

Acknowledgements

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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 more than 70 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 condition¹ 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 communities. A large majority found it hard

¹ Henceforth, in this Summary 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'.

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, including aspects 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).

Refugees with disability noted a reciprocal relationship between their rights and responsibilities in Australia and other areas of integration and experiences of settlement. This included a desire to obtain Australian citizenship to enhance their rights and contribute to a formal sense of belonging.

Life satisfaction, hopes and dreams

In relation to overall life satisfaction, refugees with disability rated their life satisfaction much lower than refugees without disability in the BNLA research.

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 an outsized roles in their future aspirations.

attending well according work wife laws travel bathroom going disability citizenship education service wait look wish job iraq a mother look wish job iraq amother look wish job iraq always learn look wish job iraq always always learn learn

Overall, this research provides further evidence of the interdependencies between the various domains of the integration process and the intersecting barriers that hinder inclusion for refugees with disability. Experiences across social connections, engagement with services and access to rights are deeply interrelated, particularly for refugees who face challenges magnified by experiences of disability.

Settlement and integration rely on wholeof-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.

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 more than 70 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

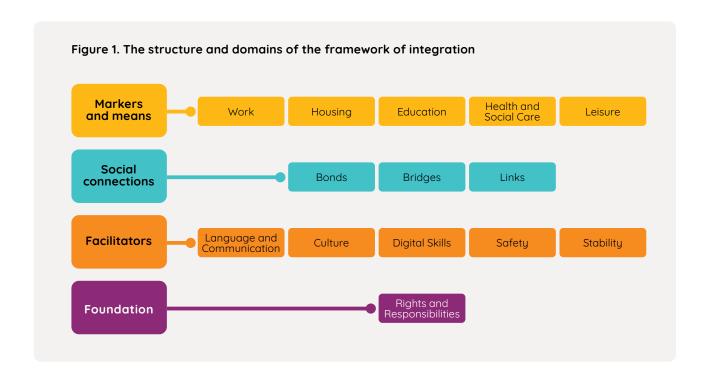
Australia, these countries are ranked much lower in terms of development by the United Nations Development Programme, which has profound impacts on people with disability in these contexts, stemming from economic deprivation and instability, limited resources for educational attainment, and reliance 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 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 [1] applied for housing they ask [me] for a health report, summary report, and another special report, [1] provide all that document, but until now [I] didn't get anything. In [my] house, the bathroom is too small. [1] can't close the door when [1] go to it. So [1] 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.

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 disabilityrelated 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:

many 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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