring refugees with disability to search for work and have their disability considered as part of mutual obligations to maintain income support payments. As Haneen described:

**Recruitment agency [possibly the federal employment support program, Jobactive/Workforce Australia] and the agency [Centrelink] told us you have to work. I told them, how he's going to - if he can work or come to Job Search. I told them I have to drive him or take him myself because he can't go by himself anywhere, I have to be with him. They said, no we don't care, that's it, he has to come and yeah, so that was a bit like sort of difficult.**

(Interview with Haneen and Jamal, 14 November 2024)

**Figure 7. Since you/they arrived in Australia, what is the total amount of time you/they have ever been in paid work? (by survey, %)**



Percentages may not total to 100 due to rounding.

<sup>8</sup> Notably, the 2024 survey asked for participants' employment status after arriving in Australia, while the Wave 5 BNLA asked for respondents' employment status in the 12 months before the study (where most respondents had participated in the study four years after arrival in Australia).

Fortunately, the HSP provided sound advice to wait for Jamal's NDIS assessment outcome:

**So what [the HSP provider] suggested is to take three months like leave or sort of break, not to look for work until after three months. Within these three months maybe his NDIS paper will be done or ready so then he doesn't need to look for work.**

(Interview with Haneen and Jamal, 14 November 2024)

Dania, who cares for her 60-year-old husband with disability, reported similar frustrations related to the mandatory job search requirements:

**So, they asked him to look for work – they asked me to be his carer, so I was a carer, looking after him ... They were asking me, every Tuesday, I had to take him to job search office in order to look for work. So, this took a very long time, until they decided to give him full pension.**

(Interview with Dania and Faris, 21 November 2024)

Most of the interview respondents reported that work, both in paid employment and unpaid work in the household, was not possible. As Ameena relates, this can be a source of major frustration:

**Because of my health issues, I can't move my arm and leg properly and also I have severe back problems. Also I have other problem, health issue, which I can't do a job for more than five minutes. I have to sit down and rest, even housework, I can't do it for a long time, I have to just rest. That's why I couldn't work, and I wish, I'm not the type that sits down**

**and do nothing, I wish that I was able to do something, even when I'm not moving around or not – even when I'm sitting, I was hoping. But this has not happened.**

(Interview with Ameena, 26 November 2024)

For Ameena, work was associated with a sense of independence, stating that 'the person always has his own dreams and needs to be independent in every way' and desiring 'a simple job to keep me busy and be not depending on others' (Interview with Ameena, 26 November 2024).

One factor that may flow into very low rates of employment of respondents might be the lack of support for disability and the lack of belief in their abilities in their home countries, as noted by three contributions to the MSO focus group suggesting that dominant cultural norms were that:

**If you have a disability that you can't do anything, you shouldn't, because there is no chance out there for you.**

(MSO focus group, 13 February 2025)

**[There is] a strong belief that okay you are disabled, you will stay home, someone look after you, which is in there, there is no Centrelink to pay them, but in here they have this as well, so okay, what's their need go to out and do the job interview or go through the hassle of going to work when I can get paid.**

(MSO focus group, 13 February 2025)



**If you've spent 30 years of your life in a situation where employment hasn't – the prospect of employment has never been a realistic for a whole host of reasons, even if you're personally interested in employment yourself, by them coming to Australia as a refugee.**

(MSO focus group,  
13 February 2025)

The MSOs also highlighted various other barriers to work faced by refugees with disability:

**Also here they are facing so many other things, like language barrier or education. They might not have any skill because they haven't been ... educated for any kind of job out there, so they will think, what am I going to start?**

(MSO focus group,  
13 February 2025)

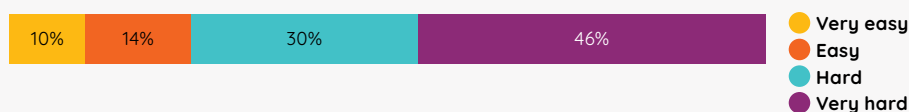
## Education and Training

More than seven in 10 respondents found it 'hard' or 'very hard' to access education and training (Figure 8), with almost identical rates of difficulty accessing English language training (Figure 9). Proxy respondents on average reported greater difficulty accessing English language training compared with non-proxy respondents ( $U = 418, p = .02$ ). While an equivalent question was not asked in the Wave 5 BNLA study, around half of respondents with a long-term disability, injury or health condition had not studied English in Australia, with 60 per cent of these respondents indicating health reasons (physical or emotional) as one of the reasons. In addition, more than eight in 10 Wave 5 BNLA respondents with a long-term disability, injury or health condition had not undertaken any study or job training, other than English language classes, in Australia. Among the Wave 5 BNLA respondents with a long-term disability, injury or health condition who had studied English in Australia, most went through the Adult Migrant English Program (AMEP) (67%), and fewer through other English language training programs such as the Skills for

**Figure 8. Since you/they came to Australia, how easy have you/they found it to access education and training?**



**Figure 9. Since you/they came to Australia, how easy have you/they found it to access English language training?**





Education and Employment Program (SEE) (12%) or TAFE (24%).

In the 2024 survey, we also asked about respondents' satisfaction with schools, English language training and other education and training in Australia. However, we received a very large proportion (> 60%) of non-responses, potentially indicating respondents' lack of actual engagement with education and training in Australia. Therefore, we have not reported on this limited data here.

We identified in previous sections on social bonds, bridges and links that language difficulties figure as a prominent barrier to other aspects of settlement and belonging. Poor access to English language training in the AMEP, a critical settlement program that is free for refugees, can have flow-on effects on respondents' opportunities to connect with people in Australia, access the services they need, pursue training or employment, and access their rights.

Moreover, qualitative, open-ended responses in the 2024 survey indicated that respondents may have had a different, or narrower, understanding of access; for example, some mentioned that while it was easy to find and enrol in education and training, they found the classes challenging for reasons related to their disability and health, suggesting that actual levels of undertaking education and training may be lower than reported.

For the most part, interviewees spontaneously referenced the AMEP rather than other forms of adult education and training. They indicated that, despite a strong interest in learning English, they had either deferred starting in the AMEP or had to stop lessons for various reasons, including health issues and unsuitable modalities of learning (e.g. online-only classes; being unable to sit for long periods; trouble with memory and learning after being in conflict), indicating a possible lack of accommodation and adjustment for their disability in the

AMEP learning environment. Interviewees strongly emphasised that English language proficiency and learning were important for their settlement in Australia (for citizenship, social participation, work, relationships, shopping, etc.) and this sentiment was threaded into their responses across several topics in interviews.

