Australia's Disability Strategy 2021–2031

Creating an inclusive community together

Attitudes toward disability in First Nations communities

Findings from focus groups in remote New South Wales and regional Queensland

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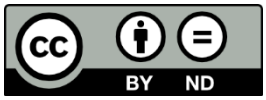

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Cultural sensitivity

This report raises topics such as colonisation, the Stolen Generations, Sorry Business, and the impacts of intergenerational trauma on Aboriginal and Torres Strait Islander peoples. These topics may be distressing, particularly for Aboriginal and Torres Strait Islander readers and communities, and perspectives may vary.

We encourage readers to approach this material with care and respect and to seek support if needed. You may find it helpful to contact Lifeline (13 11 14) for support or, for First Nations readers, 13 YARN (13 9276).

Introduction

This study looked at how First Nations people in regional and remote areas understand disability. It also explored how community attitudes affect First Nations people with disability and their carers. We also looked at what could improve support for First Nations people with disability and their families living outside major towns and cities.

The research recognises the strengths and knowledge of First Nations people. We listened to First Nations people with disability and their carers. We also listened to the staff from Aboriginal community-controlled organisations who connect people with support services. Their views helped us understand how disability is seen in communities and how these beliefs affect daily life. Participants also shared ideas about what improvements are needed.

The findings show how important it is to build a more inclusive society where First Nations people with disability are respected and supported. The study also highlights the need for change, including:

- Improved access to culturally safe services, with training and assistance to service providers to better support First Nations people with disability and their families.
- Increased availability and stability of local health and disability services in regional and remote areas, particularly access to pediatricians for early and ongoing support.
- Strengthening coordination between child protection, health, education, and disability systems to improve continuity of supports and care.

Policy context

This study looks at a known gap in information about how First Nations communities view disability and how these views affect people with disability. It also explores how living in regional or remote areas impacts First Nations people with disability.

The Australian Government funded this study as part of **Australia's Disability Strategy 2021-2031 (the Strategy)**. The Strategy recognises that some people with disability may face more than one form of discrimination. For example, a person may experience disadvantage not only because they have a disability, but also because they are Aboriginal or Torres Strait Islander, or because they live far away from services. These parts of a person's identity shape their experiences and how easily they can get support.

This study also delivers on a key action in the **2025 Closing the Gap Implementation Plan**, which asks for research on attitudes toward disability in First Nations communities and how these attitudes affect people with disability. By collecting these insights, the study provides important information that can help improve future policies and services.

Background

This study was run by researchers from the Centre for Social Policy Research (POLIS) at the Australian National University. The Australian Government Department of Health, Disability and Ageing funded this study as part of the work for *Australia's Disability Strategy 2021-2031* (the Strategy).

First Nations people are more likely to have a disability than non-Indigenous Australians. In 2022-23, about one-in-three First Nations people have a disability (37 per cent, about 68,000 people), and about one-in-fourteen (7.0 per cent, 69,200 people) have a severe or profound disability (AIHW 2025a). After taking into account the age differences between Indigenous and non-Indigenous populations, First Nations people are 1.5 times more likely to have a disability, and 2.1 times more likely to have a severe or profound disability than are non-Indigenous people.

First Nations people are less likely to use disability services (Deloitte 2023; James et al. 2023; Productivity Commission 2011; Puszka et al. 2022), partly because First Nations people with a disability are more likely to live in regional or remote areas. This means that sometimes there may be no services they can get to, that there can be long wait times to see a service, or that people have little or no choice about what services they can access. It also means that they may be living a long way from medical specialists and other services. This means that getting to the services they need may be very difficult or impossible. Previous research also finds that personal or community experiences of trauma can mean that First Nations people with a disability may have higher needs and that this can make it harder for services to provide support (Royal Commission into Violence, Abuse, Negect and Exploitation of People with Disability, 2023b.

One estimate is that that First Nations people were 28 per cent less likely to receive NDIS supports and that this is partly due to some NDIS services being unsafe, traumatising, or inequitable for First Nations people (Deloitte 2023). The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission) also found that First Nations people with disability face many barriers when applying for and accessing NDIS supports (Disability Royal Commission 2023a). One major barrier is the lack of culturally safe assessment tools. These tools can lead to under-diagnosis or misdiagnosis because they do not reflect cultural context. Discrimination may also occur during the application process, including when gathering evidence needed for an application.

Research from other settler-colonial countries shows that disability support systems often do not align with First Nations values or social practices. Some systems are experienced as unsafe or hostile (Puszka et al. 2022; Bevan-Brown 2013; Rivas Velarde 2018; Ryser et al. 2014; Temple et al. 2020). It is also important to recognise that disability was sometimes used in the past as a "reason" to remove First Nations children from their families (National

Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families 1997). The effects of these policies are still felt today (Disability Royal Commission 2023b).

Several studies show that Western ideas of disability often do not match the views of many First Nations people. Many First Nations people see most disabilities as part of the normal range of human difference, although some conditions may carry stigma (see Puszka et al. 2022).

As part of Australia's Disability Strategy, two surveys were run in 2022 and 2024 to learn more about community attitudes about disability. In 2022, only 195 First Nations people with disability and 85 without disability took part in this survey (Esler et al. 2023). This was about 1.5 per cent of all respondents. In 2024, the second survey was completed by 241 First Nations people with disability and 111 First Nations people without disability. This was about 1.9 per cent of respondents. For both surveys, the survey response rate for First Nations people was much lower than the First Nations share of the Australian population which is estimated from the 2021 Census to be 3.2 per cent (ABS 2022).

Online and paper surveys can reach many people, but they do not always work well in all First Nations communities. Some reasons include limited postal services, lower English literacy, and distrust or a lack of confidence about large surveys.

