









# A scoping review into the service needs of people from culturally and linguistically diverse backgrounds living with disability to engage in meaningful occupations

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## Abstract

**Introduction:** Although there is a large proportion of people from culturally and linguistically diverse backgrounds within Australia, their rate of access to disability services is disproportionately low. This review aims to understand the service needs of people from culturally and linguistically diverse backgrounds with disability to facilitate engagement in meaningful occupations.

**Methods:** Arksey and O'Malley's scoping review framework was employed. Ten databases were searched for Australian studies. A deductive content analysis framework was applied in the synthesis.

**Results:** Fourteen papers were included. Themes that emerged include language and cultural needs and considerations, which highlights the need for information sharing to take account of intergenerational, intercultural and sociolinguistic differences. It also identified the need for improved training and skills of existing interpreters. Culturally competent and responsive services was another theme identified, which emphasised the need to enhance the workforces' understanding of cultural practices. There is also a strong call for a more culturally diverse workforce to reduce the use of some interpreters and to build a more culturally competent workforce. The last theme was

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responsive service delivery, which requires the governance to support the development of a nurturing trusting therapeutic relationship.

**Conclusions:** Service providers should be trained on the inequities and intersectionality of this population. Further research is required to explore current disability policy in Australia with an intersectionality lens to ensure recommendations can be made to address barriers and ensure this population receives services in a manner that enhances their ability to engage in occupations meaningfully.

**KEYWORDS**

culturally competent care, disability, health, occupation, services, social engagement

## 1 | INTRODUCTION

Health and society have been changing dynamically over the past century due to the movement of populations around the world. For instance, in Australia, the population of Australian residents who had a different country of birth is steadily increasing. In 2020, over 7.6 million migrants were living in Australia, 29.8% of the Australian population was born overseas and nearly every single country worldwide was represented in Australia's population (Australian Bureau of Statistics, 2021a). In Australia, it has been recommended that people from culturally and linguistically diverse (CALD) backgrounds refer to those born in non-English speaking countries and/or who do not speak English at home (Pham et al., 2021). Indigenous Australians are often excluded from this definition, as they are grouped separately due to their unique barriers, and to respectfully acknowledge their status as First Peoples of Australia. As this research is focusing on an Australian context, this definition has been adopted and is consistent with the National Disability Insurance Agency (2018). Within the cohort of people from CALD backgrounds, there are ethnic minorities who have specific unmet needs and find a lack of support in engaging in meaningful occupations and limited access to and use of services (Pooremamali et al., 2016).

Despite the large proportion of people from CALD backgrounds living within Australia, their access to disability services is disproportionately lower than their presence within the community (Zhou, 2016). The Australian Bureau of Statistics (2021) has identified that 19.73% of the Australian population in 2021 were born in non-English speaking countries, and 22.54% of the Australian population speaks a language other than English at home. Despite people from CALD backgrounds having similar levels of disability within Australia (Zhou, 2016), only 9% of National Disability Insurance Scheme (NDIS) participants identify as so (National Disability Insurance

### Key Points for Occupational Therapy

- Service providers should be trained in the concept and implications of intersectionality for this cohort.
- Service providers should respond to organisational barriers in the delivery of services for this cohort.
- Training to service providers should promote the provision of culturally responsive services.

Agency, 2021). As such, further research is required to identify the reason for this, and ways to effectively narrow the gap in service utilisation.

Meaningful occupation is defined as the range of activities that are personally or culturally important to or valued by a person. They provide enjoyment, a sense of self-worth or identity, belonging or fulfilment and include various leisure and recreational activities, household chores, social involvement, and work-related activities (World Federation of Occupational Therapists, 2014). People have the right to engage in active living and meaningful occupations that meet their aspirations and life goals, and research has consistently demonstrated that engagement in meaningful occupations positively impacts health and wellbeing (Jessen-Winge et al., 2018). It has been suggested that there are significant challenges in engaging in meaningful occupations for some people from CALD backgrounds who also live with disability (Barker et al., 2016).

In Australia, the NDIS is a publicly funded insurance scheme implemented in 2013. The NDIS aims to fund participants to support them in leading an ordinary life

through independence and social and economic participation (Parliament of Australia, 2019). To be eligible to access the NDIS, a person's treating professional must provide evidence regarding the applicant's disability to demonstrate their need for support to achieve an ordinary life. It has been reported that the process of identifying and demonstrating individualised needs and goals is difficult for many NDIS applicants, and a significant number of people require active assistance and advocacy to substantiate claims for reasonable and necessary supports (Visser et al., 2021; Yates et al., 2021).