Haneen and Jamal noted a series of challenges in relation to being able to access the AMEP:

**Majority of my [AMEP] was online, the classes were online. It was so difficult, my eyes got tired, my ears got tired from the earphone and because of this pressure, I had high blood pressure and now I'm on medication for high blood pressure. I was, in my country, I was working, I was working for a time, so I was hoping when I come here also I work and I do something, but unfortunately what we experienced back in my country from ISIS, we got all depression and it was a shock for us. So now I have trouble remembering things, I do forget easily.**

(Interview with Haneen and Jamal, 14 November 2024).

Alya also struggled to be able to study English, suggesting that other matters took precedence over English language education:

**The main barrier [in my life] is language barrier since the beginning. Since we've been here to Australia, I always had to attend doctor appointment, physiotherapy appointment. I didn't get a chance to study English.**

(Interview with Alya, 12 December 2024)

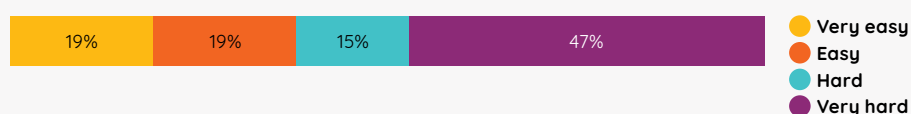
The MSO focus group suggested that there might be an opportunity to assess the uptake of the AMEP among refugees with disability, given that it is a critical part of the suite of settlement programs funded by the Department of Home Affairs. There are also starting requirements (within 12 months of arrival) and a five-year time limit after arrival to complete AMEP learning for people who arrived after October 2020 (people who arrived before then are exempt from these two requirements), which may have negative, unintended impacts on refugees with disability who, based on what has been reported in surveys and interviews in this research, have additional support needs to complete learning in the AMEP (Australian Department of Home Affairs, 2025b). Indeed, while proficiency in English improved for respondents over the 10 years of the BNLA study, people with a long-term disability, injury, or health condition had a consistently higher probability of significantly lower rates of spoken English proficiency at years 1, 5, and 10 (van Kooy et al., 2024). We also note that in 2021, reforms to the AMEP began to be rolled out with learning offered across five levels through redesigned online and face-to-face learning and other learning modalities (van Kooy et al., 2024). It is possible that refugees with disability in this study may have missed out on these changes, having arrived before their full implementation.

## Leisure

For the 2024 survey, we characterised leisure activities according to the NDIS delineation of social and recreational activities, including examples such as watching a movie, attending a concert, shopping, visiting a museum, yoga, dance, art classes, cooking classes and sports. Six in 10 respondents found it 'hard' or 'very hard' to access leisure activities (Figure 10). While an equivalent question was not asked in the Wave 5 BNLA study, in a related question, a sizeable proportion of respondents with a long-term disability, injury or health condition did not attend leisure activities such as movie nights and cooking classes (52%), sporting activities (61%) or cultural activities (45%) organised by their ethnic or religious community in the previous 12 months. In addition, a similar proportion of respondents with a long-term disability, injury or health condition did not attend leisure activities (59%) or sporting activities (56%) organised by groups other than their ethnic or religious community in the previous 12 months.

Qualitative, open-ended responses in the 2024 survey suggest that respondents' engagement with leisure activities were closely tied to the availability of formal and informal support, with those who reported that it was 'easy' or 'very easy' to access leisure activities often mentioning support from the NDIS or family. Conversely, those who reported that it was 'hard' or 'very hard' to access leisure activities highlighted difficulties related to their health, disability,

**Figure 10. Since you/they came to Australia, how easy have you/they found it to access leisure activities?**



environmental accessibility and financial situation.

The weak social connections reported by 2024 survey respondents potentially intersect with their engagement in leisure activities, as interviewees perceived a lack of informal support and inadequate consideration of accessibility and mobility issues for community participation. This potentially includes events and celebrations to promote cultural pride and cultural exchange, commonly hosted by diaspora communities in Australia, which have been reported to be important for promoting a sense of community and belonging (Hassanli et al., 2020). However, interviewees did recount anecdotes of leisure activities (e.g. going to a swimming pool; shopping) that were supported by the NDIS.

In contrast, Ismael reported difficulties even when formal support seemed to be available, stating that he preferred to stay at home and avoid participating in community gatherings due to medical reasons – specifically, his need for frequent access to the toilet, which he feared would inconvenience others:

**I know my needs. I have to go to toilet very often. So even if [NDIS] offer me sometimes in outings, I find it difficult because I probably need to go [to the toilet] so often. Then it's not available or not very close and I have to walk a distance and that makes it hard. So I don't want to trouble others and I don't want to trouble. I prefer to stay home.**

(Interview with Ismael,  
19 November 2024)

Others actively engaged in various community activities, such as celebrating religious holidays together, attending birthday gatherings and socialising with other members of the community – in essence, fully participating in a range of leisure and community activities (Interview with Kyree, proxy respondent for and father of Henna, a 21-year-old woman with disability, 28 November 2024).

Relatedly, MSOs in the focus group suggested that drawing on formal support for leisure activities may be deprioritised to focus on other, more immediate concerns (e.g. health appointments, daily living), with NDIS support providing a limited pool of funding for each participant.

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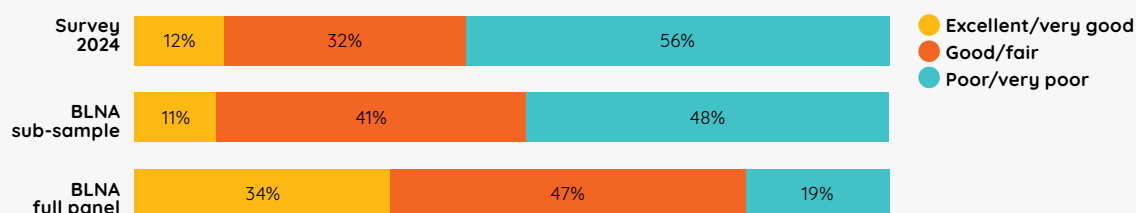
## Health and wellbeing

In the four weeks prior to taking the survey (Figure 11), nearly six in 10 respondents rated their health to be 'poor' or 'very poor'; this was similar to Wave 5 BNLA respondents with a long-term disability, injury or health condition but much higher than for the full Wave 5 BNLA panel.