Methods

To include a broader range of First Nations voices in the Strategy, focus groups were held with First Nations people in regional and remote areas. These groups included First Nations people with and without disability, carers and staff from Aboriginal community-controlled organisations. The groups helped researchers understand the issues people face. They also showed how the attitudes and actions of others affect daily life. Using focus groups meant the study centred the voices of people with lived experience.

Focus groups

The study involved focus groups conducted in two locations, with participants drawn from four communities. In total, 34 people took part. Each focus group ran for between one and two hours. The focus group sessions were facilitated by a First Nations person with extensive experience in running focus groups. The focus groups took place in October 2025.

A semi-structured question guide was used to prompt discussion. The approach was intentionally flexible, allowing participants to focus on the issues they considered most important while ensuring that all key topics were covered. The guiding questions were:

Attitudes to disability

- Do you think people with disability find some things harder than people without disability?
- Do you think people with disability get a fair go?
- Do you think people with disability want to work?
- How would you feel about a close relative being in a relationship with someone with a significant disability?

Disability and culture

- What do you think ‘disability’ means to First Nations people?
- Do you think First Nations people with disability are treated differently from other people with disability?
- Does that change with the type of disability?
- Do you think First Nations people with disability are treated differently from other First Nations people?

Attitudes, culture and participation

- Thinking about your local Aboriginal community, are you generally able to do the things (or activities) you would like to do?
- Do you feel accepted in the same way as other members of your community?
- Do other people have attitudes that that stop you from doing certain things?
- What makes it easy for you to do those things? Or to take part in community activities?
- Can you think of any specific examples where someone with a disability was either included or excluded in your community?

Interacting with services

- How easy or hard is it to get access to the services you need?
- Does being Indigenous make it easier or harder?
    - Can you give me any examples?
    - Are some types of services easier to access than others? Are some more culturally safe than others?
    - Are their Aboriginal controlled services in your community that you are able to use?

What would it take …

- for you to feel more accepted in your local community?
- for you to feel more accepted in the wider community?
- to improve the experiences and outcomes for First Nations people with disability?

Study sites

To protect privacy of participants, the names of the communities are not given.

Remote Central Western New South Wales site

Participants in the remote central Western New South Wales (NSW) site included people with disability, carers (primarily caring for children), and staff from local Aboriginal organisations, including the Aboriginal health service. The two participating communities have a combined First Nations population of around 1,500 people (2021 Census), representing roughly one-quarter of the region's population. Approximately 150 people in the region are NDIS participants, one-third of whom are First Nations.

Local services are limited. The town has an Aboriginal Health Service, a hospital, some medical services, and visiting outreach services from a regional centre several hours away. Primary and secondary schools are available, but other services are sparse.

Regional Queensland site

Participants in the regional Queensland site included people with disability and carers of children and adults with disability. The study also included staff from the local Aboriginal medical service, which provides disability support.

The regional southern Queensland site has a First Nations population of approximately 6,000 people (2021 Census), representing around one-twentieth of the region's population. There are more than 6,000 NDIS participants in the broader region, with around one-in-ten identifying as First Nations.

The town where the partner service is based has extensive health, family, children, and community services, as well as primary, secondary, and post-secondary education institutions. However, services are far more limited in the outlying areas supported by the organisation.

Participants

The people who took part came from a broad age range. There were both men and women, but most participants were women. Some people had a disability themselves. Others were parents or carers of children or adults with a disability. Some participants worked for Aboriginal organisations, and others worked for non-Aboriginal organisations that support people with disability. Many people fit into more than one group. For example, some people who worked in disability services were also carers, and some also had a disability themselves.

Ethical considerations

The research was approved by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Human Research Ethics Committee (REC-0465) and the Australian National University Ethics Committee. Ethical considerations focused on respecting participants' voices, addressing vulnerabilities, and protecting the rights and dignity of all participants.

The sites were selected in consultation with the Department taking into account a range of factors including the interest of the community being involved in the study, and to be from two different areas of Australia.

The focus groups were conducted by an Aboriginal facilitator, were delivered on site in services which had culturally appropriate supports available if needed. Participants were provided information on culturally appropriate support services within their area and were free to withdraw from the process at any time. Participants received a small payment in recognition of their time.

Limitations

This study gave us rich data through conversations and group discussions with 34 First Nations participants from four regional and remote communities in NSW and Queensland. Given the relatively small number of participants from a limited number of communities, the results cannot be used to draw conclusions about the views of all First Nations people with disability. We also note that the experiences of participants from the four communities may not be reflective of other First Nations people with disability living in regional and remote communities.

Findings may also be affected by the participants' willingness to share their experiences, which may introduce biases. While every effort was made to make the focus groups culturally safe, we realise that trauma for First Nations people can run deep and it may be difficult for some people to discuss certain concerns and topics.

Key themes

Although the focus group question guide shaped the discussions, participants consistently steered the conversation toward issues they viewed as most important. This section summarises the key themes identified by participants across both sites.

Community attitudes to disability

Remote Western NSW

Participants from the remote Western NSW site generally described disability as a difference rather than a deficit. While some negative attitudes existed, the local Aboriginal community was broadly seen as supportive. Many participants emphasised that attitudes had improved significantly over time.

> Years ago, like, I guess in our, my generation, there was a thing that you had to look at people with disabilities. …. some people are normal, but there's people that probably look normal that have disabilities that we didn't know. But it's changed now. Like Aboriginal people are probably more, connected, bond stronger to support, you know, because it, not saying it was like a shame lot of disabilities because you had that.
>
> [Participant, remote Western NSW]

A participant with an acquired brain injury explained how others' attitudes can shape self-perception but also described strong acceptance within their community. This participant was working part-time for an Aboriginal organisation.

