

# **Challenges Facing People with Disabilities from Culturally and Linguistically Diverse Backgrounds (CaLD)**

## **Monograph**

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### **1. ABSTRACT**

This paper explores the changing cultural demographics in Western Australia, along with some of the unique challenges faced by people with disabilities and their carers from culturally and linguistically diverse (CaLD) backgrounds. Western Australia is a state with a highly diverse population comprising many cultures and languages. People with disabilities from diverse backgrounds may confront many problems including language issues; low utilisation of formal services; lack of information and knowledge about services; and isolation. There is a lack of reliable data - nationally as well as at State and Territory level - on the number of CaLD people with disabilities. While there are recent initiatives to help address some of the issues, many challenges remain before it can be proudly stated that people from diverse backgrounds enjoy the same level of access to disability services as the broader population.

### **2. INTRODUCTION**

The focus of this paper is on people with disabilities from CaLD backgrounds. It does not include issues for Aboriginal Australians but primarily relates to people born overseas in non-English speaking countries, and their immediate families, who may be Australian-born. It is noted that terminology preferences change over time. Some organisations prefer the use of the phrase 'non-English speaking background' to CaLD, however this paper primarily uses the term CaLD.

The purpose of the paper is to draw together recent information and studies relevant to people with disabilities from CaLD backgrounds, with a view to informing consultation around long-term planning for disability service provision within Western Australia.

A variety of literature is referred to, with a preference for recent Western Australian sources and studies. The literature is generally relevant to the particular responsibilities of the Disability Services Commission, however some literature - for instance on carer issues - may include areas such as aged care and mental health.

### **3. KEY ISSUES**

#### **a) Background**

Western Australia's population is drawn from rich and varied cultural, linguistic and historical traditions. More than half a million Western Australians, or just over a quarter of the population, were born overseas. People born in more than 200

countries live, work and study in Western Australia. Western Australians speak some 170 languages and identify with more than 100 religious faiths.

This section illustrates some of the major features of Western Australia's culturally diverse population. The demographic data is primarily drawn from the 2001 Census of Population and Housing. The Australian Bureau of Statistics has recently released limited data from the 2006 Census, however at this stage the published data lacks detail and most is not directly comparable with the 2001 results. Where relevant, 2006 data are referred to for illustrative purposes.

### Country of birth

On Census night in 2001, Western Australia had a total population of 1,828,294, of whom 495,771 (or 27.1 per cent) were born overseas and 214,902 (or 11.8 per cent) were born in a non-English speaking country<sup>1</sup>. Western Australia has a higher proportion of overseas-born residents than the national average, and a slightly lower rate of people born in a non-English speaking country than the national average. The percentage of the state's population born in a non-English speaking country has been steady over the past decade - 11.7 per cent in 1991, 11.9 per cent in 1996 and 11.8 per cent in 2001 (OMI 2003; website tables 2.1 and 2.2).

The 10 largest CaLD communities in Western Australia originate from Italy, Malaysia, India, Netherlands, Singapore, Vietnam, Germany, Indonesia, Poland and Burma (OMI 2003; website table 2.15.2). More than 75 per cent of each of these communities resides in the Perth statistical division. People from Italy, India, Malaysia and Vietnam predominate in the metropolitan statistical divisions, and there is a significant grouping of Croatians in the South West region. In the country statistical divisions, the Dutch, German, Italian and Philippine communities are the dominant CaLD groups, along with a prominent grouping of Vietnamese in the Central region, Macedonian in the Pilbara, and Malaysian in the Kimberley and Upper Great Southern regions.

The traditional migrant communities of Croatia, Germany, India, Italy, Netherlands, and Poland have larger numbers of people aged over 50, while the newer South East Asian communities (Hong Kong, Indonesia, Malaysia, Singapore and Vietnam) have more younger people (aged 15-24). The Philippines and Thailand have a female population of more than 70 per cent, with the majority in the 30-50 year age group (OMI 2003; website chart 2.1.1).

The 10 fastest growing overseas birthplace groups in Western Australia from 1996-2001 were Somalia, Sierra Leone, Afghanistan, Oman, Sudan, Iraq, Botswana, Syria, Liberia and Bosnia/Herzegovina (OMI 2003; website chart 2.2). From 1996 to 2001, community size more than doubled for the Sudanese and almost doubled for the Kurdish, Afghan and Somalian communities (DIMIA 2002:15). The Somalian and Sudanese communities have one of the highest proportions of children in the 10-14 year age group (OMI 2003; website chart 2.1). Note that the numbers involved are quite small and that future growth rates may differ from those shown in the 2001

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<sup>1</sup> Excludes people born in Canada, Ireland, New Zealand, South Africa, the United Kingdom and USA.