In the 2018 National Disability Insurance Agency (NDIA) CALD strategy, approximately 20% of full-scheme participants across all regions were expected to be from a CALD background (National Disability Insurance Agency, 2018). However, the most recent figures (March 2022) show that only 9.2% of scheme participants identified as being from a CALD background (National Disability Insurance Agency, 2022). It has been suggested that there is added complexity within this population, including a heavy reliance on a person's degree of health and disability literacy, fluency in English, and cultural considerations that influence self-advocacy and decision-making, all of which impact engagement with service providers (Barker et al., 2016). Given that communities and people differ enormously, it is necessary to embrace the differences inherent across cultures and be willing to understand and accept them to provide culturally safe services. Data capture is also a contributing issue as it is possible that participants from CALD backgrounds are likely to have already joined the NDIS but have not been identified as so. Nonetheless, understanding and responding to the unique needs of this population is identified as a priority (National Disability Insurance Agency, 2022).

A major national audit of disability research in Australia suggested that people from CALD backgrounds were significantly underrepresented in the existing evidence base (Llewellyn, 2017). Choice, empowerment and person centred support were notably absent from disability research, and there was limited evidence on improving access to services and achieving social and economic inclusion (Mortimer & McMahon, 2018). Thus, this scoping review aims to understand the service needs of all people from CALD backgrounds living with disability in Australia, to enhance their engagement in meaningful occupations. The broad research question was as follows: what are the service needs of people with disability from CALD backgrounds to meaningfully engage in occupations?

It was anticipated that a broad range of papers would be identified, encompassing different methodologies, participant demographics from a wide range of backgrounds,

varying types of disability and differing levels of services; therefore, a scoping review methodology was employed to summarise this complex evidence. This scoping review employed the Arksey and O'Malley's (2005) framework: identifying the broad question, searching for studies, selecting relevant studies, extracting data, summarising and reporting, and consultation. Incorporating this, a Joanna Briggs Institute (JBI) scoping review methodology was followed as per the published protocol (Pho et al., 2021).

## 2 | METHODS

An ethics exemption was granted by the Western Sydney University Human Research Ethics Committee (Reference number EX2020-02). The inclusion criteria for this review are shown as follows:

- Participant: All people from a CALD background living with disability
- Concept-1: health and health service needs
- Concept-2: support and support service needs
- Concept-3: meaningful engagement in occupations
- Context: primary or secondary health or community care setting in Australia.

The broad definition of disability adopted for this study was derived from the International Classification of Functioning, Disability and Health (World Health Organization, 2002). The focus on studies conducted in Australia, across all age groups, was also to align the context to that of disability policies in Australia, which has in its key objectives to ensure participation in meaningful occupation (Concept-3). Although there are other countries who have similar legal structures and approaches to disability policies, Australia's disability ecosystem and funding systems in the context of a large and multicultural society makes it unique in this regard. The explicit inclusion of both health and support needs of people from CALD backgrounds living with disability (Concept-1 and -2) is because both ecosystems have an impact on a person's functional capacity, and in turn their ability to engage in meaningful occupations. All disability services and providers within Australia also promote a partnership approach to integrated care for people with disability.

Studies published from 1974 to May 2023 in the English language were included in order to be comprehensive. This index year was chosen as it was the year after the *Immigration Restriction Act 1901 (Cth)* was definitively abolished. This act restricted immigration of people of non-European ethnic origin to Australia (Mence et al., 2015). The abolition of this law removed the then lawful direct discrimination of people based on race (Mence et al., 2015).

