



Creating
an inclusive
community
together

Attitudes toward disability in First Nations communities

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

Summary Report

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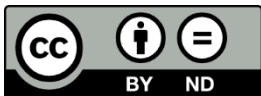


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1 Perri Chapman is a proud Taungurung woman from Victoria who also has strong family connections in the Northern Territory and New South Wales. Perri is committed to upholding the richness of Aboriginal and Torres Strait Islander culture in every engagement and finding innovative solutions for our culture to be embraced and practiced through shared learnings and knowledge exchanges.

2 Matthew Gray is non-Indigenous.

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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).

Overview

This study looked at how First Nations people in some regional and remote areas understand disability.

This study also explored how community attitudes affect First Nations people with disability.

We also looked at what could be done to improve support for First Nations people with disability and their families living outside major towns and cities.

In 2025, 34 First Nations people took part in the study. These people came from 4 communities across remote western NSW and regional Queensland. The people in the study included:

- people with disability
- people without disability
- carers
- people who work for Aboriginal community-controlled organisations.

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. This funding was under *Australia's Disability Strategy 2021-2031*.

Key Findings

- Some communities offer strong support and inclusion but that's not the case for all communities. Attitudes towards disability differed between communities.
 - In remote Western NSW, participants reported positive attitudes and strong community inclusion.

- In regional Queensland, views were more mixed. Positive inclusive attitudes were reported as well as shame, misunderstanding, and judgment.
- Visible physical disability is accepted more than disability that is not obvious.
- The effects of colonisation are still felt today by First Nations people. This includes the Stolen Generation and laws from the past. These experiences have caused pain that is passed down through families which can lead to strong distrust of government services.
- People said they felt uncomfortable asking for help when services do not:
 - feel safe
 - feel respectful
 - have an understanding of trauma.
- People at both sites said there were major problems getting disability services that are culturally safe, reliable, and effective.
- First Nations children with disability in the child protection system often have changes in carers and caseworkers. This makes it harder to get or keep the disability supports they need. This can also weaken their connection to culture.
- Some schools did not provide enough training and cultural awareness to support First Nations children with disability. Many teachers and aides were not well prepared. Sometimes children were excluded or not well supported in mainstream classrooms.
- There is a shortage of specialists in regional and remote areas especially paediatricians. There are also long wait-times to access disability services and supports if they exist in the area.
- Families struggle with long travel times and high costs to get to available supports and services.
- Poor communication and not enough accessible information from services and hospitals leads to more stress and worry for families.
- Carers had little or no respite, leading to stress and crisis situations.
- Being connected to culture is important for wellbeing and inclusion. Not being able to use NDIS funding to attend Sorry Business on Country was seen as a major problem. The NDIS system was seen as too strict and not respectful of cultural needs.
- First Nations people with disability in prison often do not get the therapy or support they need. When they leave prison, there is little help to connect them back to health or disability services. Feelings of shame and worry about being judged also stop people from asking for help.

- The participants emphasised that a strong connection to their local Aboriginal health and community services is important. These services are seen as a good starting point in the care pathway. However, these services could not address all concerns in regional and remote locations.

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. These recommendations include:

- Improve 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.
- 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.

A note for interpreting these findings: Given the 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 4 communities may not be reflective of other First Nations people with disability living in regional and remote communities.

