Australia's Disability Strategy 2021–2031

Creating an inclusive community together

Disability and People from Culturally and Linguistically Diverse (CALD) Backgrounds

Summary Report

A qualitative study

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Australia's Disability Strategy 2021–2031

Creating an inclusive community together

Attitudes Towards Disability:

A Study of people from culturally and linguistically diverse backgrounds

Summary Report

June 2025

Australian National University

Purple Orange

Introduction

This report looks at how people from culturally and linguistically diverse (CALD) backgrounds see attitudes towards disability in Australia. The study collected data through 6 focus groups with 47 participants from 20 countries. 34 participants were people with disability, and 13 were family members of people with disability.

The aim of the study was to find out how attitudes in the general population, different cultural groups and people within systems and services affect people with disability from CALD backgrounds.

This study was run by JFA Purple Orange and POLIS: The Centre for Social Policy Research at the Australian National University (ANU). The Australian Government Department of Health, Disability and Ageing paid for the study as part of the work for Australia's Disability Strategy 2021–2031.

Attitudes towards disability

People with disability and family members from CALD communities experienced both positive and negative attitudes. Members of the public and people working in the services they use have these attitudes.

They had **positive experiences** when they felt:

- welcomed
- listened to
- supported.

They also had **positive experiences** when they:

- were given information about services
- had time to understand them
- were able to ask questions.

Negative attitudes were often experienced when:

- their rights were not respected
- people assumed things about what they could do
- there was yelling
- they were ignored
- their accessibility needs were not met.

Disability and CALD background

People from a CALD background who **also** have a disability often face negative attitudes. They are more common and more complicated because of their disability **and** cultural difference.

People with disability from CALD backgrounds face negative attitudes within their cultural group and in the wider community. In CALD communities, being treated unfairly is often due to poor understanding of disability. This makes individuals feel fear or shame about their disability.

People from different cultural groups understand disability differently. Some people talked about the problem being the first in their family to be told that they or their child has a disability. One parent with a Malaysian background said that disability was not common in her family and culture. Their child's 'bad behaviours' were blamed on their parenting instead of being seen as part of the child's disability.

Some cultures have strong negative views about disability and what it means to be 'normal'. Because of this, people with disability often struggle to be seen as individuals. As a result, many do not use helpful services, like the NDIS, which need a diagnosis and regular contact. People from different cultural backgrounds may have different ideas about what care and how much care is needed for people with disability. Not understanding disability or the role of carers made some people feel they are not appreciated or valued.

Many people in the wider community hold negative attitudes towards people with disability. This made most participants feel they were treated unfairly. These feelings were made worse by language barriers and cultural differences. For example, people often misunderstood participants' accents, English language skills, or communication needs. They made assumptions about their ability to communicate. This was felt most by those who were more vulnerable, the newly arrived, refugees or those with complex disabilities.

Experience with services

Participants talked about their experiences with different services like public transport, social services, education and healthcare. People in all groups said these services were complex, stressful to deal with and hard to understand. Most people found out about services from friends, their cultural community or other people with disability.

Service and support systems and community leaders should make this information more available. In some cultures, it is common for adult children to care for ageing or sick parents. Some service providers assumed that family members would provide the care, rather than supporting them to take over certain tasks.

Participants often talked about how there are not many services in their home countries and how thankful they are for the range of services in Australia. Some said that life is easier now because of the NDIS and because there are more support workers. Having disability support is very important to them. Many participants said that their home countries do not have the same kinds of disability support, if any, and that they were happy to have these 'beautiful' systems in Australia.

Many participants use support workers to help with their daily tasks like home care, health care and going to appointments. A good support worker helps people with disability to do things on their own. One participant said that appointments are easier when they have a support person with them who makes sure they are heard. Some participants said having a

support worker from the same language and cultural background helps a lot because it makes it simpler for them to talk about their situation, their family and why they need help.

Most focus groups said that language problems for people from CALD backgrounds are worse in health settings. Medical terms are often hard for English speakers, and it's even harder for people whose first language is not English. Also, participants said that negative attitudes towards disability in health services are an ongoing, widespread problem. This can cause long wait times, poor attitudes from medical staff, and the need for family members to be very involved to ensure good care.

The attitudes in schools were mostly positive, showing that education can help an individual's learning and their overall wellbeing. With the right supports and better inclusion, people with disability from a CALD background can feel stronger, find their community and get a good education. The biggest problem in schools was bullying, which was linked to both poor English skills and disability.

When talking about employment, some participants said that language barriers lead to stress at work. Others said that being older can make it hard for people with disability to get work. Some people with disability are unable to find work and they end up relying on government support instead. This means that some members of the community think that people with disability do not try to find work. There are strong links between disability, language, culture, age and the attitudes of employers and co-workers. One participant said the broader community needs to know that work is not just about making money. It is also about them having a good life and the choice to work if they want to. Participants believed that for new arrivals having a job helps them meet others and build community.

Improving attitudes

When asked how people's attitudes towards people with disability could be improved, participants had ideas ranging from simple changes to major reform.

Improving communication includes:

- making information easy to understand, for example keeping documents short, writing in plain English and using large font
- translating information into community languages
- making resources screen-reader friendly for people with low or no vision, with image descriptions in clear language and large font
- making hearing aids such as speakers and microphones available for face-to-face meetings for people with low or no hearing.
- using interpreters

Asking the right questions includes:

- finding out the person's main language and cultural background
- asking specific questions to identify a person's support needs, instead of assuming people understand what help they need or is available
- giving people the time they need to understand the question and form an answer.

Community inclusion means:

- having access to technology and other support
- knowing about and using services
- joining groups with others with similar needs or cultural backgrounds
- learning skills that help people speak up for themselves.

Educating people about disability and inclusion includes:

- in schools and workplaces
- in services like health, community support and transport
- in the media.

Recommendations for Change

Participants suggested changes that would make their lives better, include:

- improving communications in professional and personal settings by making information accessible for people from CALD communities
- meeting their communication access needs, such as using interpreters from the same cultural group
- educating professionals to improve attitudes about CALD people with disability in services like health, public transport and the retail sector
- improving attitudes towards disability in the general community by providing education about disability from when children are very young
- giving people with disability the chance to take part in mainstream and cultural community activities
- making sure that community leaders treat and support CALD people with disability well.