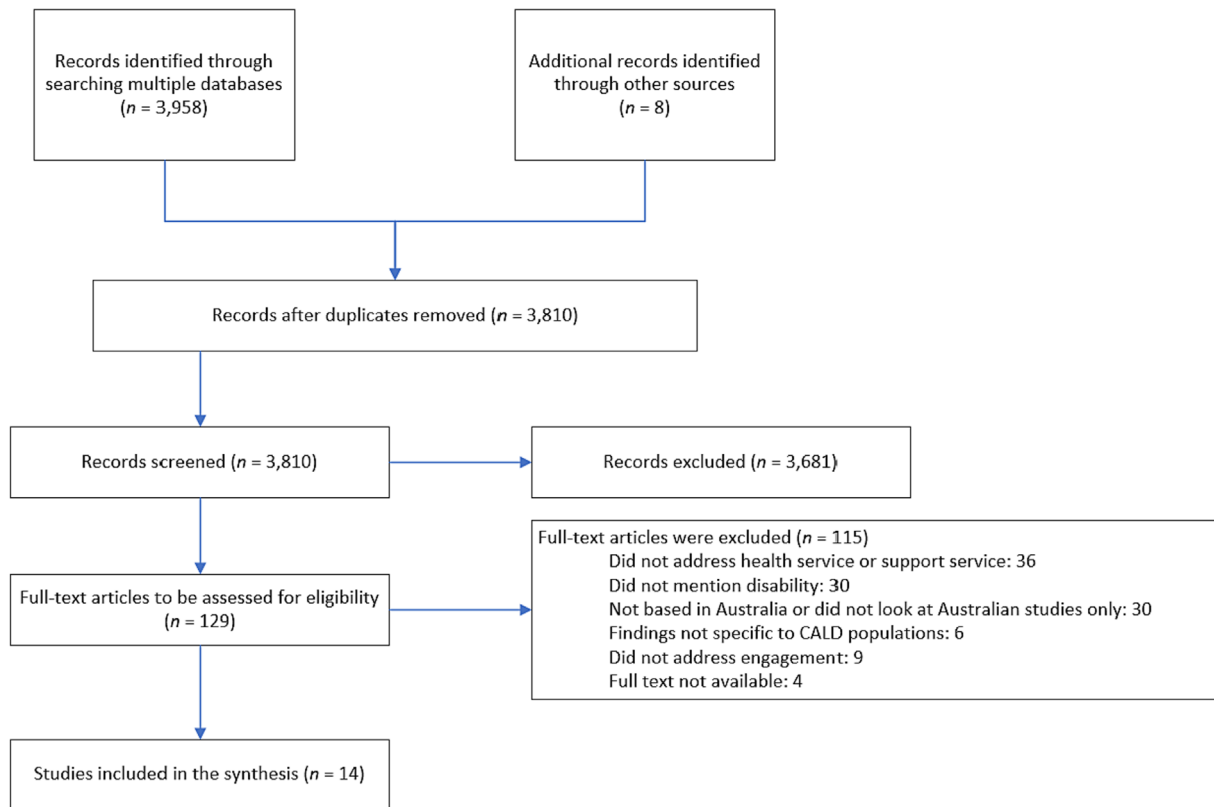


FIGURE 1 Flow diagram of literature search and selection process.

A three-step search strategy was undertaken. An initial search strategy of the CINAHL database to identify relevant articles and keywords was conducted in January 2020. In May 2020, a full search of published and grey literature was conducted on PubMed, Embase, Scopus, PsychINFO, Cochrane Library, JBI EBP database, Trove, Mednar, OpenGrey and Google Scholar using keywords outlined in the a priori protocol (Pho et al., 2021). An updated search was undertaken in August 2023. The reference list of identified papers was searched for additional sources. The JBI appraisal tools (Joanna Briggs Institute, 2017) was used to appraise the methodological quality of the studies as well as to determine the extent to which the studies had addressed the possibility of biases. Given that the aim of the scoping review is to capture the breadth of available literature, the function of the quality appraisal was not selective but rather descriptive. Thus, all studies remained included.

Data were extracted and summarised in accordance with the protocol (Pho et al., 2021), which included data extraction from papers in the form of free text variables using a modified JBI data extraction instrument by at least two reviewers. Information extracted included author, year of publication, aim, study population, study design, setting, methodology, specified CALD groups, type of disability, micro–meso–macro system factors and

relevant key findings on the health and support services needs and gaps in existing services. The kappa coefficient for agreement between reviewers was high ( $k > 88\%$ ). A socio-ecological framework adapted from Bronfenbrenner (1994) was employed to create a deductive content analysis framework described by Vaismoradi et al. (2013). The socio-ecological framework allowed the findings to be organised within different environments including the individual (micro), interpersonal (meso), organisational (exo), community (macro) and public policy (chrono) level systems (Bronfenbrenner, 1994). The final stage of the scoping review included a validation performed by four informed insiders (L. D., S. A., C. T. and C. E.).

### 3 | RESULTS

As outlined in Figure 1, the initial searches identified 3958 articles, and further review of reference lists led to the identification of an additional eight articles. After the removal of duplicates, 3810 articles were screened by title/abstract, leading to exclusion of 3681 records. The remaining 129 articles were assessed for full-text eligibility, and 115 articles were excluded with reasons. Fourteen studies were ultimately included in the review; the characteristics of each including the cultural groups are summarised in

**TABLE 1** Characteristics of included papers ( $n = 14$ ).

| Reference                       | Time period  | Study design  | Participant/<br>studies   | Cultural group                                     | Participant<br>age (years)     | Participant<br>gender | Disability type | Jurisdiction                       |
|---------------------------------|--|---|---|--|--------------------------------|-----------------------|-----------------|------------------------------------|
| Blignault et al. (2009)         | Two phases between late 2003 to late 2005            | Case series with two phases (a telephone interview and a multifaceted community intervention) | Phase one: 100 people from the Macedonian community (24 clients of the mental health service, 23 carers, 53 community members)<br>Phase two: 55 participants community and workplace education sessions | Macedonian community                               | 15–56+                         | Male and female       | Mental illness  | St George, Sydney, New South Wales |
| Colucci et al. (2015)           | Not stated   | Qualitative study with semi-structured and mixed questioning strategies                       | 115 mental health and non-mental health service providers with experience with young people (between 13 and 25 years of age) of refugee background  | Not specified                                      | Service provider: average 38.6 | Male and female       | Mental illness  | Greater Melbourne area, Victoria   |
| Furler et al. (2010)            | Not stated   | Qualitative study with semi-structured in-depth interviews                                    | 8 family physicians with experience in depression care in refugee patient groups  | East Timorese, Vietnamese and Sudanese communities | 35–69                          | Male and female       | Mental illness  | Metropolitan Victoria and Tasmania |
| Katrivasis and Robertson (2018) | Last searched March 2017<br>Time period 2000 to 2017 | Rapid review on Web of Science, Medline, Ovid, PsychINFO and CINAHL and grey literature       | 114 articles  | Not specified                                      | Not specified                  | Not specified         | Not specified   | Not specified                      |

