NDIS Access Changes Consultation

Submission to the Department of Health, Disability and Ageing

Submitted to NDISAccessConsultation@health.gov.au

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1. About AMPARO Advocacy

AMPARO Advocacy is a Queensland Peak and Representative body for people from culturally and linguistically diverse backgrounds with disability, which advocates for the human rights, opportunities, voices, lived experiences and concerns of people with disabilities and their families to bring about positive and sustainable changes to legislation, policy and practice in Queensland and Australia. As a non-profit community-based organisation guided by the UN Convention on the Rights of Persons with Disabilities (CRPD), AMPARO Advocacy provides independent and vigorous individual advocacy, systemic advocacy, and capacity building supports with and on behalf of the diverse people and families we serve.

Our vision is that people from a culturally and linguistically diverse background with disability are respected, valued and included in family, community and broader society, with equitable access to information, services and supports - and on their terms.

With offices in Brisbane, Logan, Ipswich and Toowoomba, AMPARO Advocacy is governed by a voluntary management committee, the majority of whom are people from a culturally and linguistically background with disability. AMPARO's Inclusive Leadership Network (ILN), comprised of Queensland leaders from culturally and linguistically backgrounds with disability, strengthens our ability to engage in important conversations and systemic advocacy where nothing is about, without – or led by - people with disability.

AMPARO Advocacy is funded by the Queensland Government Department of Families, Seniors, Disability Services and Child Safety and Australian Government Department of Health, Disability and Ageing, as well as through projects funded by the Queensland Disability Network (QDN) and Speaking Up For You (SUFY).

Note on terminology used in this submission

In this submission the term culturally and linguistically diverse (CALD) communities is used because it remains the operating term across the data, funding and policy systems this submission needs to connect with at Federal and State levels.

CALD is a majority-lens term.[1] It groups together people with vastly different histories, languages, faiths and migration pathways – from a person born overseas now working in Australia as a skilled migrant to a family who arrived as refugees a generation ago – as though they were one population with one set of needs. Many people who fall within this definition do not use the term "CALD" to describe themselves or their own communities, and some find it alienating. Researchers and practitioners are increasingly calling for the term to be retired altogether.[2]

AMPARO Advocacy uses the CALD acronym within this document as a practical bridge to existing policy and data settings. In practice, engagement should always follow the language a person or community uses for themselves, their culture and their identity – CALD is a category for planning and reporting, not a label to apply to people in the room. AMPARO Advocacy expects to revisit this terminology, in conversation with the communities it serves as a Peak and Representative body in Queensland.

[1] Sawrikar & Katz, 2009.
[2] Pourmarzi et al., 2025.

2. AMPARO Advocacy's 12 Recommendations to the NDIS Access Changes Consultation

Recommendation 1: Embed CALD equity as a core design requirement in the future NDIS access framework, including the co-design, piloting and validation of functional capacity assessment tools with CALD applicants, including where assessments are conducted through accredited interpreters.

Recommendation 2: Strengthen Principles 5 and 6 by explicitly recognising that cultural safety, accessibility and equitable outcomes require interpreter provision, continuity of interpreter support wherever possible, culturally responsive assessment practices, culturally informed assessment processes, and assessment tools that have been validated across diverse cultural and linguistic groups.

Recommendation 3: Operationalise cultural safety and trauma-informed practice through assessor training in culturally safe, culturally responsive and trauma-informed approaches, including effective use of interpreters, understanding the influence of cultural context on disability experiences and functional assessments, and engagement with refugee-background applicants.

Recommendation 4: Extend accessibility requirements to all aspects of the access process, including application forms, assessment materials, evidence guidance, decision notices, review processes and communication materials, through translated resources, Easy Read formats and interpreter-supported engagement.

Recommendation 5: Recognise CALD-specific evidence barriers when determining permanence and functional impact, including limited access to established health professionals, overseas medical records, interrupted treatment histories, and trauma-related barriers to engagement with assessment processes.

Recommendation 6: Ensure that an applicant's inability to produce conventional documentary evidence is not treated as evidence against eligibility and provide assessors with guidance on considering alternative evidence sources and applying trauma-informed approaches when evaluating evidence.

Recommendation 7: Ensure that treatment is only treated as "available" for the purposes of the permanence test where it is genuinely accessible in practice, including being affordable, geographically reachable, culturally safe and available with appropriate language support.