Census – due to factors including the geopolitical situation and changes in Australian refugee policy.

### Language

There are over 170 languages other than English spoken in Western Australia. More than one in eight people (11.3 per cent) speak a language other than English at home - marginally lower than the national rate of 15.2 per cent. In 2001 the five most common other language groups were (in rank order) Italian, Cantonese, Vietnamese, Mandarin, German (OMI 2003; website chart 2.8). In 2006 the five top other languages were Italian, Mandarin, Cantonese, Vietnamese and Arabic (ABS 2006 Census QuickStats).

The ten top-ranked fastest growing language groups in 2001 were Somali, Afrikaans, Maori (Cook Island), Miriwoong, Norwegian, Gujarati, Amharic, Kurdish, Shona and Swahili (OMI 2003; website chart 2.9). Note that some of these groups had fewer than 100 persons. The top 10 languages spoken at home by people who spoke English not well or not at all were (by rank order) Italian, Vietnamese, Cantonese, Mandarin, Macedonian, Serbian, Arabic (including Lebanese), Croatian, Polish and Persian (OMI 2003; website table 2.7). In 2006, the top five birthplace countries for people who spoke English not well or at all were Vietnam, Italy, China, Malaysia and Croatia (ABS 2007).

### Ancestry

In 2001 the 10 top-ranked CaLD ancestry groups by birthplace of parent/parents were Italian, German, Chinese, Dutch, Polish, Indian, Greek, Croatian, Vietnamese and Serbian (OMI 2003; website table 2.12). In 2006, the top five CaLD ancestry groups were Italian, Chinese, German, Dutch and Indian (ABS 2007).

As a measure of the ethnic composition of the population, ancestry complements language spoken at home and country of birth to provide a comprehensive picture of ethnicity – as country of birth is not prescriptive of ethnicity or culture. For example, China is just one of 10 listed birthplaces of persons who identified their ancestry as Chinese. The birthplaces are, in order: Malaysia, Australia, Singapore, China, Indonesia, Hong Kong, Vietnam, Taiwan, Brunei Darussalam and The Philippines (OMI 2003; website table 2.13). The birthplaces for people from the Chinese language groups of Cantonese and Mandarin include all the above countries, except The Philippines, plus Macau and England for Cantonese (OMI 2003; website table 2.8).

Neither country of birth nor language other than English spoken at home is, used singly, a cultural identifier. Only birthplace is listed for the language groups of Korean, Sinhalese and Romanian – namely Korea, Sri Lanka and Romania respectively. Although there is a high correlation between language spoken (Sinhalese) and country of birth (Sri Lanka) in the Sinhalese instance, the birthplaces of people with Sinhalese ancestry include: Sri Lanka, Australia, Malaysia, Singapore, England, New Zealand and Zambia (OMI 2003; website table 2.13).

## **b) Current issues**

As noted above, Western Australia's population is highly diverse in terms of ethnicity, language, religion and culture. People from CaLD backgrounds who also have disability face many problems and are under-represented in service utilisation. The problems are greater in country areas. Some of the major issues are outlined below.

### Variety of cultures and languages in WA

Western Australia has a great variety of ethnic cultures spread over a vast land mass covering around a third of the continent. There is a rich history of migration and cultural diversity from the earliest period of settlement. Early community groups have established themselves and cemented their position in the local culture and landscape, while new and emerging communities continue to arrive, often having endured traumatic experiences overseas. New communities in particular need appropriate settlement services, language support, education, housing and jobs so that they can establish secure lifestyles and feel comfortable in their new homeland.

While there are many different cultures within the state, for some the numbers are very small. There may be little infrastructure within newly arriving communities, hence few people from the same cultural background who speak the same language and can help new arrivals to feel at home. Many people from the smallest communities arrived as refugees, sometimes in female-headed groups that may include children with disabilities.

### Rapid population growth

Western Australia is currently experiencing strong economic growth, with the resources boom in the north of the state the chief driver behind a rapidly expanding population. Western Australia is the fastest-growing state in Australia, with the population growing at a rate of 2.4 per cent over the 12 months ending 30 September 2007 (ABS 2008). There are widespread labour shortages in most industries, including human services. The disability sector in particular is experiencing an acute shortage of direct care workers.