(Continues)

TABLE 1 (Continued)

| Reference                      | Time period                          | Study design  | Participant/<br>studies  | Cultural group  | Participant<br>age (years)                                       | Participant<br>gender            | Disability type  | Jurisdiction                            |
|--------------------------------|--------------------------------------|---|--|---|--|----------------------------------|--|---|
| Khawaja and Lathopolous (2014) | Not stated                           | Qualitative study with semi-structured interviews and one open-ended non-directive question | 15 mental health service industry professionals  | Not specified   | Service provider: 26–67  | Male and female                  | Mental illness   | Brisbane metropolitan area, Queensland  |
| Komaric et al. (2012)          | Not stated                           | Qualitative study with focus group discussions and interviews                               | 50 participants from CALD backgrounds and 14 healthcare providers  | Arabic-speaking, Chinese, Sudanese, Tongan and Vietnamese communities | CALD community: clients 17–79<br>Service provider: Not specified | Not specified<br>Male and female | Various underlying aetiologies including stroke and cancer | Queensland                              |
| Milne et al. (2017)            | 2012 to 2013                         | Cross-sectional study with observations and surveys   | 13 parents of school-aged children aged 6 to 18 years with intellectual disabilities   | Predominantly Vietnamese and Arabic-speaking communities              | Not specified  | Not specified                    | Intellectual disability                                    | New South Wales                         |
| Mortimer and McMahon (2018)    | Time period not explicitly mentioned | Rapid review  | 39 articles  | Not specified   | Not specified  | Not specified                    | Not specified  | Not specified                           |
| Omar et al. (2017)             | October 2013 to March 2014           | Qualitative study with focus group and semi-structured interviews                           | 36 participants from CALD backgrounds  | Horn of Africa Muslim communities (Somali and Eritrean)               | 18–60  | Male only                        | Mental illness   | Northern suburbs of Melbourne, Victoria |
| Shanley et al. (2012)          | Not stated                           | Qualitative study with focus groups and one-to-one interviews                               | 121 family carers (19 Arabic, 37 Chinese, 40 Italian and 25 Spanish-speaking), 24 bilingual/bicultural service providers (6 Arabic, 7 Chinese, 7 Spanish and 4 | Italian, Chinese, Spanish and Arabic-speaking communities             | Carer: 17–90   | Male and female                  | Mental illness   | South Western Sydney, New South Wales   |

TABLE 1 (Continued)

| Reference                | Time period                | Study design  | Participant/<br>studies   | Cultural group  | Participant<br>age (years) | Participant<br>gender | Disability type | Jurisdiction                   |
|--------------------------|----------------------------|---|---|---|----------------------------|-----------------------|-----------------|--------------------------------|
| Valibhoy et al. (2017)   | March 2012 to January 2013 | Qualitative study within-depth individual interviews  | Italian), 16 bilingual general practitioners (4 Arabic, 3 Chinese, 4 Italian and 5 Spanish-speaking), 20 geriatricians<br>16 young people from CALD backgrounds (9 women, 7 men) aged 18–25 years | Born in Iraq, Iran, Afghanistan, Sudan, Democratic Republic of the Congo, Ethiopia, Tanzania, Cote d'Ivoire or Pakistan | 18–25                      | Male and female       | Mental illness  | Victoria                       |
| Ward et al. (2005)       | Not stated                 | Qualitative study with semi-structured in-depth interviews containing open-ended questions and focus groups | 18 residents from CALD backgrounds and 33 service providers   | German, Greek, Yugoslavian, Croatian, Thai, Dutch, Italian, Turkish, Hungarian and Filipino communities                 | Not specified              | Male and female       | Not specified   | Loddon Mallee Region, Victoria |
| Wohler and Dantas (2017) | 1994 and 2014              | Mixed-methods systematic review of 10 electronic databases and grey literature                              | 28 articles   | All CALD communities  | Not specified              | Women only            | Mental illness  | Not specified                  |
| Zhou (2016)              | Not                        | Cross-sectional study   | Disability statistics from the Australian Bureau of Statistics  | All CALD communities  | Not specific               | Not specific          | Not specific    | Not specific                   |

Table 1. The majority of the articles were qualitative studies ( $n = 8$ ), along with three reviews, two cross-sectional studies and one case-series. Papers covered a diverse range of CALD communities across Australia: Victoria (VIC,  $n = 5$ ), New South Wales (NSW,  $n = 3$ ), Queensland (QLD,  $n = 2$ ), Tasmania (TAS,  $n = 1$ ) or not specified ( $n = 4$ ). The majority of studies included both male and female participants ( $n = 8$ ) with various disability types, including mental illnesses ( $n = 8$ ), intellectual disability ( $n = 1$ ), other aetiologies such as stroke and cancer ( $n = 1$ ) or not otherwise specified ( $n = 4$ ).