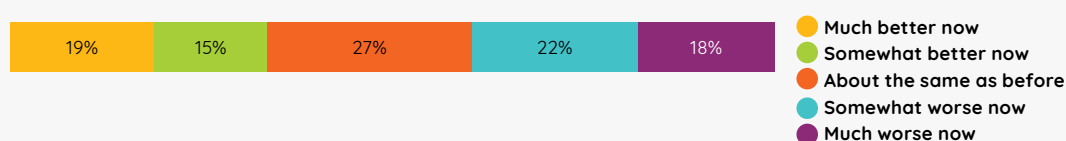
When comparing their health to the six months before they arrived in Australia (Figure 12), four in 10 respondents in the 2024 survey rated their health as 'somewhat worse now' or 'much worse now' while more than 3 in 10 respondents rated their health as 'somewhat better now' or 'much better now'.

These measures – respondents' health ratings in the past four weeks and when compared with the six months before they arrived in Australia – correlated in the same direction (Spearman's  $p = .55$ ,  $p < 0.001$ ); respondents who reported poor health in the past four weeks were more likely to have experienced worsened health after arriving in Australia, and vice versa. Both measures were also negatively correlated with age

**Figure 11. Overall, how would you/they rate your/their health during the past 4 weeks? (by survey, %)**



**Figure 12. Compared to the 6 months before you/they came to Australia, how would you/they rate your health now?**



Percentages may not total to 100 due to rounding.

(Spearman's  $p = -.26$ ,  $p < 0.05$ ), suggesting that older respondents with disability were more likely to report poor health, as well as worsening health.

Compared with other domains, the interview findings indicated that there seemed to be good service protocols and referral pathways among different providers (i.e. HSP settlement program, specialist refugee health service, Centrelink, NDIS) – as highlighted by Aameena:

**I had a while ago a stroke on one side that I wasn't able to lift my hand and eat. So the doctor himself was feeding me with himself. So it was an excellent experience. Every time I go to the hospital, I feel like I'm getting everything I want. The check-ups, the medication, the care is excellent. [HSP] supported me with the traveling to doctor appointments, always they provided a car transport. When I came here I already had some health issues, so I had to go to the hospital and Refugee Health helped me. When I**

**was discharged from hospital they always used to come and visit me and check on me.**

(Interview with Aameena, 26 November 2024)

However, some concerns were raised. A small number of respondents reported dissatisfaction with accessing the various health services they needed, as experienced by Alya:

**Before [I was] admitted to the hospital, [I] didn't have any problem. [I] could go everywhere with her family. Since [I was] admitted to the hospital, they don't even let [me] to go to the physiotherapy. [I don't] know what is the reason. Only Saturday and Sunday, they let [me] go home. Because they stopped the physio sessions, [I] cannot even move the leg. So there is no chance that [I] can go explore and do any kind of leisure anything.**

(Interview with Alya, 12 December 2024)

Despite her self-advocacy efforts, Alya also found bringing together health services to be a constant battle, which precluded her ability to do other critical things she needed:

**Because [I'm] suffering from MS [multiple sclerosis]. [I] cannot do anything else. Just paying for medication. [I'm] in the hospital now. [I'm] going from one appointment to another appointment. That's it. Doesn't have any time to go to school to learn English. [I haven't] been in any English course since [I] arrived.**

(Interview with Alya,  
12 December 2024)

Other concerns include NDIS services being contingent on medical reports from a specialist (which may involve a long wait time), as well as the multiple steps needed to seek medical care (such as needing a referral to see a specialist), as highlighted by Marjanita and Doreena:

**There is one problem in Australia ... In Iraq, if you went sick, go any doctors. Here, it's very different. We go and say what happened. How can I help you. Say, I am sick. I [go to any doctor and they] give me medicine, and go. It's very good. Here, one problem is, we go in the beginning to the GP ... the GP says, go to the specialist. Well, I when I [finally get to] [laughs] the specialist, I will die.**

(Interview with Marjanita and Doreena,  
21 November 2024)

Interviews frequently highlighted the impacts of war-related injury and disability, trauma and mental health conditions on health and wellbeing. For instance, Tala, a 56-year-old woman from Iraq, described experiencing severe distress when exposed to loud sounds, such as car horns and other sudden noises, stating 'loud sounds still make me panic', referring to the constant fear she endured during bombings in her homeland (Interview with Tala, 3 December 2024). Similarly, Doreena remains haunted by the memory of a bomb exploding near her home in Iraq – an incident that occasionally resurfaces in her mind, causing significant discomfort (Interview with Marjanita and Doreena, 21 November 2024). Radwan explained that his war-related trauma had made him extremely sensitive to crowds and noise, leading him to avoid public gatherings and church services (Interview with Radwan, 28 November 2024). Yet, compared with matters of physical health, few interviewees mentioned engaging with mental health services and support.

# Rights and responsibilities

This domain addresses the extent to which refugees are provided with the foundations of full and equal participation in Australian society. As with previous Foundations for Belonging surveys, we assessed this domain through perceptions of fairness and equality, as well as experiences of discrimination.

## Key Points

Overall, the findings from this research in relation to rights and responsibilities indicate that:

- Refugees with disability had a positive sentiment towards Australia regarding the concepts of respect (including towards disability), rights and equality, and low reported rates of interpersonal discrimination, all of which contributed to positive perceptions of feeling part of the Australian community and of their experience of settlement in Australia.
- Correspondingly, their experiences of other aspects of settlement and integration, including housing, health, education and social connections, reflected and embodied their day-to-day experiences of rights and responsibilities in Australia.
- Conversely, when refugees with disability experienced barriers to services, they tended to downplay these inadequacies and barriers by comparing them with past experiences of very limited disability rights and few services accommodating disability in their home countries.
- Similarly, past experiences of disrespect and discriminatory attitudes towards disability experienced in their home countries also potentially contributed to

positive perceptions of limited racial and disability-related discrimination in the new cultural context of Australia.