Recommendation 8: Build specific safeguards into the three-year reassessment transition for existing CALD participants, including translated notices, advocate involvement, interpreter-supported reassessments and culturally responsive communication.

Recommendation 9: Ensure referral pathways to Foundational Supports and mainstream services provide language access, cultural responsiveness and practical navigation support, including assistance to understand disability systems, gather evidence and connect with appropriate services, so that redirection does not become a new access barrier.

Recommendation 10: Ensure accessibility extends to review and appeal processes, including interpreter provision, translated decision notices and culturally responsive communication for applicants seeking to understand or challenge access decisions.

Recommendation 11: Include CALD and refugee disability expertise in the development, testing and evaluation of the future access framework, including within the Technical Advisory Group's deliberations and evidence base, and establish monitoring and public reporting of access, reassessment, review and appeal outcomes by cultural and linguistic background, language spoken and interpreter use.

Recommendation 12: Improve accessibility of consultation and engagement processes by providing materials in community languages, supporting bicultural-worker-facilitated engagement, and allowing sufficient consultation timeframes for organisations to meaningfully engage with CALD communities.

3. Executive Summary

AMPARO Advocacy welcomes the opportunity to respond to the Department of Health, Disability and Ageing's consultation on proposed changes to NDIS access and eligibility arrangements.

We support the reform objective of creating a more consistent, transparent and evidence-based approach to access decision-making, including the proposed shift from diagnosis-based pathways toward assessment of functional capacity.

This submission focuses on the implications of those reforms for people from Culturally and Linguistically Diverse (CALD) backgrounds with disability. While the proposed reforms aim to improve fairness and consistency, these outcomes will not be realised equitably unless language access, cultural safety and CALD-specific evidence barriers are incorporated into the design of the assessment process from the outset.

According to the Australian Institute of Health and Welfare, 25% of Australians with disability were born overseas, including 15% in a country where English is not the main language.[3] Yet people from CALD backgrounds account for only around 8.7% of NDIS participants nationally and already experience higher rates of unscheduled plan reassessments (20% compared with a Scheme-wide average of 16% in 2025) and associated plan inflation (22%) than the broader participant population[4]. In AMPARO Advocacy's view, these figures demonstrate that CALD communities are already disproportionately affected by NDIS access and reassessment settings, making equity considerations central to the design of any future access framework.

AMPARO welcomes the draft guiding principles, particularly the commitment to cultural safety, trauma-informed practice and accessibility across cultural and communication contexts. We also support the intention to develop a standardised assessment of functional capacity informed by evidence and aligned with Australia's obligations under the Convention on the Rights of Persons with Disabilities.

However, principles alone will not guarantee equitable outcomes. The assessment tool, evidence requirements and associated processes must be designed and tested to ensure they work effectively for people whose primary language is not English, who rely on interpreters, who require culturally responsive assessment processes, who have limited access to specialist evidence, or whose engagement with government systems may be shaped by refugee or trauma experiences. Applicants may also require practical navigation support to understand disability systems, gather evidence and engage effectively in access processes.

The key recommendation of this submission is that equitable access for CALD communities be treated as a core design requirement rather than a later implementation consideration. This includes embedding interpreter provision and continuity of interpreter support wherever possible, culturally informed assessment practices, cultural validity testing, trauma-informed approaches, accessible information, navigation support and recognition of CALD-specific evidence barriers into the future access framework before assessment tools, evidence standards and thresholds are finalised.

Embedding these safeguards from the outset will help ensure the future access process delivers on its intended goals of fairness, consistency and transparency for all Australians with disability, regardless of language, cultural background or migration experience.

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[3] Australian Institute of Health and Welfare (2026). People with disability in Australia 2026, Summary, AIHW, Canberra: http://www.aihw.gov.au/reports/disability/people-with-disability-2026/contents/summary

[4] Department of Health, Disability and Ageing (2026) National Disability Insurance Scheme Reforms – Impact Analysis, Office of Impact Analysis, May 2026, pp54,56: http://oia.pmc.gov.au/sites/default/files/posts/2026/05/Impact%20Analysis_0.pdf

AMPARO also emphasises that treatment should only be considered "available" for the purposes of assessing permanence where it is genuinely accessible in practice, including from a financial, geographic, cultural, religious and language perspective.