Despite the heterogeneous nature of CALD communities, three consistent themes were identified describing the service needs of people from CALD backgrounds who live with disability, and how these affect engagement in meaningful occupation and thus their quality of life: (i) language and cultural needs and considerations, (ii) culturally competent and responsive services and (iii) responsive service delivery. The sub-themes along with illustrative findings from the included studies are presented in Figure 2.

### 3.1 | Language and cultural needs and considerations

As depicted in Figure 2, language and cultural needs and considerations was a major theme that emerged. English literacy was identified as a major barrier to accessing and utilising services. It was identified that people with disability who come from CALD backgrounds have substantial challenges in adequately expressing their needs and locating or responding to necessary information (Wohler & Dantas, 2017). The research reported a lack of awareness of available services and reduced understanding of how to navigate complex health and disability systems due to the language barrier (Ward et al., 2005; Wohler & Dantas, 2017). People with limited English literacy reported that if not for family or friends, they would not know about certain disability services, 'Because I can't read anything, I always find out about these things amongst our friends, our community' (Ward et al., 2005, p. 150).

Another expressed difficulty in sourcing information about available services and finding services that met their specific needs:

It's so disjointed and that if you do not do your own research, it's a really hard system to navigate ... if you end up getting someone who does not give you that information, years go by and you did not know that existed

(Shanley et al., 2012).

Interpreters can play an essential role in assisting people and families in navigating the health and disability care systems. However, interpreting services could be unhelpful if interpreters were not skilled enough to understand specific medical and health terminology or lacked the training to effectively convey the meaning, context and intent of the conversation to people living with disability (Colucci et al., 2015; Furler et al., 2010; Shanley et al., 2012).

The review also identified that people with disability from CALD backgrounds in some cases were also reluctant to use interpreters due to fear of information about their disability being shared within their own community, bringing shame to the person and family (Ward et al., 2005). This was especially so for people from smaller CALD communities (Colucci et al., 2015; Wohler & Dantas, 2017) and around topics considered taboo such as mental illness (Wohler & Dantas, 2017). 'It's deeply rooted in our society that if you see a psychologist, you're crazy.' (Valibhoy et al., 2017, p. 28).

The stigma associated with mental health within CALD communities was a major recurring concern that reduced access and utilisation of health and support services (Blignault et al., 2009; Colucci et al., 2015; Khawaja & Lathopolous, 2014; Shanley et al., 2012; Ward et al., 2005; Wohler & Dantas, 2017). In order to combat these factors, the research suggested that people with disability from CALD backgrounds be asked about their preference for an interpreter from the same or a different community and gender (Colucci et al., 2015; Komaric et al., 2012). However, this may not be readily available in practice. Telephone interpreters are recommended if there are concerns about confidentiality (Colucci et al., 2015). Suggestions to improve access to information and health literacy and reduce stigma surrounding disability included the availability of culturally tailored information and resources in multiple languages (Blignault et al., 2009; Ward et al., 2005).

### 3.2 | Culturally competent and responsive services

As depicted in Figure 2, culturally competent and responsive services was another major theme that emerged as it was well described in the review that people with disability from CALD backgrounds felt their service provider had a limited understanding of their cultural practices and beliefs (Komaric et al., 2012; Omar et al., 2017; Wohler & Dantas, 2017). The review highlighted two key areas in response to this, which included the requirement to build a more culturally competent workforce through the use of more bilingual service providers and



up-skilling; and by being more responsive to the needs of communities from CALD backgrounds, attainable by future policy change and changes in service provision.

In one client's words, 'The psychologist, he was a good man, but, but still he didn't get much understanding of the different history or culture or something' (Valibhoy et al., 2017, p. 30).

This was also reflected with service providers who reported reduced understanding surrounding personal cultural biases, a lack of cultural awareness, and limited training in culturally competent care, leading to barriers in providing quality care to CALD communities (Ward et al., 2005).

Little exposure to and training within CALD communities meant that providers had little confidence in providing culturally appropriate and competent services and reported fear of offending their clients, which limited their services (Komaric et al., 2012; Ward et al., 2005).

The review identified health and disability care provision would be enhanced if staff received training to support cultural awareness (Komaric et al., 2012), responsiveness and sensitivity (Shanley et al., 2012) specifically to clients' cultural backgrounds and needs. This involves recognising the aspects unique to the person including their identities, past experiences and personality (Wohler & Dantas, 2017) and using skills that promote empathy, understanding and thoughtfulness to their needs (Khawaja & Lathopolous, 2014). The review also identified that cultural responsiveness should consider the immigration experience of people from overseas as this has been found to have a large influence on a person's service needs based on their personal experiences and cultural background (Colucci et al., 2015).

The requirement to be responsive to the needs of communities from CALD backgrounds was also identified and attainable through policy change, and the delivery of services in a manner that avoids making assumptions and generalisations about a person's beliefs and behaviours based solely on their cultural background (Shanley et al., 2012). One study found that within a community of Muslim men from the Horn of Africa, older men supported traditional practices however younger men preferred using mainstream services.