- As permanent residents, refugees with disability have rights to access publicly funded safety nets (e.g. Medicare), yet they reported barriers on arrival in Australia to having their immediate and critical disability needs met. These included time-consuming and complex processes (e.g. specialist medical reports, NDIS application processes) that resulted in delays in accessing what they were eventually deemed to be eligible for (notably, the NDIS).
- Lastly, there was a strong theme among refugees with disability of a reciprocal relationship between rights and responsibilities in Australia and their interdependence with other areas of integration and experiences of settlement. This included a desire to obtain Australian citizenship to enhance civil and political rights and contribute to a formal sense of belonging.

### Taking a closer look at the findings in relation to rights and responsibilities:

- The findings provide a snapshot of how refugees with disability experience and perceive rights and responsibilities compared with refugees in general, as found in previous phases of Foundations for Belonging research (Culos et al., 2022).
- Refugees with disability felt strongly that they had equal access to and fair treatment when accessing services and support, and that their rights were adequately protected, which was similar to refugees in general in previous Foundations for Belonging research. In addition, about nine in 10 felt that their rights in relation to disability were respected and recognised in Australia.



- That said, open-ended responses and interviews revealed a more mixed picture of how refugees with disability interpret and experience their rights in Australia.
- Refugees with disability identified a series of inadequacies to access what they were eventually deemed to be eligible for, including experiences with the application process for the NDIS, application processes for the Disability Support Pension and choices in relation to their preferred medical treatment.
- Despite this, refugees with disability often forgave these inadequacies, given their past experiences of very limited disability rights and few services accommodating disability in their home countries.
- Refugees with disability reported very low instances of discrimination on the basis of cultural or religious background, as well as on the basis of disability, although this was likely interpreted solely in terms of interpersonal forms of discrimination. This perception was possibly coloured by comparisons with past experiences of disrespect and discriminatory attitudes toward disability experienced in their home countries and a potentially lower recognition of how interpersonal and other forms of discrimination may manifest in the new cultural context of Australia.

- There was a strong theme among refugees with disability of a reciprocal relationship between rights and responsibilities in Australia and their interdependence with other areas of integration and experiences of settlement. Rights and responsibilities also included a desire to obtain Australian citizenship as part of enhancing their civil and political rights.

Respondents to the 2024 survey felt that they had equal access to and fair treatment when accessing services and support, and that their rights were adequately protected (Table 14); these results were similar to the 2021 survey.

We also asked respondents about their experiences of discrimination in the past 12 months with two questions from Mapping Social Cohesion (MSC), a major annual survey of Australian adults' community attitudes on a range of social issues, and the Survey of Disability, Ageing and Carers (SDAC), respectively. In comparison to the broader community sample of MSC, few refugees with disability reported experiencing discrimination of their skin colour, ethnic origin or religion ( $n = 3$ ; 4%) (Table 15). Likewise, in comparison to the SDAC sample of people with disability aged 15 years and over, fewer respondents

**Table 14. To what extent do you/they agree with the following statements? As a refugee to Australia ...**  
(by survey, %)

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I/they have equal access to government services compared to other Australians	<b>Survey 2024</b>	<b>65</b>	<b>20</b>	<b>8</b>	<b>7</b>	<b>0</b>
	Survey 2021	64	31	4	1	0
My/their rights are adequately protected	<b>Survey 2024</b>	<b>65</b>	<b>26</b>	<b>5</b>	<b>4</b>	<b>0</b>
	Survey 2021	66	32	2	0	1
In general, I/they are treated fairly when I/they try to access services and support	<b>Survey 2024</b>	<b>74</b>	<b>20</b>	<b>1</b>	<b>3</b>	<b>1</b>
	Survey 2021	63	35	1	1	0



reported experiencing discrimination because of their disability (n = 3; 4%) (Table 16). Nevertheless, we need to interpret these findings with caution as experiences of discrimination are often under-reported. Furthermore, the earlier findings found that a significant proportion of respondents did not have a high level of social and economic participation, potentially suggesting that they would be less likely to encounter situations where discrimination often occurs (e.g. in public places, and work and education settings).

**Table 15. Have you/they experienced discrimination because of your/their skin colour, ethnic origin or religion over the last 12 months?** (by survey, %)

	2024	2021
<b>Foundations for Belonging</b>	<b>4</b>	5
Mapping Social Cohesion	17	13

**Table 16. In the last 12 months, do you feel that you/they have experienced discrimination or have been treated unfairly by others because of your/their disability?** (by survey, %)

	Yes
<b>Survey 2024</b>	<b>4</b>
SDAC 2022	10

Additionally, the MSO focus group observed that the reported absence of discrimination may be due to refugees with disability not being sufficiently acculturated to Australian life, such that they may not

**notice those subtle changes or subtle attitudinal things in a situation, in an interpersonal interaction ... it's very hard when you're in a situation where you don't know what the cues are because they're different [from their birth country].**

(MSO focus group, 13 February 2025)

This may be particularly compounded for respondents who 'largely do not form close relations with communities other than their own and therefore do not have sufficient points of comparison to know when their rights are not being respected' (MSO focus group, 13 February 2025). Finally, we highlight that these questions measure direct experiences of interpersonal discrimination and may not reflect upon other domains where respondents' rights are not being adequately fulfilled (e.g. their right to accessible transport).

Most respondents felt that their rights in relation to disability were respected and recognised in Australia (Figure 13); however, it is concerning that more than one in 10 respondents felt that their rights in relation to disability were 'not well' or 'not at all' respected and recognised in Australia.

**Figure 13. How well do you feel your/their rights in relation to disability are respected and recognised in Australia?**



Despite the dominant perception that their rights in relation to disability were respected, interviewees highlighted more nuanced and mixed experiences of services and accessing the essential supports in Australia for which they were eligible, yet this was often contrasted with their past lived experiences in their home countries of limited disability-related services and rights, and disability stigma and discrimination. Interviews also pointed to a strong sense of a reciprocal relationship between rights and responsibilities and the importance of obtaining Australian citizenship.

In discussing poor experiences of disability-specific service provision, Adnan discussed how his brother, who uses a wheelchair due to his cerebral palsy, did not receive adequate NDIS hours and support to meet his needs as a refugee with disability:

**NDIS should have a team of people [to work with] [refugee] families with ... a person with disability. So, NDIS should be aware that, like have in advance this information, and they should have a team that meets this person and sees the needs of this person directly, and to help – manage or help the family to find the proper provider. Because we don't know ... as a refugee we came with no knowledge, no experience.**

(Interview with Adnan and Yazan, 26 November 2024).