4. Response to consultation questions

Guiding principles

1. ***Do the draft guiding principles provide the right foundation for a future NDIS access process?***

   AMPARO supports the seven draft guiding principles as a sound foundation for the future NDIS access decision-making process. In particular, we welcome Principle 5 (equitable, inclusive and safe) which recognises the importance of cultural safety and trauma-informed practice, and Principle 6 (transparent, proportionate and accessible), which recognises accessibility across cultural and communication contexts. These principles are especially important for people from CALD backgrounds, who may face additional barriers in navigating disability systems, communicating their support needs, and providing evidence to support access decisions.

   AMPARO Advocacy also supports the broader emphasis on evidence-based decision-making, consistency, lived experience and alignment with Australia's human rights obligations under the Convention on the Rights of Persons with Disabilities. Collectively, the principles provide an appropriate framework for developing a fairer and more transparent approach to NDIS access.

2. ***Should any principles be added, removed or changed?***

   AMPARO Advocacy does not recommend that any principles be removed. However, we recommend that Principles 5 and 6 be strengthened to make explicit what is currently implied. At present, references to equitable outcomes regardless of cultural background and accessibility across cultural and communication contexts could be interpreted as broad non-discrimination commitments rather than practical design requirements.

   AMPARO Advocacy recommends that the principles explicitly recognise that achieving equitable and accessible outcomes for CALD participants requires:

   - interpreter provision to be built into assessment processes as standard practice, rather than provided only on request, with applicants offered continuity of interpreter support wherever possible. Consistent interpreters can help build trust, improve communication accuracy, and support applicants and families to share important contextual information about disability, support needs and lived experience. Interpreters used in NDIS access processes should also receive appropriate training in disability, assessment processes and NDIS terminology.
   - assessment tools and evidence requirements that have been tested and validated for use with CALD and refugee populations
   - assessor training in culturally safe, culturally responsive and trauma-informed practice, including working effectively with interpreters and CALD participants
   - accessible information and guidance available in community languages and appropriate formats
   - consultation with CALD-specific disability organisations during the development and evaluation of access assessment tools.

   These recommendations are consistent with, and supported by, existing human rights obligations that extend beyond the general objects of the NDIS Act. Article 30(4) of the CRPD recognises the right of persons with disability to recognition and support of their

specific cultural and linguistic identity.[5] In Queensland context, sections 15 and 27 of the *Human Rights Act 2019 (Qld)* protect equality before the law and cultural rights respectively.[6] Together, these provisions provide a strong foundation for explicitly recognising cultural and linguistic accessibility within the final access principles. AMPARO Advocacy encourages the Department to draw on these obligations when settling the final principles and their practical application.

AMPARO also considers that Principle 7 (Continuous Quality Improvement) should include monitoring and public reporting of access, reassessment, review and appeal outcomes by cultural and linguistic background, primary language and interpreter use. This would enable the Department and the NDIA to identify whether the new access arrangements are operating equitably across different population groups and to address any unintended adverse impacts as they emerge. Ongoing monitoring is particularly important given the existing under-representation of CALD communities within the NDIS and evidence of differing reassessment outcomes.

Without these measures, there is a risk that cultural safety and accessibility remain aspirational principles rather than requirements that materially shape the design of the future access process. For CALD communities, equitable outcomes will depend not only on the principles themselves, but on whether they are translated into concrete assessment design features and evidence requirements from the outset.

Design of access decision-making process

3. What do we need to consider when designing an access decision-making process that is fair, consistent, transparent, disability-informed and evidence-based?

AMPARO Advocacy notes that the functional capacity assessment tool, evidence requirements and eligibility thresholds have not yet been developed and remain under consideration by the Technical Advisory Group. AMPARO considers this consultation to be the appropriate point at which language accessibility and cultural validity should be embedded into the design of the future access process, rather than addressed after assessment tools have already been developed.

We recommend that the Department treat cultural and linguistic accessibility as a core design requirement from the outset. We especially recommend the functional capacity assessment tool be co-designed, piloted and validated for use with CALD applicants, including where assessments are conducted through accredited interpreters, and that assessors be trained to work through an interpreter as standard practice rather than as an accommodation arranged on request. Assessors should also receive training in culturally safe, culturally responsive and trauma-informed practice, including working effectively with interpreters and applicants from CALD backgrounds.