For our old generation, if someone is sick we quickly invite Sheikh to read Quran on him and I don't think that young people use Quran as a healing .... For them, they believe the hospital, and the system that they grew up

(Omar et al., 2017, p. 384).

### 3.3 | Responsive service delivery

As depicted in Figure 2, the last major theme that emerged from the review was responsive service delivery. This review highlighted two key areas in providing responsive service delivery to people with disability from CALD backgrounds: the concept of developing a therapeutic relationship and the involvement of family and the community. In addition to this, it is also important to recognise the effect of person related barriers and master stigma on an individual level.

First, a therapeutic relationship in which there was trust between the client and the provider was described as an essential component in positive experiences with support services. Providers that nurtured trusting relationships and demonstrated a sense of care and respect were considered more desirable than those that possessed only cultural knowledge (Colucci et al., 2015; Valibhoy et al., 2017). 'The first thing... is the trust, and the alliance, with the person. I have to believe in that person, and they have to trust me. And that is part of the healing process' (Milne et al., p. 19).

Showing interest in learning about the person's culture, while being able to demonstrate an existing awareness about their experiences of coming from a CALD background, was perceived to be important in building trust and facilitating engagement (Colucci et al., 2015; Milne et al., 2017; Zhou, 2016). Specifically, people with mental illness often wanted providers to recognise their lived experiences in the context of the past and present psychological and traumatic stressors as these were viewed as important to their identity and assisted in building rapport (Furler et al., 2010; Valibhoy et al., 2017).

Second, involving family or community in the therapeutic process was found to be effective and culturally appropriate to support engagement with services (Colucci et al., 2015), as in some CALD communities, there exists an expectation that family members adopt the role of care provider (Blignault et al., 2009; Khawaja & Lathopolous, 2014; Milne et al., 2017; Omar et al., 2017). Within this, there needs to be awareness of the perceived need to keep 'problems' within the family to avoid stigmatisation (Khawaja & Lathopolous, 2014; Omar et al., 2017). Asking the person and their family what role they would like to play and what level of support they wish to have in the therapeutic process was preferred (Colucci et al., 2015), in order to avoid inaccurate generalisations about the roles of the family for people within diverse communities. However, for some younger people

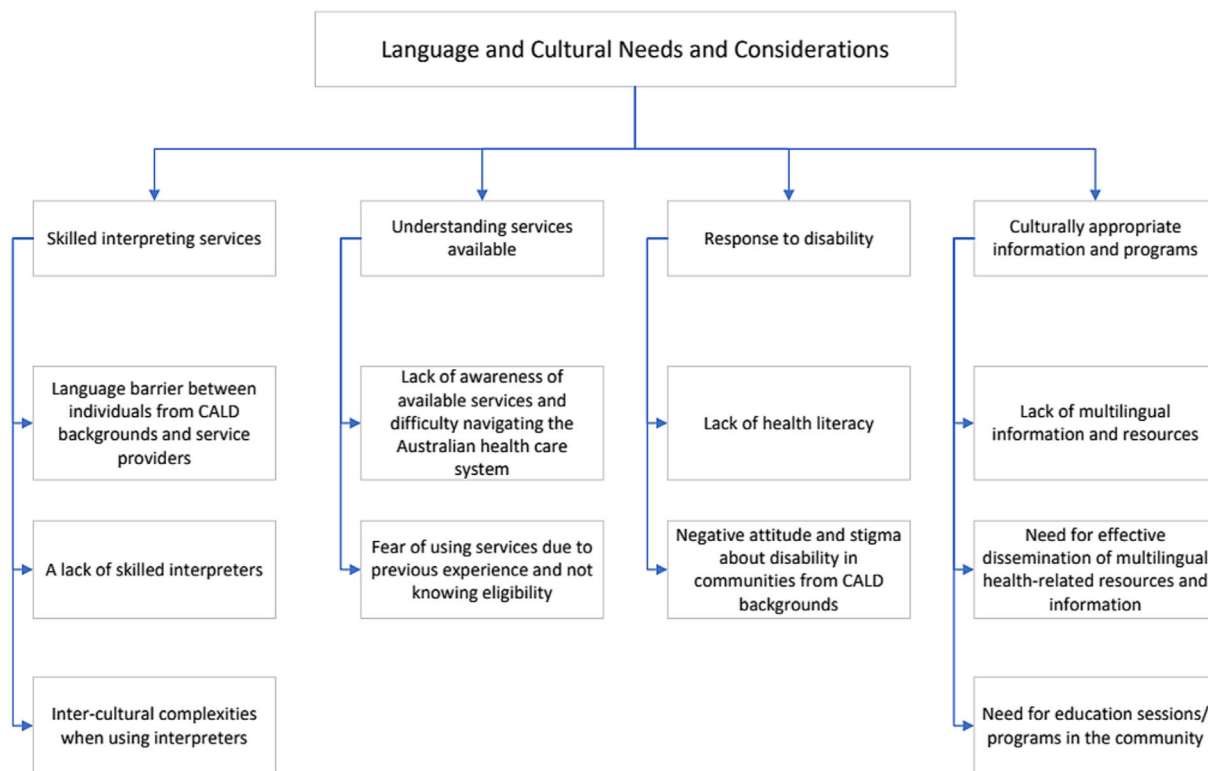


FIGURE 2 Key themes and subthemes identified in the scoping review.