> People that think of disability and they treat you like that, then you think more disabled and being disability. Yeah, like I've got, I've got a disabled in my brain function, but I've always had a risk in my life. But everybody accepts me who I am.
>
> [Participant, remote Western NSW]

Regional Queensland

Participants from the regional Queensland site reported more negative or stigmatising attitudes within their communities. While improvements over time were acknowledged, disability was still often associated with shame or misunderstanding.

> That you're different. You don't see things the same way. It can be viewed quite harshly.
>
> [Participant, regional Queensland]

> Shame. There's a lot of shame round.
>
> [Participant, regional Queensland]

Some participants described harsh disciplinary responses to behaviours now recognised as disability-related.

> … especially 'cause my, my sister is a bit, now we look back and we can see like there's ADHD kind of mannerisms and stuff through there. So like my parents view of that was to, you know, flog her until she was normal. Like flog her until she was mainstream. Doesn't help.
>
> [Participant, regional Queensland]

Others noted that family members often misunderstood disability, attributing behaviours to poor discipline rather than unmet support needs.

> Like not everyone, even in your own family understands what disability is or how to even cope with people with disability or it's just an act or just a behaviour or it's something that needs to fix the notion that that they can change.
>
> [Participant, regional Queensland]

> I've got little cousins who are on the scheme and a lot of the, like they in kinship care, a lot of people in our family, they don't understand disability. So they go and steal or do. And they don't know the repercussions of the actions. Yeah.
>
> Consequences from the actions. Everyone in the family's like, oh, I just came on the, I just do this, or whatever. You know, like, oh, they need more discipline. And yes, they do need to more discipline, but at the end of the day, you can't be putting more trauma on child safety. They've worried about the trauma they've taken from their parents.
>
> [Participant, regional Queensland]

Participants also described negative attitudes amongst some community member toward people accessing the NDIS.

> That's where I think a lot of the hurts and the judgment kind of thing, because even with a physical disability, like a visible one, there like, I, I know my dad and my grandfather and those kind of people, they'd be like, just get over it. Come on. Like get on with it. Like, you can't move your arm like that. Well, train your arm then. Like come on, you can do it. Don't, don't let it get the better of you.
>
> [Participant, regional Queensland]

> I think that elders especially can see it [disability] as a weakness that you're asking for help. … They [elders] can see that [people with disability] and you can feel very out of place. Because you're trying to access the NDIS ….. they don't understand a lot of it. And unless you have someone in your life who has a disability or someone who …

> you've come into contact with that has NDIS support and those sorts of things, like people with disabilities aren't necessarily understood or really accepted.
>
> [Participant, regional Queensland]

Historical context and its influence on attitudes

Participants in both sites highlighted the legacy of past policies, including the removal of First Nations children with disability during the Stolen Generations. This history has contributed to strong protective attitudes today.

> We have had a lot of family members who were removed from their families because they were perceived as, you know, different back then. …. And, you know, our strong connections now to them is to embrace them and protect them and keep them safe.
>
> [Participant, remote Western NSW]

Variation between communities and types of disability

Participants who had lived in multiple regions noted that attitudes toward disability vary significantly between communities. Visible physical disability is often more readily accepted than invisible disability.

One participant explained:

> I think still maybe there could be lots of old thinking, you know, that a disability isn't just physical disability, you know that there's. You know, the mental side of things I think is still evolving and people maybe still don't accept that.
>
> [Participant, remote Western NSW]

Another participant said:

> I think it's also a matter of visible verse invisible as well. And because I know that if you went into a kindergarten and said to, you know what, probably have range of levels and said, what is someone that has a disability? They'd be going one leg in a wheelchair, that sort of stuff. Nobody sees the non-visible disabilities.
>
> [Participant, remote Western NSW]

Another emphasised the role of location and exposure to services.

> I think it's where you are from too. …. Like what area you are coming from or like are you talking somebody that's in a suburban area? Are you talking that somebody that and their family is aware of the NDIS and what it can help you and how it can assist you? Or are you talking to somebody that maybe on a mission? And all of there, I think there's two very, very different sides of the story. Not trying to shit on anybody's brain, but I think it has a lot to do with your location and your knowledge of, of, I think if you're talking to suburbia I don't think there is a lot of judgment there because there is knowledge and education behind it. If you up when back to Country and things like that with known about the NDIS and how it can affect, then yes, there may be judgment there.
>
> [Participant, regional Queensland]

Impacts of others' attitudes on participation

Participants described how negative interactions, particularly with service providers, can significantly reduce confidence and willingness to engage.

> One negative interaction can definitely be a big to like First Nations person. Confident confidence, like their confidence to even have engage in conversations with us can sometimes be hit. So say that, whether they've got a disability or not going to the GP, like if they had a bad experience at a previous GP clinic. Even just talking to our admin staff or the nurses or a bad experience with another support company, coming in, talking to us can be quite a challenge. So getting them to engage in those services again and build their confidence back up. It just takes one instance, one negative comment, one bad thing to knock them.
>
> [Participant, service provider, regional Queensland]

Attitudes within the school system

Many participants were carers of children with disability or worked in education or health. They described limited understanding of disability among educators and a need for greater training and cultural awareness. Participants also said that some teachers did not want to learn about disability.

> A lot of the teachers don't wanna know anything about [disability]
>
> [Participant, remote Western NSW]

> A lot of the teachers, they need cultural awareness, where all the people come from and what they've been through, and they need to educate their teachers.
>
> [Participant, remote Western NSW]

Participants also noted that teachers' aides were often under-trained.

> They have an aide that are in need to work, but these people probably really don't even have the training on how to with kids, you know. Well, my daughter works up at the primary school up there. She's got special children, and some days she could walk five miles around school yard just following their child. They don't worry. …. She'll just walk around and keep an eye on them. Where they should be training the teachers out there.
>
> [Participant, remote Western NSW]

Despite challenges, participants observed gradual improvements.