Beyond insufficient support, Dania also foregrounded the challenging, prolonged, and stressful process of her husband's Disability Support Pension application:

**With Centrelink, again, the process took very long in order for Centrelink to decide to give him Disability [Support Pension]. So, for 2.5 years, we kept going and coming back ... They needed reports, more points,**

**more points, to be eligible to get pension ... He had reports from two specialists, but still, it wasn't enough. They said, no, kept saying, no ... It was, for me, it was very hard. Then they said, at the end, they said, 'No, it's refused. Your application's rejected'. Then, I start to cry, and I said, why? If NDIS approved him the service, and they're coming to him, and so anyway, [Centrelink] decide. [Centrelink] said, 'Okay, we will make an appointment over the phone to speak to him, and see, what can we do.' I told them, 'No, he can't talk over the phone. I'm the one who can talk on his behalf.' Anyway, a specialist, someone, a doctor called, and talked to me, and then [Centrelink] decided to – they said, "Okay, now, yes, he can get – it can be full pension.**

(Interview with Dania and Faris, 21 November 2024)

As highlighted in the earlier section on health, Alya discussed how, despite her persistent self-advocacy, healthcare workers at a hospital ignored her strong desire to receive physiotherapy, which she reported has been very important to her wellbeing:

**I really do believe in myself that I can make a progress if I do physio, because I've been told that back in Afghanistan, back in India, back in Pakistan. Also, in here, [the doctor] told me the same too. This hospital is the only one which they've told me that you can't do it ... I talked to the social worker, to the [hospital] physiotherapist, to everyone, but they are all listening to their manager. They don't care about me ... They are all the same.**

(Interview with Alya, 12 December 2024)

Yet, in sharing that experience, Alya recognised that the extent to which she receives the services and support she needs and to which her rights are respected varies depending on the provider and context: *'I'm very happy with the Australian government and the support I'm getting from [them]. The only things I'm very annoyed is just staying in this hospital. I don't like it'* (Interview with Alya, 12 December 2024).

Interviewees' experiences of being treated fairly in interpersonal interactions in Australia was contrasted with disrespect and discriminatory attitudes experienced in the participants' home countries. For example, Tala said:

**Besides Lebanon, all the Arabic countries, they treat person with disability, it's like nothing. It's like [my cat], [must stay] at home, [my cat] cannot achieve anything ... disabled cannot achieve anything. [U]nfortunately even in Iraq this is the case because that's what I felt when I was living at home. My sister, my older sister make me feel like I'm nothing. [When] I'm within the Australian community, it's completely different. I forgot that I have a disabled situation. It's all different. I think Australia is my country. (Interview with Tala, 3 December 2024)**

Putrus expressed appreciation with Australia's services and cultural diversity and, in his experience, absence of discrimination, especially when compared to Iraq:

**[I thank] Australia for the things that they offer ... compare between Iraq and Australia, the service here is so, so nice, so better than Iraq ... The country here is multicultural people. Iraq, no. Yeah, it's like discrimination**

**in Iraq. More, more [discriminatory]. But here there's no discrimination' (Interview with Putrus, 26 November 2024).**

In the case of Haneen and Jamal, they felt as if they were treated respectfully when engaging with government institutions or services; in those cases, they did not experience discrimination due to their disability. As Haneen said:

**We always ... feel respected, whenever we go for anything, to government offices or anywhere else, always they finish, they help us, they serve us and they say thank you to us at the end, so what do we need more than that? It's perfect, yes. (Interview with Haneen and Jamal, 14 November 2024)**

Ismael shared an experience where he was treated with respect in accessing public transport:

**With buses I'm very, very comfortable because the driver can see me. They ... slow down, he can help me ... So, it is perfect and they're very respectful. They respect all elderly, disabled, pregnant. He can see me. The driver can see me. (Interview with Ismael, 19 November 2024)**

Interviewees further discussed how accessing formal rights related to Australian citizenship was contingent on other domains of settlement, including social connections. Putrus noted how he became aware of his eligibility to apply from a relative in Australia; this relative is also supporting him through the application process:

**[He] come to house and give lessons for citizenship. He's a relative ... help [me] get citizenship ... he know about citizenship lessons ... He install program citizenship and doing [the practise] test.**

(Interview with Putrus,  
26 November 2024)

Similarly echoing the desire to obtain Australian citizenship, Alya shared the barriers to building her English language skills to undertake the citizenship test, demonstrating how other rights such as access to healthcare and education can play an important role in accessing civil and political rights:

**They have to improve the [hospital] services that they provide to disability. [If I] get a good service, I could study and learn English and get my citizenship. Next year I have to do the exam to do the Australian citizenship. I can't do it [now] because I don't know anything. I couldn't study English, and I don't know how to do it.**

(Interview with Alya,  
12 December 2024)

Tala found that citizenship and the right to vote afforded her a very personal sense of belonging: 'I'm waiting to be citizen, so I can vote ... I'd like to be a citizen, it gives me more feeling of stability' (Interview with Tala, 3 December 2024).

Finally, interviewees shared their perspectives of the reciprocal nature of rights and responsibilities in Australia, as well as how these contributed to their experiences of settlement. Ismael noted:

**The [United Nations] ... said, 'Okay, how about you go to Australia?' I've heard about Australia because I have cousins and friends here and they told me it's a beautiful country and it's a country where the law is followed always. Respect the law... [As a member of my religious] community, we like to follow the rules. So, any country with rules to follow, we like it.**

(Interview with Ismael,  
19 November 2024)

Similarly, Aameena discussed her view on the reciprocal nature of rights and responsibilities in Australia, sharing:

**I didn't receive any type of [support] - nothing similar to the services and the care I received here from these organisations, not in my country. Not from my relatives or the close people to me. But the healthcare and the other care that I received here in Australia is something amazing. So that's why I always tell my kids, 'you have to give back to this country what we have received. I will never forget the favour, so we have to return this favour.**

(Interview with Aameena,  
26 November 2024)

The MSO focus group expanded further on the importance of those services in Australia, which are accommodating of disability, for instilling a sense of belonging, support and feeling seen for refugees with disability, especially when compared to respondents' home countries:

**The country which [they] are coming from, there is no respect for disability ... Most of the people who I interviewed were from Afghanistan, but I feel that it is very similar to Iran**

... Here, if they want to get onto the bus ...the bus [shifts] down, makes it easier for them ... but in [their home country], they will be all left at home. So, these are all the things that the government ... make it happen for them. Even though they can't talk, they feel belong because they will see everywhere they have right, they can go everywhere.