with disability from CALD backgrounds, the involvement of family would be problematic if the client lacked family support, or the family did not acknowledge the person's disability. For some families, learning that a young person was experiencing mental health issues and receiving professional help can cause problems, 'You deal with it in the family's wall... it's a sign against the family don't be cared for within the family' (Colucci et al., 2015, p. 777).

Expanding on the family to include the broader community, community members within their CALD group had a role in increasing trust between providers and clients by communicating information on available services and offering an alternative to interpreters. 'Most of the Asian cultures are community cultures instead of the Western individual culture, so if you're working with someone you need to work with the community too' (Colucci et al., 2015, p. 16).

## 4 | DISCUSSION

*Language and cultural needs and considerations* was a major theme identified within the review and highlighted the difficulty experienced by people from CALD backgrounds when trying to navigate the

disability ecosystem within Australia. It was found that being unable to understand the language was a large barrier to identifying and accessing appropriate services, and when coupled with other characteristics of disability, created an additional layer of complexity and disadvantage.

Intersectionality is a means of integrating aspects of a person's identity and contextual factors, to identify how they uniquely shape their experiences (Brinkman et al., 2023). Identities can include gender, race, impairment, class, religion and age. As such, the concept of intersectionality can be used to identify the overlapping forms of marginalisation and discrimination they could be facing due to the different aspects of their identity. This is also apparent among people facing socio-economic disadvantage, who may also face challenges trying to identify and access disability services (Cortese, 2020). Although the concept of intersectionality was apparent throughout the literature included in the review, the needs of this cohort based on time since migration and socio-economic status was something that was absent.

These findings may explain why there are fewer than expected people from CALD backgrounds accessing the NDIS (National Disability Insurance Agency, 2022) and illustrates the need to further explore

current disability policy with an intersectionality lens, to ensure recommendations can be made that better support the needs of this population. Such recommendations could include the streamlining, simplification and integration of disability systems within Australia, which although would benefit all people living with disability, may be difficult to implement given the various funding sources of disability services within Australia. To address this, consideration could be given to technological and artificial intelligence approaches that could also assist people with the identification of eligible services in a manner which meets their language and accessibility requirements. Such initiatives will ensure that all people are able to receive the support services they require, regardless of their level of agency or language proficiency.

*Culturally competent and responsive services* was another theme that arose from the review and identified that cultural misunderstandings were reported as a large contributor to miscommunication between service providers and their clients. The provision of culturally insensitive services has a large impact on meaningful occupations, which can include devaluing activities that are personally or culturally important to the person, leading to a reduced sense of self-worth, identity, belonging or fulfilment.

The review also identified the need for service providers to be more responsive to the needs of communities from CALD backgrounds, and this is consistent with other literature suggesting that acknowledging the cultural differences that exist within and between CALD communities by avoiding generalisations and stereotyping is critical for effective and positive outcomes (National Disability Services, 2018).

In addition to respecting clients as unique people, consideration of the intergenerational and gender-based differences that exist within the same community from a CALD background is also pivotal.

The review also identified the need to build a more culturally competent workforce, for which there is a strong call for more cultural diversity within the sector, attainable by recruiting more multilingual staff from CALD backgrounds. This aims to improve service delivery by removing potential cultural, language and communication barriers and avoiding potential problems associated with using interpreters, as previously discussed (Awata, 2018; Byrow et al., 2020; Levin-Zamir et al., 2017; Rao et al., 2006).

A shared understanding of culture and language between service providers and clients was proffered as a solution to facilitate rapport building and the development of trusting relationships (Mortimer & McMahon, 2018; Shanley et al., 2012). 'We need to train

staff, but we must make sure that within our workforce we have more CALD people, more culturally diverse' (Komaric et al., 2012, p.10).

The need for gender-appropriate services staffed by multilingual service providers from CALD backgrounds was suggested, particularly for women with disability who had experienced sexual assault and intimate partner violence (Wohler & Dantas, 2017). As such, consideration should be given to policy changes that could further support the need for culturally competent and responsive services. This could include policies that encourage the use of affirmative measures when undertaking recruitment activities; changes related to the university and registered training organisation funding to incentive people from CALD backgrounds to undertake specific courses related to the disability sector; or additional provider payments from government funding sources, when services are predominately delivered in a language other than English. Mechanisms should also be incorporated to ensure the workforce adopts multicultural competencies such as examining cultural values, biases, cultural norms and personal expectations and goals of clients.