In addition to interstate migration, foreign workers are entering the state, and there is a push from some quarters to increase the number of people arriving on temporary work visas. Families often accompany foreign workers, boosting the demand for services such as housing, health, education and transport. The availability of affordable rental housing is at an all-time low. Within this environment, people who are in the most vulnerable positions are often those bearing the largest burden of disadvantage.

### Newly arrived and emerging groups

Some newer arrivals, especially those entering under the Australian Government's humanitarian program, may have been living in refugee camps for long periods, or be poorly educated and illiterate in their own languages. Such circumstances create particular challenges for settlement.

In Western Australia in 2001, newly arrived immigrant groups included those from Somalia, Sierra Leone and Afghanistan. The new and emerging communities are specifically identified and characterised as 'vulnerable' by the Department of Immigration and Citizenship (DIMIA 2002; also see DCD - OMI 2005). They have a high need for settlement support, generally weak support structures and difficulty gaining access to mainstream services. In 2006-07, the top five refugee groups nationally came from Sudan, Iraq, Afghanistan, Burma and Central and West Africa (Refugee Council of Australia).

A recent local study noted the growth in Muslim communities living in Perth, with many arrivals coming from countries that lack disability services and facilities (EDAC and MWSC, 2006). Initial focus groups identified common concerns for family carers including: financial difficulties; lack of social support; poor physical and emotional health and a general lack of knowledge of services available to assist. Follow-up workshops identified some common issues including children being bullied at school because of their disability; difficulty for families in finding paid staff who understand specific needs; and isolation from own community and family members due to lack of understanding of disability issues.

#### Language issues

Many CaLD residents lack proficiency in English. The 2001 Census results revealed a decline in proficiency since the 1996 Census, indicating a concerning trend. While some disability and mainstream services have translated information available in hard copy and/or online, not all information can be translated.

Access to translation services, while ostensibly available if needed for government documents and services, is expensive and often difficult to negotiate. A further problem is that for very small and newly-arrived groups, the only available person proficient in the language may be a family member or someone who is inappropriate for the situation. The use of family members and non-professional interpreters can lead to confusion and misunderstandings (HREOC 2000:47). There can also be problems with availability of qualified interpreters, especially in face-to-face situations and in rural and remote locations.

#### Low utilisation of services

Many reports and studies have noted the lower utilisation rate of disability services by people with disabilities from CaLD backgrounds (for instance EDAC 2001; EDAC 2003; HREOC 2000; NEDA Disability Fact Sheet). Reasons for low utilisation rates include reluctance by some groups to recognise disability and/or accept formal services, a lack of awareness and understanding of the services available, language barriers, poor cultural relevance and a lack of availability of services in rural and remote areas.

#### Culturally relevant services

Many studies refer to the importance of culturally relevant services. At the national level, the Human Rights and Equal Opportunity Commission's report *On the Sidelines* states that "...culturally appropriate services, designed and implemented in consultation with people with disabilities from non-English speaking backgrounds, are essential to accessible service delivery and basic human rights" (HREOC, 2000:8). In Western Australia, many recent studies by the Ethnic Disability Advocacy Centre refer

to the need for services to be culturally relevant to CaLD people with disabilities and their carers.

#### Issues for people living in rural and remote areas

While most CaLD people live in Perth, areas such as Hedland/Karratha, Geraldton and the Midwest, Bunbury and the Great Southern – especially Albany and Katanning - have quite large ethnic populations (EDAC 2001:6). People with disabilities from CaLD backgrounds living in regional and rural experience many difficulties in accessing services and have been described as triply disadvantaged (EDAC 2001:22). A project undertaken for the Ethnic Disability Advocacy Centre confirms the Centre's view that people with disabilities from non-English speaking backgrounds living in regional and rural areas face significant barriers which affect their access to services. These include lack of awareness of disability services and their roles, attitudinal barriers, lack of local disability services including funded advocacy services, lack of culturally appropriate services and language problems (EDAC 2001:12-13).

#### Issues for CaLD carers

Carers in general may experience many pressures including poverty, poor levels of health and wellbeing, lower levels of access to services in rural and remote areas and reduced workforce participation rates. In addition to these factors, carers from CaLD backgrounds may also be affected by cultural factors including difficulty with the English language; differing cultural beliefs about the type of personal care that can be provided, and by whom; varying levels of knowledge and understanding about available services; a reluctance to use services and supports; care being shared among the extended family so that there is more than one primary carer; and a mistrust of service providers (Creative LINKS and Associates, August 2003:26; Commonwealth of Australia, February 2007; Commonwealth of Australia, November 2007:96-7).