(MSO focus group,  
13 February 2025)

Yeah, if they compare ... here [is] much, much better ... because there is services, people who they call and check up on them and this is something very huge for them and for the family as well ... Another service, they come inside the house and assist with lots ... They take this burden from them.

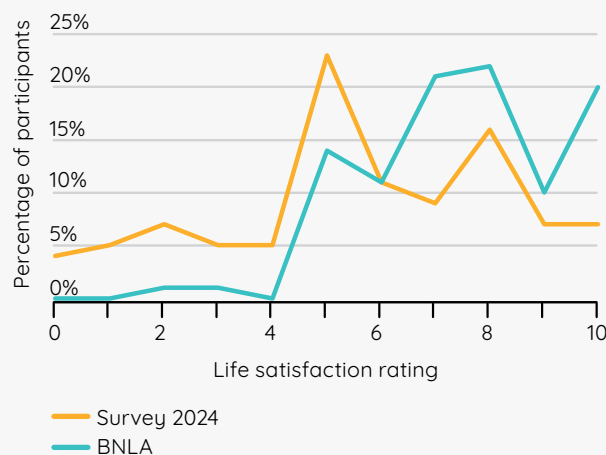
(MSO focus group,  
13 February 2025)

## Life satisfaction and aspirations

We asked respondents to rate their level of satisfaction with their life on a scale from 0 to 10 (Figure 14), where 0 meant they were completely dissatisfied and 10 meant they were completely satisfied. The average rating skewed slightly positive at 5.61 (SD = 2.68). This was considerably lower compared with the average life satisfaction rating of Wave 5 BNLA respondents with a long-term disability, injury or health condition of 7.57 (SD = 1.77).

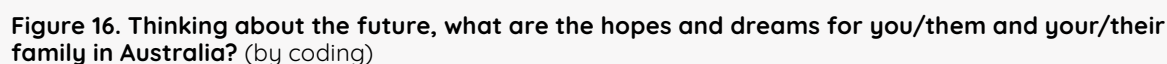
Finally, in the 2024 survey, we included an open-ended question asking for respondents' future hopes and dreams for them and their family in Australia. We modelled this question around recent scholarship that recognises refugees' capacity to aspire – wants, preferences and choices for improved future possibilities and positions (Appadurai, 2004) – as important to their wellbeing. An examination of aspirations can also reveal much about refugees' outlook on their current strengths and difficulties. The word cloud in Figure

**Figure 14. Thinking about your/their life and personal circumstances, how satisfied are you/they with your/their life as a whole?**  
(by survey, %)



15 is composed of common terms used in the free-text responses, as noted in English by the MSOs. Standout keywords reflect on various domains of integration, including social connections ('family', 'service', 'support'), as well as markers and means ('housing', 'health', 'healthy', 'recover', 'education', 'study'). We also conducted a basic coding of the free-text responses (Figure 16). The most common aspirations highlighted were related to improvements in respondents' health, obtaining accessible and affordable housing, connections to family, improvements in disability supports and services and peace, happiness and security. These findings are particularly interesting, as health, housing, family and disability support play an outsized role in the future aspirations of refugees with disability and their carers – in contrast to the comparatively large proportion of studies that focus on refugees' employment and educational aspirations (e.g. Hebbani & Khawaja, 2019; Molla, 2021; Soong et al., 2024).

**Figure 15. Thinking about the future, what are the hopes and dreams for you/them and your/their family in Australia? (by frequency)**





# Conclusion

Australia has a history of welcoming refugees, and refugees have a proud record of contributing to the social, cultural and economic fabric of Australia.

Refugees with disability are a relatively recent addition to this story, after a shift in Australia's immigration policy in 2012 reduced barriers for them to resettle in Australia.

The policy settings, practice and evidence base for refugee settlement, including in relation to disability, in Australia have progressively evolved; however, empirical research on the intersections and experiences of resettled refugees with disability is rare.

This phase of the Foundations for Belonging research adds to this limited evidence base by highlighting the crucial and interdependent roles of social connections; markers and means; and rights and responsibilities in settlement, integration and belonging.

Critically, the research emphasises that experiences across social connections, engagement with services and access to rights are deeply interrelated – particularly for refugees with disability, who face challenges magnified by experiences of disability. By illuminating the multidimensional nature of integration in relation to the lived experiences of refugees with disability, we aim to further understand their strengths and aspirations; the barriers they face to integration; and the complementary roles and contributions of refugees with disability, host communities and governments at all levels on which successful integration and the foundations for belonging depend.

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# Appendices

## **Appendix 1: Survey**

Survey Foundations for Belonging 2024

## **Appendix 2: Interview guide**

Interview Foundations for Belonging 2024

## **Appendix 3: Multicultural Support Officers Focus Group Guide**

Focus Group – Foundations for Belonging 2024

# Appendix 1: Survey

## Survey Foundations for Belonging 2024

- Client ID (copied from Contact Log)
- 
- What is your postcode and/or suburb name?  
(Please record postcode or suburb name, e.g. Liverpool or 2170)
- 

**The first set of questions are asking about your/their relationships with family members, people from your/their cultural background, and your/their friends.**

- Do you feel that you/they have been given support or comfort in Australia from ...?  
(Please mark one answer in each row)

	Yes	Sometimes	No
Your national or ethnic community			
Your religious community			
Other community groups			

- On average how often do you/they...?  
(Please mark one answer in each row)

	More than once a week	About once a week	More than once a month	Less than once a month	Not Applicable
Speak on the phone or video or audio call via the internet with family members					
Use social media to stay in touch with family members					
Exchange text messages or instant messages with family members					

- Now, thinking about your/their friends, on average how often do your/their friends ...?  
(Please mark one answer in each row)

	More than once a week	About once a week	More than once a month	Less than once a month	Not Applicable
Speak on the phone or video or audio call via the internet with friends					
Use social media to stay in touch with friends					
Exchange text messages or instant messages with friends					

- Would you say that your/their friends in Australia are ...?  
(Please mark one only)

- ☐ Mostly from my/their ethnic or religious community  
☐ Mostly from other ethnic or religious communities  
☐ A mixture  
☐ I/they do not have any friends in Australia yet

- How well do you feel your/their disability is supported in social connections with people from your/their ethnic or religious community?  
(Please mark one only)

- ☐ Very well  
☐ Well  
☐ Not well  
☐ Not at all

- Is there anything else that you would like to tell us about your/their relationships with family members, people from your/their cultural background and your/their friends?