Distilling these concepts into the socio-ecological framework (Bronfenbrenner, 1994) at the public policy (chronosystem) level, there is already a range of existing guidelines in Australia on cultural competence, such as the NDIA Cultural and Linguistic Diversity Strategy (National Disability Insurance Agency, 2018), and guidelines from the Federation of Ethnic Communities Council of Australia (2023). Despite this, at an exosystem (organisational) level, the research suggests the difficulty for services and organisations in implementing these frameworks may be due to the lack of application of cultural competence theories in practice. Funded formal intermediaries were recommended to help NDIS participants navigate the processes in a culturally safe way to enable clients to engage in personally meaningful occupations:

I've been unemployed for a long time... My Linker [funded formal intermediary] was then able to connect me with First Aid and Mental Health First Aid courses which I completed... I hope to be independent very soon, I hope I will be able to support my kids... That's a mother's role—the role I want to fulfil

(Mortimer & McMahon, 2018, pp. 14–15).

Literature supporting cultural responsiveness was also apparent in the review (Colucci et al., 2015) and is consistent with international literature (Nyantakyi &

Oetting, 2023; Relles, 2015) that highlights the need for service providers to also understand their own cultural positionality to promote cultural competence and to support the development of the therapeutic relationship. The concept of cultural responsiveness provides service providers with the framework, knowledge and skills to respect and understand the cultural backgrounds of people and highlights the importance of acknowledging and valuing diversity and promoting inclusivity. Through this process, it is imperative that service providers themselves are aware of the impact of their own cultural background, privileges, beliefs and biases, that is, their own cultural positionality. This in turn can allow them to better empathise with the experiences of others and communicate in a more culturally sensitive manner as they can better recognise how their cultural background may be influencing their method of communication and interaction.

In relation to the theme of *responsive service delivery*, the findings illustrate that in order to engage in meaningful occupation when living with disability, a positive therapeutic relationship with service providers is required, in addition to family and community support if possible. It is imperative to understand the effect of person related barriers and master stigma on an individual level when building a therapeutic relationship. The findings also highlighted the need for person centred approaches which are deeply entrenched within the literature and more recently government policy, not only for people from CALD backgrounds but also for all people living with disability (Horsell, 2020).

Although a limitation of this study is that it cannot be extrapolated to another international context, it has allowed Australia's unique cultural and policy landscape to be reflected upon and has highlighted the need for further research into policy and practice for this cohort of people. Furthermore, as this research was undertaken as a scoping review, although it has fulfilled its purpose of determining the coverage and scope of the literature available within the area, further research is required to determine if the needs of this population are inherently supported within the current disability policy in Australia.

## 5 | RECOMMENDATION

This review explored the service needs of people from CALD backgrounds living with disability to facilitate their engagement in meaningful occupations and has highlighted the need for further training to service providers in the concept and implications of

intersectionality. This is imperative as this population may have overlapping forms of marginalisation and discrimination that could further impact on their ability to access and engage with service providers. Tailored strategies can then be implemented to overcome the unique challenges their clients may be experiencing as a result.

Service providers should also work to respond to any organisational barriers identified for their clients from CALD backgrounds, to ensure they have equitable access to the services they require. Such strategies may include timely access to qualified telephone and face to face interpreters; employing a more multilingual workforce to represent the cultural and linguistic diversity of their service users; simplifying referral processes; and providing additional support and guidance to people who do not have the social capital to navigate Australia's complex disability ecosystem.

The review also identified that additional training should be provided to service providers in relation to the provision of culturally responsive services. This should include service providers acknowledging their own positionality, providing client centred interventions and developing a therapeutic relationship with the person in a culturally appropriate manner.

Additional research is required into current disability policy within Australia to determine its suitability for people from CALD backgrounds and ensure that it inherently supports the provision of services to this cohort in a manner which meets their needs. Given the disproportionate use of services by this cohort, the occupational therapy profession should collaborate with government agencies, participate in policy discussions and raise awareness about the unique challenges this cohort faces. A more effective system can be established by integrating the key findings of this review with policy and practice to establish an effective system to support this diverse population.

## AUTHOR CONTRIBUTIONS

All listed authors have substantially contributed to the work, writing of this paper and approved the final version. Natalie Chu: sampling, analysis, validation, writing-review. Jacqueline Pho: sampling, analysis, writing. Leigha Dark: analysis, validation, supervision. Aidan Tan, Stewart Alford, Clarice Tang and Caroline Ellison: analysis, validation. David Lim: conceptualisation, analysis, validation, stakeholder validation, writing-review, supervision, ethics. All authors have a background in the health, medicine or disability sector; and some are from CALD backgrounds themselves; and/or have lived experience of disability or are carers of family members living with disability.

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## CONFLICT OF INTEREST STATEMENT

This work contributed to a Bachelor of Occupational Therapy Honours thesis for J. P. N. C. works for the NDIA, but this work is submitted in her personal capacity as a PhD candidate. D. L. received a research grant from the NDIA to trial an interprofessional allied health workforce model in rural Australia, unrelated to this work. The remaining authors declared no other actual or perceived conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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