> Awareness and education are changing.
>
> [Participant, remote Western NSW]

However, gaps in support remained and participants saw children with a disability being separated. They thought that the children could be much better integrated.

> That's the thing is that's, well, I hoping it's starting to slowly shift now where they're not putting them to another area and you know, these kids aren't integrated with rest of this class.
>
> [Participant, remote Western NSW]

> What that is implemented with the schools, like some of the schools just don't support what program or things that they have to be a part of.
>
> [Participant, remote Western NSW]

There was also recognition that for children with disability, being integrated required additional support. While schools do usually receive additional funding, the necessary support was not always provided by schools to the benefit of the individual student with additional needs and the funding is sometimes used for other purposes.

> We're gonna claim that that child's disability, but we're not gonna …. give us the support that they need, especially when they get older. They [the school] don't give that much support …. don't give this poor little fellow [help], he's in mainstream and he's just lost. We don't have no support in his … class.
>
> [Participant, remote Western NSW]

What works for children

Participants shared examples of programs that successfully supported children with disability.

> It's like for NAIDOC, when I had NAIDOC this year …. I went and did a bit of inclusion with all the disability rooms. … I said, you know, what I want to do is showcase all, all their work. To make them feel a part of NAIDOC. So I did that and you should see the kids, they just opened their eyes. The kids actually helped me put the display together. So, you know, just being accepted and inclusion involved ….
>
> [Participant, remote Western NSW]

> So it's, it's like I had a program, it was a boys program and there was one young kid that had a disability and I put him into that program. And I tell you what, he flourished. He talks up, he speaks, he connects with his own peers now. And just having that, you know, acceptance of him to be in that program.
>
> [Participant, remote Western NSW]

> …instil in you, you know, like they know that they themselves and open up and do what they want. You know, it's, it's, it's having that right person and having that trust there.
>
> [Participant, remote Western NSW]

They also highlighted the need for programs targeting younger age groups.

> Especially in the young people, you know, catching young. …. There is a lot of money out there for youth programs, but it's all 12 plus, you know, in our community it needs to start, you know, 9, 10. There's nothing for that age group. You know, the primary school from 8 up.
>
> [Participant, remote Western NSW]

Barriers to accessing health and disability services

Participants across both sites reported significant barriers to accessing services, including:

- lack of local services,
- long travel distances,
- high costs,
- long waiting times,
- lack of cultural safety,
- poor communication from some service providers,
- inconsistent availability of services.

Geographical barriers

Travel to major centres was a major burden.

> Parents would have to travel to Sydney and stay, which was then financially disadvantageous. Being away from families. If you have to take one [child] away, you might take two or three [children], and you have other children at home, so all that meant separation.
>
> [Participant, community member, remote Western NSW]

> There isn't any accessibility if we're remote …. families have to travel distances for that extra care and support. It's costly, it means the whole day being away.
>
> [Participant, regional Queensland]

Not surprisingly focus group participants said that it was harder to access services when they were living remotely. The participants also said there were significant challenges to accessing services in metropolitan and inner regional areas. As one participant said:

> Further out west you go [more remote], the harder the fight is [to access service]. But then again, even in the metropolitan areas, we have a shortage. …. We have a shortage trying to get [access to service]
>
> [Participant, regional Queensland]

This respondent said that accessing allied health services is difficult.

> So you've got little, little foster babies that are going to school and they have their therapist come and attend the school for the speechy and, and all of that. Yep. They've got, they're on the wait list, they're on the wait list. And that's not even, let alone trying to get an organisation that is a culturally appropriate organisation to, for them to engage with.
>
> [Participant, regional Queensland]

Access to specialists including paediatricians

Participants at both sites said it was difficult to see a paediatrician. Parents/carers from the remote Western NSW site have to travel with their child to see a paediatrician either in a larger regional town (several hours away) or further away in Sydney or Newcastle. One participant summed up the situation succinctly as:

> No paediatrician.
>
> [Participant, remote Western NSW]

Participants talked about having to spend long periods of time away from their families and communities while supporting/caring for a person with a disability who was in a hospital a long distance away.

> When my young brother was in [Sydney] hospital for a month, I had to stay over there for a full month.
>
> [Participant, remote Western NSW]

Nearly all of the focus group participants saw waiting times for people with a disability to see a specialist in the public system as a widespread issue. This was worse for children with disability. While appointments can be obtained more quickly in the private system, the cost is often too high.

> I had to pay private paediatrician, which was very difficult as you know, single mum. And then I lost my job. So then I was like, I just can't continue going private.
>
> [Participant, remote Western NSW]

> No one has the money to be able to afford a private, like, that's ridiculous.
>
> [Participant, regional Queensland]

Examples of the impacts of long delays in being able to access medical specialists and disability services were provided. For example, one focus group participant said:

> [Name] was picked up for [disability] in preschool and I've only just kind of got things happening now, and he's 10 years old, …. and we still don't have a paediatrician because there's a lack of openings in the public sector.
>
> [Participant, remote Western NSW]

It was also noted by participants from the remote Western NSW site that there may be a service available for period of time but it’s not uncommon that a service will shut down or move to another location.

> Out here in the country, as soon as that money runs out, it either shuts down or they'll move to another town
>
> [Participant, remote Western NSW]

> Why do they shut it down? You've gotta have this for the rest of their lives.
>
> [Participant, remote Western NSW]

Child protection system failures and instability

Participants across both sites, including staff working in Aboriginal medical services, expressed deep concern that First Nations children with disability are more likely to enter the child protection system than other groups of children.

This concern is consistent with the findings of the Disability Royal Commission (2023b: p.115) who made a number of other findings including that '*First Nations children enter or are in out-of-home care with undiagnosed disability, and they often remain undiagnosed while there*' and that '*A lack of cultural safety, and bias in assessment and diagnostic tools can lead to incorrect assessments and diagnoses*'. The Disability Royal Commission also concluded that '*A lack of early support for First Nations parents and children with disability can contribute to increased contact with child protection systems, particularly in remote areas of Australia*'.