Assessors should also be supported to understand how cultural context can influence communication styles, family roles, perceptions of disability, help-seeking behaviour and the way functional impacts are described. Assessment processes should include mechanisms for culturally informed practice so that functional capacity is considered within the person's cultural context and lived experience.

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[5] United Nations Convention on the Rights of Persons with Disabilities, Article 30(4): "Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture."

[6] *Human Rights Act 2019* (Qld), s15 (Recognition and equality before the law) and s27 (Cultural Rights), Queensland Legislation: https://legislation.qld.gov.au/view/html/inforce/current/act-2019-005

AMPARO Advocacy also recommends that interpreter provision, translated decision notices and culturally responsive communication be available throughout any internal review and appeal processes associated with access decisions. Accessibility should not end once an initial access determination has been made. Applicants who are seeking to understand, challenge or review a decision should have access to the same communication supports that were available during the initial assessment process.

A standardised assessment process can only deliver genuinely consistent outcomes if it can demonstrate equivalent reliability and validity across diverse cultural and linguistic groups. Without this, applicants who require interpreters or who communicate disability experiences differently because of cultural context may be disadvantaged by a process intended to improve fairness and consistency.

4. ***How could the access decision-making process reduce administrative burden and support a proportionate approach?***

   AMPARO Advocacy supports a proportionate approach that minimises assessment burden for applicants who are clearly eligible with very significant functional impairment. However, care must be taken to ensure that "clearly eligible" is determined using equivalent functional evidence standards for all applicants, regardless of how that evidence was obtained or the language in which it was originally recorded.

   CALD applicants may face additional barriers in obtaining specialist reports, translating overseas records, or accessing clinicians experienced in preparing NDIS evidence. A proportionate pathway should therefore recognise a broader range of evidence sources and should not inadvertently favour applicants who have relatively straightforward access to English-speaking specialists and established service systems.

   Reducing administrative burden should mean reducing unnecessary requirements, not creating hidden barriers for applicants whose evidence is more difficult to obtain because of language, migration or settlement circumstances.

   Administrative burden may also be reduced through more integrated and culturally responsive approaches to evidence gathering. Consideration could be given to models that bring together relevant health and allied health professionals, disability expertise and navigation support in a coordinated setting. Such approaches may assist applicants to obtain appropriate evidence more efficiently while improving understanding of disability and assessment requirements.

5. ***How can we make sure the access process works well for people with unique needs and different backgrounds, including people whose disability changes over time or who have complex support needs?***

   AMPARO Advocacy's experience is that families from CALD backgrounds already have lower awareness of the NDIS and of the broader service systems operating alongside it. As reforms seek to strengthen referral pathways, those pathways need the same language and cultural accessibility as the access process itself.

   If applicants are redirected to another system of support, they should receive information in their preferred language, access to interpreters where required, and assistance to navigate the alternative system. Otherwise, referral pathways risk becoming a new and less visible barrier to support rather than a genuine mechanism for connecting people with the most appropriate services.

   Many people from CALD and refugee backgrounds also require practical support to understand disability assessment processes, navigate multiple medical appointments and gather evidence. AMPARO Advocacy's experience is that applicants are often referred

between practitioners without clear explanations about the purpose of assessments, evidence requirements or next steps. Consideration should be given to culturally responsive navigation supports, including specialist multicultural health workers, CALD disability navigators or similar models that assist applicants to understand, coordinate and engage with access processes.

The consultation paper specifically asks how the process can work effectively for people with cultural needs. AMPARO Advocacy recommends that cultural safety and language accessibility be actively tested with CALD participants during the design, piloting and evaluation of assessment tools and processes. These considerations should not be presumed to have been addressed through general accessibility measures alone. A culturally inclusive process requires direct testing with the communities it is intended to serve.

This is particularly important given existing evidence that people from CALD backgrounds remain significantly under-represented within the NDIS relative to their presence in the broader population of Australians with disability and already experience higher rates of unscheduled plan reassessments than the Scheme average,[7][8]

Without deliberate attention to these issues during design and implementation, there is a risk that existing inequities will be reproduced within a new access framework intended to improve fairness, consistency and transparency.