A study by the Ethnic Disability Advocacy Centre examined barriers faced by CaLD carers in accessing disability services in Western Australia. The study found that key issues identified by CaLD carers included: reluctance to acknowledge a disability; need for counselling and referral to appropriate disability support agencies, need for translated information; need for care plans to include long-term issues; importance of carer support groups; use of professional interpreters is essential; scarcity of services in regional centres (EDAC 2003:7-8).

A more recent study by EDAC (EDAC 2007) found one of the major issues to be a lack of self-advocacy skills among many CaLD carers. Self advocacy was seen as critical in reducing carer concern and ensuring good outcomes for the person with disability. A project was developed in conjunction with Carers WA to teach culturally-specific self advocacy and communication skills to family carers where those skills could be transferred to the person being cared for, so that they could 'speak out' about issues of concern. A total of 27 people attended four workshops targeting people from Somalian, Muslim, Sudanese and general CaLD backgrounds. Issues identified during workshops included concern about education environments; service providers not understanding CaLD issues; isolation from Australian and CaLD communities; housing concerns; limitation of services and migration issues (EDAC

2007:4). An example of good practice exhibited in the study was payment of a travel honorarium for family carers when attending workshops and consultations.

### Domestic violence

Domestic violence is a widespread problem in the community. Women with disabilities from CaLD backgrounds may experience domestic and family violence, yet there is little information about the extent of its incidence. A recent Western Australian study on family and domestic violence among women with disabilities noted the lack of relevant literature on this topic (Cockram 2003:7). The study noted that women with physical disabilities faced limitations in leaving violent situations for reasons including dependency on others for care, difficulties in accessing the level of care needed in domestic violence services, and poverty. Women with intellectual disability often had particularly problematic relationships with their abusive partner, and many in the study lacked insight into the nature of abusive relationships, making it difficult for the women to break the cycle of abuse (Cockram 2003:54).

### Mental health issues

There is a fairly high incidence of mental illness among people from CaLD backgrounds. Western Australia has specialist mental health services available, and there exists quite an extensive literature, both overseas and in Australia. This issue is understandable, especially among newer arrivals, given the often traumatic experiences that many individuals and families have endured over long periods prior to arrival on Australian shores. While mental health is not the primary responsibility of the Disability Services Commission, it is of relevant where mental illness co-exists with another disability. Also, if CaLD carers of people with disabilities have mental illness, their experiences in caring for a person or persons with disability in a new country are likely to be more difficult.

### Discrimination and stigma

The Human Rights and Equal Opportunity Commission notes that people with disabilities from CaLD backgrounds often experience multiple layers of discrimination, including disability, ethnicity and gender/sexuality issues. Significant barriers may include lack of information, lack of interpreters, lack of culturally appropriate services, myths and negative stereotypes in the general community and prejudice from members of their own communities (HREOC 2000:9).

The National Ethnic Disability Alliance states that encountering entrenched disability and racial discrimination within the disability and mainstream communities, as well as discrimination within their cultural groups, is a daily reality for many people.

Discrimination is experienced in many ways including: a lack of information in community languages; lack of culturally competent mainstream and specialist services; lack of access to interpreters due to cost issues; prevalence of myth, misconceptions and negative stereotypes; lack of equity in income support; and lack of effective legislative and policy direction and government intervention. The results of discrimination may include: extreme isolation and marginalisation; financial vulnerability; inability to participate fully in social, economic, political and cultural life; and dependence on families and carers (NEDA fact sheet).

### Inadequate CaLD disability data

The lack of reliable statistics on CaLD disability rates, both nationally and across states and territories, is recognised as a major issue by key national organisations including the Australian Bureau of Statistics, the Australian Institute of Health and Welfare and the National Ethnic Disability Alliance. The Human Rights and Equal Opportunity Commission, in its report *On the Sidelines*, referred to the lack of reliable information on CaLD disability as a barrier to effective planning and delivery of services (HREOC, 2000).