A number of issues were identified with how the child protection system operates and the challenges it creates for First Nations children with disability.

Frequent changes in carers and caseworkers

Participants said that when carers and caseworkers changed often, it caused a lot of instability. This was especially hard for children with disability who need steady support for assessments, diagnoses, treatment, and ongoing care.

One participant explained:

> And not only that, if bubs in the child safety system, they've gotta have that diagnosis done. At seven, six years old. And if they're going from care to care, to care to care, care to care carer. Who picks it up? And then so therefore, if they do not get that formal diagnosis no more. There's a huge lack of paediatrics and occupational therapists.
>
> [Participant, remote Western NSW]

Another participant described the disruption caused by repeated relocations:

> Being switched from carer to carer to carer to carer or resi house [residential accommodation] to resi house to resi house. Not even being able to be in one place long enough to even be able to get in to see a specialist for something as simple as a replacement prescription. And when they're relocated, it's not okay we'll relocate them from one suburb to another in the same town. It's pick them up from Brisbane and move them to XXX [regional centre].
>
> [Participant, regional Queensland]

This instability forces children to restart assessment and support processes each time they move.

> And then that process needs to start all over again with new specialists within that local area. Finding that those resources to support their needs, those support providers, not to mention their disconnect from their culture, their kinship group, and everything that's going on there.
>
> [Participant, service provider, remote Western NSW]

Participants also highlighted the lack of continuity in caseworker relationships.

> They change CFOs [Child protection Care and Family Officer]. Often they change daily. So like at the end of the day they have no consistency with that, a single person in their life and like support, coordination, you know, like they're the one consistency, but then it's all that follow up. We try and find out who the new CSO it is, but it takes months. No one gets back to back to you at all, bout anything.
>
> [Participant, regional Queensland]

Impact on NDIS access and funding

Frequent placement changes and caseworker turnover also affected children's access to NDIS supports. Participants described situations where children's NDIS plans were reduced or removed because instability prevented them from using their funding.

> They just keep cycling. It's just they're in limbo. They're a pending application. They're like they, if they get through the system and if they get approved, and if they get on the system, then because of however many changes in CSOs and whatever, then they go, okay, well you're not utilising your funding. You don't need it. We'll reduce it. We'll take it away.
>
> [Participant, regional Queensland]

> We haven't had an option to actually have this person in the one place long enough to use the funding or to find a provider who can help 'em or to actually provide the assistance.
>
> [Participant, regional Queensland]

Cultural disconnection and poor cultural practice

Participants emphasised that cultural identity, belonging, and connection to mob are critically important for First Nations children with disability. Many felt that the child protection system does not adequately support First Nations cultural connection, and in some cases actively undermines it.

Participants described situations where children were moved far from their communities in an attempt to remove them from perceived 'bad influences,' with significant consequences for cultural identity and wellbeing.

> We'll get them away from their circle of destructions and we'll send them out wherever. And then that process needs to start all over again with new specialists within that local area.
>
> Finding that those resources to support their needs, those support providers, not to mention their disconnect from their culture, their kinship group
>
> [Participant, regional Queensland]

Participants stressed that for First Nations children with disability, who may already struggle to find their ‘place’, cultural disconnection can have profound and lasting impacts.

Compounding impacts of trauma

Participants from both sites said that past trauma makes it much harder for First Nations people with disability to use and interact with services. Trauma, including trauma passed down through families from the Stolen Generations, and ongoing discrimination was described as affecting how willing people are to work with organisations. These experiences reduced people’s trust in service providers and made it harder to move through complex systems.

Participants also said many service providers are not ready to recognise or respond to the trauma that First Nations people have faced. This is mostly because they have limited cultural knowledge and do not use culturally safe practices.

One participant described how trauma and identity shaped a parent’s engagement with services:

> Then you've got say then that because of her story as part Stolen Generation did not, did not engage with child safety or even with really reluctance with the previous support coordinator because she didn't identify. So there was a communication barrier therefore, but was missing out on support services that she needed just because of that intergenerational power that was filtering down through the run.
>
> [Participant, regional Queensland]

Another participant explained how generational trauma contributes to deep mistrust of organisations:

> On a cultural level, Indigenous people relying on the system and taking consideration of generational trauma that again, plays another. Why should I trust it? Just about organisation? What's happened to me previously, to my mum, to my dad, to grandparents, to my siblings, to my cousins falls under being an organisation, trusting an organisation, me taking as, that, that cultural, generational, a massive, massive factor.
>
> [Participant, regional Queensland]

Trauma and disability interacting in complex ways

Participants talked about many situations where trauma and disability came together, often making the situation worse. One service provider shared the story of a client whose traumatic experiences led to extreme withdrawal:

> They would just spend an hour doing an access meeting with a client out in [Place]. Who has packed up a move from Brisbane, quite an affluent Aboriginal police officer, suffered abuse, violence, and discrimination in the police force. Couldn't handle it anymore. Shut down completely. PTSD, massive anxiety disorder and massive depression. Packed up and moved to XXX and now has no access to anyone or anything, any support systems. …. but that was her way of dealing with it, was to pack up and move and now barely leaves her house unless absolutely necessary.
>
> [Participant, regional Queensland]

Another participant described the broad spectrum of impacts trauma can have on people with disability:

> And it's everything from there to a mild discomfort like that's the range of people with disabilities who have a mob discomfort
>
> [Participant, service provider, regional Queensland]

Lack of culturally safe services

Participants discussed the lack of culturally safe services and how this created problems and limited access.