Evidence requirements

6. What information should be used to decide whether a disability is permanent? What information should be used to decide whether treatment is likely to improve how a person manages everyday activities?

AMPARO supports efforts to reduce the evidence burden on applicants and to provide greater consistency in how permanence and functional impact are assessed. However, we raise a specific concern about how evidence requirements may affect CALD applicants, who can face additional barriers in obtaining the kinds of documentation traditionally relied upon within Australian disability systems.

Newly arrived migrants, people seeking protection, and applicants without an established relationship with a GP, specialist or allied health practitioner may experience significant practical barriers in obtaining evidence of permanence and functional impact. Overseas medical records may not be in English, may be incomplete due to displacement or disruption, or may not be readily recognised within Australian service systems. In addition, some refugee-background applicants may be reluctant to engage fully with formal government assessment processes because of past experiences with institutions in their country of origin or during displacement. These are precisely the kinds of circumstances that the principles of cultural safety and trauma-informed practice are intended to address.

Accessibility barriers may also arise where applicants have limited literacy in English or in their first language. In these circumstances, translated information alone may not be sufficient.

[7] AMPARO Advocacy notes that approximately 25% of Australians with disability were born overseas, including 15% in countries where English is not the primary language, while people from CALD backgrounds account for approximately 8.7% of NDIS participants nationally. See Australian Institute of Health and Welfare (2026), *People with disability in Australia 2026*.

[8] Department of Health, Disability and Ageing (2026), *National Disability Insurance Scheme Reforms - Impact Analysis*, Office of Impact Analysis, May 2026, pp. 54, 56.

Applicants may require practical support to locate appropriate services, arrange appointments, obtain evidence and understand assessment requirements. The access framework should recognise the importance of supported navigation and assistance to engage with evidence-gathering processes.

AMPARO recommends that evidence guidance explicitly recognise these circumstances and provide assessors with clear direction on how to evaluate permanence and functional impact where conventional forms of evidence are unavailable. This may include consideration of translated overseas medical records, evidence from settlement and refugee health services, allied health assessments, functional assessments, community-based evidence, existing educational or support-service records, and information provided by advocates, carers and family members where appropriate.

AMPARO further recommends that an applicant's inability to produce conventional documentary evidence should not, in itself, be treated as evidence against eligibility. Assessment processes should focus on the totality of available information and an applicant's demonstrated functional capacity, rather than the ease with which formal documentation can be obtained.

The evidence framework should also recognise that apparent inconsistencies in information provided, reluctance to disclose personal circumstances, delayed disclosure of relevant information, or difficulty recalling events may in some circumstances reflect trauma-related responses rather than an absence of impairment or functional impact. Assessors should receive clear guidance on how trauma-informed practice is to be applied when evaluating evidence from refugee and other trauma-affected applicants.

AMPARO also raises a specific concern about how the proposed concept of "appropriate treatment" may operate in practice when determining permanence. Treatment should not be regarded as genuinely available where it is unaffordable, geographically inaccessible, unavailable in a person's language, or cannot be accessed in a culturally safe manner. AMPARO Advocacy also notes that cultural and religious beliefs may legitimately influence a person's willingness to undertake particular forms of treatment. The assessment of permanence should not assume that treatment is reasonably available where it conflicts with a person's cultural or religious beliefs and values. Consideration of treatment accessibility should therefore include cultural appropriateness as well as financial, geographic and language factors. For some CALD applicants, particularly those with psychosocial disability or trauma-related conditions, treatment options may exist in theory but not be realistically accessible in practice. AMPARO recommends that decision-makers assess the real-world availability of treatment, including financial, geographic, cultural and language barriers, when determining whether treatment is likely to improve a person's functional capacity.

Individual story - When treatment is 'available' in theory but not in practice

AMPARO supported a woman in her 40s from a refugee background with severe psychosocial disability arising from prolonged trauma. She lived in shared accommodation, had no family in Australia, was socially isolated and relied entirely on an interpreter to communicate with health, disability and government services.

She experienced Complex PTSD, hallucinations, panic attacks, depression, dissociation and significant cognitive impacts. She was often unable to leave home safely or attend appointments, and could not consistently manage personal care, meals, cleaning or shopping without support.