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**The next set of questions asks about your/their social connections with people from different backgrounds and your/their neighbourhood.**

- Since you/they came to Australia, how easy have you/they found it to...?  
(Please mark one answer in each row)

	Very easy	Easy	Hard	Very hard
Make friends in Australia				
Understand Australian ways/culture				
Talk to your Australian neighbours				

- How much do you/they trust the following groups of people? (Please mark one answer in each row)

	A lot	Some	A little	Not at all
People in your/their neighbourhood				
People in the wider Australian community				
The police				
People you/they work or study with				
The media				
The government				

- Do you/they feel part of the Australian community?  
(Please mark one only)

- ☐ Always  
☐ Most of the time  
☐ Some of the time  
☐ Hardly ever  
☐ Never

- Overall, has your/their experience of settling in Australia so far been ...?  
(Please mark one only)

- ☐ Very Good  
☐ Good  
☐ Hard  
☐ Very Hard

- How well do you feel your/their disability is supported in social connections with people from different backgrounds to your/their own?  
(Please mark one only)

- ☐ Very well  
☐ Well  
☐ Not well  
☐ Not at all

- Is there anything else that you would like to tell us about your/their social connections with people from different backgrounds and your/their neighbourhood?

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**The next set of questions is about your/their engagement with essential services and other government services including through the internet**

- Now, thinking about government services (e.g. MyGov, Medicare, NDIS, Centrelink, public housing, hospitals), have any of the options below, if any, made it difficult to get help from these services?

(Please mark one answer in each row)

	Yes	No	Not Applicable
I did not know where to get help			
Transport difficulties			
Language difficulties			
I was afraid that my information would not be kept private			
I had to wait a long time for an appointment			
I asked for help but did not get it			
I haven't used any government services			
Online/internet difficulties accessing government services			
Difficulties finding or using mobile apps for the services you need (e.g. MyGov, NDIS, Medicare)			

- When you/they use the internet, how well are you/they able to ...?

(Please mark one answer in each row)

	Very well	Fairly well	A little	Not at all
Browse information (e.g. searching for services or learning about services)				
Pay bills online				
Connect with family and friends back home				
Connect with family and friends in Australia				
Get news from home				
Access entertainment (listening to music, watching movies, playing games, reading books etc.)				
Do online shopping or sharing				
Learn and study English				
Undertake other study (e.g. TAFE) or to do homework online				
Access health services (e.g. telehealth with a doctor)				
Access welfare and social services (e.g. Medicare, Centrelink, settlement services, NDIS)				

- How well do you feel your/their disability is supported in your/their engagement with essential services and other government services including through the internet?  
(Please mark one only)

- ☐ Very well  
☐ Well  
☐ Not well  
☐ Not at all

- Is there anything else that you would like to tell us about your/their engagement with essential services and other government services including through the internet?

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**The next set of questions is about your/their access to and satisfaction with housing, employment, education, how you/they spend free time and health in Australia.**

- Since you came to Australia, how easy have you/they found it to find housing?  
(Please mark one only)

- ☐ Very easy  
☐ Easy  
☐ Hard  
☐ Very hard

- How satisfied are you with the following aspects of your/their current home? (Please mark one answer in each row)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
a. Number of rooms				
b. Size of rooms				
c. Facilities (e.g. bathroom, kitchen, laundry)				
d. Outdoor area				
e. Closeness to shops				
f. Closeness to public transport (e.g. bus/train)				
g. Accessibility for your/their disability				
h. Surrounding environment (e.g. neighbours, noise, smell)				

- Is there anything else about **housing** that you would like to tell us?

- Since you arrived in Australia, what is the total amount of time you/they have ever been in **paid work**?

(Please mark one only)

- ☐ Less than a week
- ☐ 1-4 weeks
- ☐ 1-2 months
- ☐ 3-6 months
- ☐ More than 6 months
- ☐ Have not been in paid work (Skip Q23)

- How satisfied are you with your/their access to employment and work in Australia?

(Please mark one only)

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

- Is there anything else about **employment and work** that you would like to tell us?

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- Since you came to Australia, how easy have you/they found it to access education and training?

(Please mark one only)

- ☐ Very easy
- ☐ Easy
- ☐ Hard
- ☐ Very hard

- Since you came to Australia, how easy have you/they found it to access English-language training?

(Please mark one only)

- ☐ Very easy
- ☐ Easy
- ☐ Hard
- ☐ Very hard

- How satisfied are you with the following aspects of your/their education and training in Australia?

(Please mark one answer in each row)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not Applicable
a. Schools					
b. English language training					
c. Other education and training					



- Is there anything else about **education and training** that you would like to tell us?
- 
- 

- Since you came to Australia, how easy have you/they found it to access leisure activities such as watching a movie, attending a concert, shopping, visiting a museum, yoga, dance, art classes, cooking classes, and sports?

(Please mark one only)

- Very easy
- Easy
- Hard
- Very hard

- Is there anything else about **leisure activities** that you would like to tell us?
- 
- 

- Overall, how would you rate your health during the **past 4 weeks**?

(Please mark one only)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

- Compared with the **six months before** you came to Australia, how would you rate your health **now**?

(Please mark one only)

- ☐ Much better now
- ☐ Somewhat better now
- ☐ About the same as before
- ☐ Somewhat worse now
- ☐ Much worse now

- Is there anything else about **health** that you would like to tell us?
- 
-

The following question asks how satisfied you feel on a scale from zero to 10. Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And the middle of the scale is 5, which means you feel neutral, neither satisfied nor dissatisfied.

- Thinking about your/their life and personal circumstances, how satisfied are you/they with your life as a whole?

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The next set of questions is about your/their rights and responsibilities.

- To what extent do you agree with the following statements? As a refugee to Australia...  
(Please mark one answer in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I/they have equal access to government services compared to other Australians					
My/their rights are adequately protected					
In general, I/they are treated fairly when I/they try to access services and support					

- Have you/they experienced discrimination because of your/their skin colour, ethnic origin or religion over the last 12 months?  
(Please mark one only)

- ☐ Yes  
☐ No  
☐ Unsure

- In the last 12 months, do you feel you/they have experienced discrimination or have been treated unfairly by others because of your/their disability?  
(Please mark one only)

- ☐ Yes  
☐ No  
☐ Unsure

- How well do you feel your/their rights in relation to disability are respected and recognised in Australia?  
(Please mark one only)

- ☐ Very well  
☐ Well  
☐ Not well  
☐ Not at all

- Is there anything else about your/their rights in Australia that you would like to tell us about?