> The worst. And ones that are culturally safe too. Because it's very hard. There's quite a lot of doctors, therapists and everything like that, that are not First Nations or don't understand First Nations, so then they just brush ‘em off.
>
> [Participant, regional Queensland]

The mistrust created by trauma is compounded when services are not culturally safe:

> So trusting an organisation … if it's not an Indigenous organisation … diddly squat of getting …..that person with a disability to even engage in an organisation that they don't feel safe.
>
> [Participant, regional Queensland]

Participants also noted the absence of culturally knowledgeable psychologists:

> There's no, I can tell you off the top of my head, there's no psychologist I know that I could refer to in any of our areas that know culture enough that Indigenous themselves, not one, not one psychologist. So again, they go into someone that has no, like, they will know from, you know, being within [place 1] enough or whatever. So we have a

psychologist down in [place 2]. She sees all of our clients through, um, Medicare, but she's not Indigenous. And then when it comes to NDIS side, she also does some of her clients for that too. There's, she understands little bits, but she hasn't been through it at all. So she can't, she can't relate. Yes, she can't relate, she can't give feedback that is culturally appropriate for our clients.

[Participant, regional Queensland]

Other issues

While the earlier sections highlight the major themes raised by participants, several additional issues emerged that further illustrate the complexity of experiences for First Nations people with disability and careers. These issues warrant further research.

Identity documentation as a barrier to the NDIS

Participants in the regional Queensland site raised concerns about the difficulties some First Nations people face in proving their identity to the National Disability Insurance Agency (NDIA) to establish eligibility for support on the NDIS. This was especially a problem for older community members who had never received a birth certificate, including members of the Stolen Generations.

> When you think about if someone is, say it's an elderly person who had a stroke and now they're needing to access the NDIA to receive the right supports that they need, but 'cause they're part of that Stolen Generation, they don't know where they come from, who they come from, their even birth date is, and then the trauma that they're going through. Having to relive all of that plus everyone that they're connected to thereafter, that that ripples out.
>
> [Participant, regional Queensland]

Participants described the NDIA's documentation requirements as unrealistic and culturally inappropriate.

> … they expect all of our First Nations people to have a birth certificate …. Good luck …. I've got one lady who was born in the Northern Territory in the sixties.
>
> [Participant, service provider, regional Queensland]

> No, not gonna happen. So how do we get around that when she's got her driver's license, she's on Disability pension, she's got a Medicare card yet none of those are acceptable because they only want a birth certificate. Like it's, to me it's really ridiculous that they can be classified as a citizen, prove their identity in every other way. But because they don't have this one piece of paper, they then are holding up not only their NDIS application, but their children as well, who've been diagnosed and have, who are on the wait list to be accepted. But I've got the NDIA ringing me saying, we can't accept this application because we don't have a birth certificate. And it's more people just in limbo because of a, a checklist that is not met.
>
> [Participant, service provider, regional Queensland]

> I've even got another one …. He's incarcerated in the Northern Territory at the moment. His kids are with their stepmother, his wife, and the NDIA are calling me asking for his birth certificate. He's incarcerated in the Northern Territory, was born in the Northern Territory on a mission. What do you want for me? I can give you paternity orders for him. I can give you driver's license. I, I can give you proof that the children are living with the mother because, like the stepmother, because they're all on her, um, on her pension, Centrelink and everything. But to actually speak to this guy, I'm gonna have to contact the corrections in Northern Territory, figure out where he is, find out how to get in contact with him so that I don't take up one of his 15 minute contacts with his wife in order to have a conversation with him.
>
> [Participant, regional Queensland]

The requirement to prove identity was described as a significant barrier to access support. Our understanding is that while there are mechanisms for participants who do not have their birth certificate to prove their identity, it does appear to be a problem in at least some cases in the regional Queensland site. This is an issue which could be explored further in order to determine how widespread it is.

Difficulties in using NDIS funding for cultural activities

A significant issue raised by participants in both remote Western NSW and regional Queensland was the difficulty – often the impossibility – of using NDIS funding to support travel to Country.

Participants consistently emphasised that being on Country and participating in Sorry Business is central to the wellbeing of First Nations people, including those with disability. Inclusion and participation in these activities is very important. These activities were described as essential cultural practices, not optional.

One participant explained the profound impact of being on Country:

> You take an Aboriginal person with a disability out on the country and watch 'em, like it's unreal. The difference that, and people in like who are raised in suburbia don't actually realise the heart and the relief that they'll feel by going to country.
>
> [Participant, regional Queensland]

Despite this, participants, including those working in service delivery, reported that obtaining approval to use NDIS funding for cultural travel was extremely difficult.

> You know, when it comes down to NDIS because it's not entirely culturally appropriate, even to fight for that, like. We've …. had to fight for clients to be able to get that extra support and extra support ….like short-term accommodation built in their plans. Just to go back to country and to fight for that should not be even a fight.
>
> [Participant, service provider, regional Queensland]

Participants said the NDIS doesn't properly recognise cultural obligations or how important Country is to people's identity and wellbeing.

> But it [cultural identify] is [important]. I think that's something that the NDIA and everyone who's dealing with First Nations, people with a disability need to understand is that what works for European White Australians doesn't work all the time for First Nation Australians. And that there should be, our people are like, it's, it's ingrained in you that you don't even know it. Your, your connection to land, your connection to country, your connection to art, your connection to country, like.
>
> [Participant, regional Queensland]

Participants also noted that the NDIS does not provide a clear mechanism to support cultural participation, including attending Sorry Business.

> The NDIS, not having that avenue for cultural connection within funding areas, just for someone to be able to have a certain enough funding for a support worker to go with the person to go attend sorry business.
>
> [Participant, remote Western NSW]

Participants said that Sorry Business often requires extended time on Country, which does not align with mainstream expectations of funerals.