Gathering evidence was complex. She needed an interpreter for every appointment and assessment and had to repeatedly disclose highly traumatic experiences to new professionals. Trauma-related symptoms, language barriers and limited familiarity with Australian systems affected her ability to

describe the full extent of her functional impacts. Without advocacy support, she could not have identified appropriate services, understood eligibility requirements or coordinated the reports required.

Despite specialist psychiatric reports, a functional capacity assessment, documented treatment history and evidence of substantial functional impairment, her initial NDIS application was refused on the basis that not all treatment options had been explored. Access was granted only after an internal review, additional specialist evidence and a year of intensive advocacy.

Her experience shows how a treatment-based test can become a barrier where treatment exists in theory but is not realistically accessible in practice, and why the future access framework needs culturally safe, trauma-informed and interpreter-supported assessment, together with practical navigation support.

AMPARO also notes the proposed three-year transition period during which existing participants will be reassessed against the new functional capacity standard. Many of individual's who AMPARO Advocacy work with have navigated significant language, cultural and documentation barriers, often with advocacy support, to secure their original access decision under the current arrangements. The woman described in the individual story above is one example: her access was secured only after a year of intensive advocacy, and a reassessment without the same supports would risk reversing that outcome. We recommend that specific safeguards apply during reassessment, including translated notices, access to interpreter-supported reassessments as standard practice, and clear pathways for advocate involvement. These measures will help ensure that participants do not lose access because of renewed assessment barriers rather than a genuine change in their support needs.

This is particularly important given existing evidence that people from CALD backgrounds remain under-represented within the NDIS relative to their representation among Australians with disability and already experience higher rates of unscheduled plan reassessments than the Scheme average, suggesting that existing access and review processes may already be operating less effectively for this cohort.[9][10]

[9] Australian Institute of Health and Welfare (2026), *People with disability in Australia 2026*. Reports that approximately 25% of Australians with disability were born overseas, including 15% in countries where English is not the main language.

[10] Department of Health, Disability and Ageing (2026), *National Disability Insurance Scheme Reforms – Impact Analysis*, Office of Impact Analysis, May 2026, pp. 54, 56. Reports that people from CALD backgrounds comprise approximately 8.7% of NDIS participants nationally and experienced higher rates of unscheduled plan reassessments (20% compared with a Scheme-wide average of 16%) and associated plan inflation (22%).

5. Concerns around the consultation process itself

AMPARO Advocacy has previously raised concerns with the NDIA and the Department regarding the accessibility of consultation processes for CALD communities. Given that the proposed access reforms place significant emphasis on accessibility, cultural inclusion and equitable participation, AMPARO encourages the Department to ensure that these same principles are reflected in the consultation process itself.

We would welcome confirmation of whether the consultation paper, together with its Easy Read versions, has also been made available in community languages, and whether any in-language or bicultural-worker-facilitated engagement activities have been undertaken alongside the standard written and online consultation channels.

AMPARO Advocacy also notes that the five-week consultation period is relatively short for a foundational consultation on principles that will underpin future access arrangements. It is also shorter than the consultation period currently available for the related New Framework Planning Rules consultation. For organisations seeking to consult meaningfully with CALD communities before making a submission, additional time is often required to arrange interpreter-supported discussions, translate information, engage community leaders and obtain feedback from people who may not ordinarily participate in government consultations.

Accessibility is not only an outcome of good policy design but also a feature of good consultation design. Ensuring that CALD communities can understand, engage with and contribute to reform proposals is an important part of delivering an access framework that is genuinely fair, inclusive and evidence informed.

6. Closing

AMPARO Advocacy welcomes the Department's commitment to ensuring future NDIS access arrangements are fairer, more consistent and more transparent. We support the overall direction of the proposed reforms and encourage the Department and the Technical Advisory Group to ensure that cultural and linguistic accessibility, cultural safety and trauma-informed practice are embedded as core design requirements throughout the development of the future access framework.

As a specialist advocacy organisation working alongside people with disability from culturally and linguistically diverse and refugee backgrounds, AMPARO Advocacy would welcome the opportunity to discuss any of the issues raised in this submission further, including the practical design of assessment tools, evidence requirements, interpreter-supported assessment processes and culturally responsive referral pathways.

Please contact AMPARO Advocacy on (07) 3354 4900 or info@amparo.org.au if you would like to discuss this submission further or explore opportunities for ongoing engagement with CALD communities as the reforms progress.

Kind Regards



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