Capturing accurate data about CaLD populations, and in particular the proportion with disability, is difficult. The Disability Services Commission is aware of the problems and in 2004 conducted a study to investigate the low representation of people with disability from CaLD backgrounds in the Commission's service user database (DSC 2004). This 2004 study noted some of the common problems with obtaining CaLD disability data, including that all data sets under-identify CALD users due to lack of compliance with CaLD data standards; the Census [2001 and all previous ones] identifies CaLD status accurately but does not include a disability identifier<sup>2</sup>; ABS disability data consist entirely of estimates, which are unreliable for minority population groups due to the small numbers; and the Commission's CaLD service user information is accurate but only two-thirds complete.

The 2004 study showed that in 2002-03, country of birth was not known for 32 per cent of the Commission's service users. By 2006-07, this figure had reduced slightly - to 27 per cent (DSC 2007a). Of the service users in 2002-03 for whom country of birth was known, 40 per cent were born overseas in CaLD countries (DSC 2004). In 2006-07, 46 per cent of services users were born overseas in CaLD countries (DSC 2007a). In 2006-07, the four top-ranked non-English speaking countries of birth for service users were Malaysia, India, Singapore and Italy.<sup>3</sup>

As noted earlier, country of birth alone is not an indicator of ethnicity. In 2002-03, no reliable data were available on the need for interpreter services. A question was included in the data collection, but 90 per cent of the information was missing (DSC 2004). This situation had improved by 2006-07, with information available for 71 per cent of service users. Of this known group, 430 (or 2.9 per cent) required an interpreter for a language other than English. The 2006-07 data collection included a question on main language spoken at home. The four top-ranked non-English languages spoken at home were, in rank order, Italian, Arabic (including Lebanese), Chinese and Vietnamese. (DSC internal data interrogation – see footnote 3 below.)

### **c) Current developments and future projections**

There have recently been some major initiatives aimed at improving the responsiveness of services to people with disabilities from CaLD backgrounds. In keeping with the State Government's policy framework for substantive equality, in 2006 the Disability Services Commission developed a five-year plan to promote substantive equality and better meet the needs of its ethnic and indigenous clients.

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<sup>2</sup> Note that the 2006 Census included disability questions for the first time. There is a high non-response rate for the questions, indicating that information is likely to be unsuitable for obtaining prevalence of disability.

<sup>3</sup> DSC 2006-07 Annual Client and Services Data Collection - internal data interrogation, 16.4.2008.



The Commission is working to ensure that staff engage with the increasing number of people from diverse cultural backgrounds in a manner which is responsive to culture and which achieves the same level of service outcomes as for other people accessing services. The plan is being progressed through a series of initiatives.

More recently, the Disability Services Sector Health Check report (DSC 2007b) included three recommendations relating specifically to the needs of people with disabilities from CaLD backgrounds. A further four recommendations relate to advocacy and CaLD/Aboriginal people. These seven recommendations have recently been scoped for implementation. Future years should see improvements in responsiveness to the needs of people with disabilities from CaLD backgrounds, and their carers. Improvements are anticipated in areas including information, community access, advocacy and greater responsiveness of services to cultural needs.

In the longer term, continued population growth is predicted for Western Australia, as for Australia as a whole (see ABS 2005 for various projection scenarios). Additionally, the ageing of the population will be ongoing. Australia will continue to meet its humanitarian obligations and offer sanctuary to refugees, while also continuing its general migration intake. While there is a need for better responsiveness to the needs of CaLD people with disabilities within Western Australia, this needs to be seen alongside continuing and increasing pressures for relevant services from emerging and new cultural groups.

#### **4. SUMMARY AND CONCLUSION**

People with disabilities from CaLD backgrounds should benefit from services to the same extent as the broader population. This paper has highlighted some of the current issues they, and their carers, face in accessing services. There is a pressing need for disability and related services to be culturally relevant and for staff to be well informed in cultural diversity matters. Other challenges include language barriers and problems of access in rural and remote areas. Improvements in CaLD data collection - both within Western Australia and nationally - are needed in order to ensure relevant policy development, planning and service delivery. Given that the numbers are small, survey methodology is likely to have limited utility, suggesting the value of undertaking qualitative field research into experiences in particular population groups.

The varied issues of people with disabilities from CaLD backgrounds may pose special challenges in times of high population growth, strong demand for services, conflicting resource pressures and severe staffing shortages in direct care areas. There is a need to respond to current and future emerging community groups - which may be small in numbers yet have complex and pressing needs - while continuing to meet current demands. In order to face current and emerging challenges, there is a need for strong commitment alongside strategic action. There is the potential to build on present initiatives while at the same time investing in projects and research that will carry us proudly into the future.

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