> If you're going out to mob, like you go out there and you're there for a couple of days and you wait till the whole family gets there, and it's not until that happens that an actual funeral takes place. Whereas with, say for in town with some white families, it's like, here's the date we come here and we go away, and then we leave. It just doesn't happen. Like it's a whole, but there's, within the NDIS, there's just no capacity.
>
> [Participant, remote Western NSW]

Challenges extend beyond the NDIS

Participants emphasised that these barriers were not limited to the NDIS. Similar challenges were reported across other systems, including aged care.

> It's … not only just the NDIS. That's across a few different sectors, especially in aged care as well. … it's very difficult. Like we started CHSP [Commonwealth Home Support Program] last year and we had to fight, probably took us about four months back and forth, back and forth to get Aboriginal and Torres Islander health workers approved as a

> referral code for, um, the clients that we have, just back and forth because it just was, and there were some people that we had to explain to them why it was necessary. So it's like, it's the whole, it's just period.
>
> [Participant, regional Queensland]

Participants also described experiences of racism and assumptions of misuse when seeking culturally appropriate support.

> As soon as you say you're black, you're faking. You just trying to get money sis. You just trying to get free service. You just - this for free. You just want that for free.
>
> [Participant, regional Queensland]

These experiences highlight systemic gaps in cultural understanding and the need for disability and aged-care systems to better recognise and support cultural obligations, mobility, and connection to Country.

Navigating large hospitals and metropolitan systems

For many participants, travelling to major hospitals in large cities was challenging and often overwhelming. Participants described feeling unsupported by organisations that were supposed to assist First Nations families travelling for medical appointments or treatment. Several people reported that they did not see an Aboriginal Liaison Officer during their stay, despite expecting this support.

One participant described repeated failures in accommodation arrangements.

> My son when he had to take his kids [with disability] to Sydney. They booked accommodation through one of the organisations there, but when he got to Sydney, the accommodation wasn't booked. So he was stranded in Sydney with his kids. And that happened twice with the same service. Where [were] the Aboriginal workers?
>
> [Participant, remote Western NSW]

Another participant described the absence of cultural support during a prolonged hospital stay.

> We never seen that Aboriginal worker all the time I've been there. Never got no support from no one. The only one supported us was his doctor.
>
> [Participant, remote Western NSW]

These experiences contributed to feelings of isolation, confusion, and distress at a time when families were already under significant pressure.

There was a strong view that people were provided with only limited information on what to expect and what they needed to do.

> I think they can't explain in terms that people can understand who don't know. That like, oh, we're gonna have this test and this, and you tell the parent we're gonna do this and it's gonna, this is what we, is the outcome of like this, what we're aim to achieve, achieve test, it's gonna help us for this. … I think there's not enough explanation on like, on a level where people can actually understand what's happening, what needs to happen.
>
> [Participant, remote Western NSW]

Lack of respite care

A lack of respite care was a significant issue for carers and was a major factor in carer burnout. This issue came through particularly strongly in the remote western NSW site.

> There's not enough respite and support. Like, especially if you're doing it on your own, like as a single mum or auntie or grandma or whatever, you know, it's, there's not enough support.
>
> [Participant, remote Western NSW]

> You just don't get time out. And I had a mental breakdown because of it.
>
> [Participant, remote Western NSW]

In the remote Western NSW site, some focus group participants who were carers of children with a disability were reaching out to child safety services seeking respite care. This is unusual as First Nations families usually try to avoid contact with child safety services because of a fear of having their children removed. This is indicative of the extreme lack of respite care in the region. In contrast, participants from the regional Queensland site reported that First Nations parents/carers in their community would never seek respite from child safety services.

> And a lot of our [people], they don't trust the service. They don't trust child safety. They're hurt by the system. They're hurt by the government. So they won't call. They will have a child at home who then is put in a situation that's not ideal because mum or dad or both are scared that if I, if I call and say. I can't handle these. They're worse. They'll take them off full time. And then other situations as well where, say, a child's being taken and placed into kinship care with mob.
>
> [Participant, regional Queensland]

First Nations people with disability in the corrections system

Rates of incarceration among First Nations people are extremely high and are increasing. In 2025, the age-standardised incarceration rate was 2,500 per 100,000 people for the First Nations population, compared with 149 per 100,000 for the non-Indigenous population (ABS 2025). The First Nations incarceration rate has been rising for several years, in contrast to the relatively stable rate for non-Indigenous Australians (AIHW 2025b).

Findings from the National Review of First Nations Health Care in Prisons (2023-24) also report increased rates of disability and complex health needs for First Nations people in prisons. Being in prison makes it even harder for First Nations people with disability to receive the support they need (Nous, 2024).

Focus group participants expressed significant concern about the experiences of First Nations prisoners with disability. They reported that people with disability often do not receive the treatments, therapies, or medications they require while incarcerated. They noted that this was especially true for people with psychosocial or mental health conditions. Participants described this as having serious consequences for wellbeing and rehabilitation.

> A lot of their therapies … they're not receiving them at all
>
> [Participant, regional Queensland]

> Their supports aren't being provided to them within the correctional services, while they are being held as inmates.
>
> [Participant, regional Queensland]

> Many people in the correction system don't actually get the support to … access NDIS
>
> [Participant, regional Queensland]

Lack of support when leaving prison

Participants highlighted that when people with disability are released from prison, there is often no process in place to help them reconnect with disability services, including the NDIS. This gap in support was seen as contributing to poor outcomes and increasing the risk of re-offending.