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- Finally, thinking about the future, what are the hopes and dreams for you and your family in Australia?  
(Please record key words and phrases)

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As a thank you for your participation, would you like to enter a raffle to win one of 10, \$25 shopping vouchers?

- ☐ Yes  
☐ No

[Record consent in Contact Log]

### **Thank you for completing the Survey**

We value the information you have provided. Your responses will contribute to a better understanding of belonging and integration of refugees with disabilities in Australia.

A report for this study will be published on the SSI website when completed.

Please let us know if you would like to receive a copy of the report.

[If yes, record email address, in Notes of Contact Log]

### **Potential follow-up interview**

Only ask survey participants with a disability:

As mentioned at the beginning of the survey, we are also planning to carry out follow-up interviews over the phone or via Zoom with people in about two months' time.

- Would you be willing to be contacted again for one of these interviews?
- If yes, what is the best contact number to reach you on?
- What adjustments might you want to participate in the interview? For example, language support, having a friend or family member present, doing the interview face to face, hearing support, vision support, etc

- **Note in Contact Log:**

- consent to be contacted again
- any preferences or adjustments for an interview
- confirm best contact number

Each interview participant will receive a \$40 shopping voucher as reimbursement for their time.



# Appendix 2: Interview guide

## Interview Foundations for Belonging 2024

### Introduction

- Could you tell me about yourself and how you have come to Australia in your own words, and in a way most comfortable for you? We would first like you to tell us about life in [home country] and your initial years in Australia.
- What did you like about Australia during your initial years here?
- What did you find difficult about settling in Australia during your initial years here?
  - Use this question to identify the prominent barriers they face (e.g. in housing/ employment/ education/ leisure/health)
- (How) has this changed in recent years?

### Services – general

- What services did you use during your initial years settling in Australia?  
What services do you use now?
  - Identifying NDIS support: Have you applied for NDIS?  
How has your experience been with NDIS?
- What services do you wish you had during your initial years settling in Australia?  
What about now?
- What did you like about using these services?
- What challenges did you face when using these services?

### Means and markers

#### Housing

- Could you tell me about how you have come to live in your current house?  
What services did you use for housing? How helpful did you find these services?  
What challenges did you face when using these services?
- What do you like about your current house?
- What would you change about your current house? What services (/supports) would you like to help change your living situation?
- Is there anything else you'd like to tell/ show us about your housing?

## **Employment**

- Have you had experience looking for a job? How did you look for a job?
- What challenges did you face when looking for a job?  
What services (/supports) would you like to help you look for a job?
- Is there anything else you'd like to tell/ show us about how you look for a job?

## **Education**

- Could you tell me about your experience with education and training (including English language) in Australia? How did you find out about [class / school / centre]?
- What did you like about [class / school / centre]?
- What challenges did you face when looking for [class / school / centre]?
- What challenges did you face during your [class / training]?  
Are there classes / training that you wish to take, but have not been able to?  
What services (/supports) would you like to help you with education and training?
- Is there anything else you'd like to tell/ show us about your education and training?

## **Leisure**

- Could you tell me about the kinds of activities you like to do during your free time?  
Have you used any services to take part in leisure activities?  
How helpful did you find these services?  
What challenges did you face when using these services?
- What did you like about these activities?
- Are there activities you wish to participate in, but have not been able to?  
What services (/supports) would you like to help you with participating in leisure activities?
- Is there anything else you'd like to tell/ show us about what you like to do in your free time?

## **Religious and cultural activities**

- Do you take part in any religious practices or cultural activities from [home country] in Australia?
- What do you like about taking part in these activities in Australia?
- What challenges did you face when taking part in these activities? Do you face any challenges with accessing places of worship?
- Are there activities you wish to participate in, but have not been able to?  
What services (/supports) would you like to help you with participating in religious or cultural activities?

**Health**

- Could you tell me about your experience with health services in Australia?
- What services did you use? How helpful were these services?
- What did you like about health services in Australia?
- What challenges did you face when accessing health services?

**Closing**

- Are there supports and services that you need, that are you not currently getting?
  - Is there anything else you would like to share?
-

# Appendix 3: Multicultural Support Officers Focus Group Guide

## Focus Group – Foundations for Belonging 2024

### Introduction

Could you each share briefly about your experiences conducting the telephone surveys/in-depth interviews with refugees with disability? Some things we would be interested in hearing from you about are:

- Using the client's preferred spoken language/providing language support to conduct the telephone surveys/in-depth interviews;
- How you felt during and after the data collection process;
- If you have conducted other research as part of your work at SSI, and how this study was different from your previous experiences with research.

### Research objectives

One of the objectives for Foundations for Belonging 2025 was to answer:

#### **What are the resettlement and integration experiences of refugees with disabilities?**

- Drawing from your experience with conducting the telephone surveys/in-depth interviews, how would you answer this question?
- ... in relation to refugees with disabilities' social connections?
- ... in relation to their rights and responsibilities?
- How well do you think the telephone survey/in-depth interviews addressed this question?

Another objective was to answer:

#### **What is the intended impact and what are the effects of settlement services and disability-specific services on the lives of refugees with disability?**

- Drawing from your experience with conducting the telephone surveys/in-depth interviews, how would you answer this question?
- ... in relation to refugees with disabilities' engagement with services?
- ... in relation to housing?
- ... in relation to employment?
- ... in relation to education and training?
- ... in relation to leisure activities?
- ... in relation to health?
- How well do you think the telephone survey/in-depth interviews addressed this question?



### Data collection

- What do you think were the strengths of the telephone survey/in-depth interviews?
- What do you think were the limitations of the telephone survey/in-depth interviews?

### Data analysis and Interpretation

- Drawing from your experience with conducting the telephone surveys/in-depth interviews, how accurately do you think our analysis and interpretation of the data reflects the experiences of refugees with disability?
- What do you think are the strengths of this analysis/interpretation?
- What would you change about this analysis/interpretation?
- Is there anything missing from this analysis/interpretation?

### Closing

- Is there anything else you would like to share?
-

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