> So there's so many people that already have an NDIS plan, but they, the correction services, don't actually tell anyone that they're coming out or that they're going to be coming out. They help 'em with the basics … potential housing, I think that, but not when it comes to NDIS services. Especially, it's quite a lot of psychosocial like, that has been happening in the corrections and they basically just toss 'em out and then you don't really hear from them because then they don't know how to reengage people. With like in their

> services, like they don't know how to reengage a support coordinator quite often, and it's sometimes not until they go to the doctor or if they're in this region, they might come to XXXX [service name] or wherever it might be. Then that conversation starts being had not until they engaged back with like another First Nations organisation like and about that.
>
> [Participant, regional Queensland]

Organisations attempting to bridge the gap

Participants noted that some organisations attempt to support people with disability as they leave prison, including by reconnecting them with NDIS services. However, these efforts often start only shortly before a person's release and are often restricted by administrative barriers.

> For the ones that do get picked up, there are a couple of organisations that will try and say, for example, XXXX, they'll try and engage in NDIS services upon release, and sometimes we'll engage two months to six weeks before their release date.
>
> But say for example, coming out of that, trying to get service agreements signed for something as simple as support workers to support them once they get back out to attend Centrelink, to get their payments up, to attend the doctors and all that, that that comes out of their core funding.
>
> [Participant, regional Queensland]

Shame, stigma, and reluctance to seek help

Participants emphasised the importance of proactive engagement with people leaving prison. Shame associated with incarceration, combined with a desire to appear self-reliant, can prevent people from seeking help – even when they have significant disability-related needs.

As one participant explained:

> It's just, it's not enough and I think there's a lot of shame in coming out of prison and then asking for help. So they're, they're gonna want to either just go back to mob, go back to family and, and try and sort life out, or they're like, they're gonna try and prove that, no, I'm out in the big wide world. I can do this on my own. I'm, I'm all good. So it is that shame of asking for help and admitting you need services.
>
> [Participant, regional Queensland]

These insights highlight the need for culturally informed, disability-aware transition planning for First Nations people leaving prison. This includes early engagement, continuity of supports, and proactive reconnection with community-controlled organisations.

Discussion

First Nations people with disability face many overlapping barriers. These come from racism, trauma, cultural disconnection, and exclusion from systems and services. Some communities offer strong support and inclusion, but that's not the case for all communities. Participants at both sites reported major problems getting disability services that are culturally safe, reliable, and effective.

Reported attitudes toward disability differed between the Western NSW and regional Queensland sites and across disability types. In remote Western NSW, participants reported positive attitudes and strong community inclusion. In regional Queensland, views were more mixed, with both positive inclusive attitudes being reported as well as shame, misunderstanding, and judgment still present. Focus group participants also said that there were differences between types of disability. Participants reported that visible physical disability was generally more accepted than psychosocial or cognitive disability.

The legacy of colonisation, including the Stolen Generations and discriminatory policies, continues to shape how First Nations people engage with services. Intergenerational trauma across families and communities has led to deep mistrust of government systems, particularly when services are not culturally safe or trauma-informed.

Participants described multiple, overlapping barriers to accessing health and disability services:

- Long travel distances and high costs
- Shortages of specialists, especially paediatricians
- Long waiting times and service instability
- Poor communication and lack of accessible information
- Inconsistent cultural safety and limited Aboriginal-controlled service

Schools in remote Western NSW were seen as lacking adequate training and cultural awareness to support First Nations children with disability. Teachers and aides were often underprepared, and children were sometimes excluded or inadequately supported in mainstream classrooms.

First Nations children with disability were seen as more likely to enter the child protection system, where they often experienced instability, frequent changes in carers and caseworkers, and disconnection from culture. These disruptions made it difficult to access or maintain essential disability supports.

Participants described the inability to use NDIS funding to support travel to Country or participation in Sorry Business as a major gap. Despite the clear benefits of cultural connection for wellbeing, the system was seen as rigid and culturally inappropriate.

Participants in regional Queensland emphasised that First Nations people with disability in prison often do not receive appropriate therapies or supports. Upon release, there is no systematic process to reconnect them with services, increasing the risk of reoffending. Shame and stigma further prevent people from seeking help.

Participants often talked about how hard it can be to get the services they need. They described long waiting times, delays in seeing specialists, having to drive long distances and being separated from family when they do see specialists in cities. They also described problems getting support through government programs like NDIS. While getting access to appropriate supports and services was a major concern for participants, they also said cultural safety and connection to culture was important.

The participants emphasised that a strong connection to their local Aboriginal health and community services as a good starting point in the care pathway. However, these services could not address all concerns when participants live in regional and remote locations. The overriding message from participants was a need for timely access to services for themselves, family and community members.

Key recommendations

The people in this study talked about what could change or be improved to provide better support. Some issues are more complex and will need ongoing effort from both communities and government.

Recommendations to improve the lives of First Nations people with disability living in regional and remote communities include:

- Improved access to culturally safe services. This includes cultural training and assistance for service providers to better support First Nations people with disability and their families.
- Improve local health and disability services in regional and remote areas so they are easier to access and more reliable. This includes better access to children's doctors (paediatricians) for early and ongoing support.
- Strengthen coordination between child protection, health, education, and disability systems. This is expected to improve continuity of supports and care.
- Create simple, respectful ways for NDIS funding to be used for cultural activities. This includes travelling to Country, attending Sorry Business, and joining in cultural healing activities.
- Review and improve the identity verification processes for NDIS access, particularly for older people affected by the Stolen Generations and amend processes as required.
- Make sure that First Nations people with disability get the support they need while they are in prison. Before release from prison, there should be a plan to reconnect them with support services in the community and with the NDIS if appropriate. Aboriginal organisations should be involved in this work, and in some cases lead it.

Final Word

While people with disability and their carers spoke about many challenges, there was also a strong sense of pride, courage, and many stories of success.

> And you know, I want show my kids to be proud. Work with you, [your] creativity, your disabilities, your abilities, whatever, you know, whatever you are being gifted with, you should be able to stand tall and be proud of who you are.
>
> [Participant, with a disability and mother to a child with a disability, remote Western NSW]

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