Eligibility, Access and Utilisation of the NDIS

for People with Disability from Culturally and Linguistically Diverse Backgrounds

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Data and ethics

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Disclaimer

The findings and views in this report are those of the authors and should not be attributed to SSI, the Australian Bureau of Statistics or the National Disability Insurance Agency.

Acknowledgement of Country

We acknowledge the Traditional Owners of the lands on which this report was prepared, and pay our respects to their Elders past and present.

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Key Messages

People with disability from culturally and linguistically diverse (CALD) backgrounds are known to experience distinct barriers to accessing services and supports. This report examines how they engage with the National Disability Insurance Scheme (NDIS), and how their engagement compares with that of people with disability who are not from CALD backgrounds

The research included a scoping review of previous studies, an analysis of datasets - the ABS Survey of Disability, Ageing and Carers (SDAC) and NDIS administrative data - along with roundtables with people with lived experience and sector stakeholders. A key focus was to examine and understand how CALD populations engage with the NDIS. Where results for CALD groups are shown as a range (e.g. 8–9%), the range include the two CALD definitions used in this report: born in a non-English-speaking country or speaking a language other than English at home (CALD) and speaking a language other than English at home (CALD, language only).

- The analysis of SDAC 2022 data indicated that:
    - Among people aged under 65, reported disability prevalence is 8–9% in CALD populations, compared with 17% in the non-CALD population.
    - People with disability from CALD backgrounds relied more on informal-only help (25–26% vs 19%) and were more likely to say they did not know a service existed (6% vs 4%).
    - The majority of people with disability from CALD backgrounds (86–88%) live in New South Wales, Victoria, Queensland and Western Australia.
    - Most people with disability from CALD background (78–82%) were not recent migrants or temporary residents; around half (45–52%) arrived before 2001 or were born in Australia.
    - Physical restriction is the most commonly reported disability type in Australia and is notably higher among CALD groups (67% and 65%) than non-CALD (59%); learning and understanding disability is reported less often among CALD groups (14–15%).
    - CALD groups report higher rates of profound limitation (17–21%) than the non-CALD group (15%).
- Combining SDAC estimates with NDIS administrative data, around 69,000 (16%) of an estimated 438,800 people with disability from CALD backgrounds were NDIS participants. For non-CALD people with disability, the figure is around 667,000 (24%) of an estimated 2.7 million1.

People with disability from CALD backgrounds apply for, and are accepted into, the NDIS at lower rates than people from non-CALD backgrounds.

- NDIS administrative data indicate that a lower proportion of CALD people with disability applied to the NDIS (23–24% vs 31% of non-CALD people with disability).
- So, while disability prevalence is estimated to be lower within CALD populations, among those who reported having a disability, a lower proportion applied to the Scheme, and a lower proportion again became participants.

[1] These figures are indicative only and should be read with the caveats in Section 2.1.

- Across disability groups, intellectual disability and autism together account for around 62% of non-CALD applicants and 40–49% of CALD applicants.
- Among applicants, a higher proportion of CALD applicants were deemed to not meet the NDIS access criteria (19–22% vs 14% of non-CALD applicants). Much of this difference reflects the older age profile of CALD applicants: acceptance rates fall with age, and within age groups the differences were small for children and around 3–5 percentage points from age 25.
- The gap was widest for Physical Disability: 39–40% of CALD applicants were accepted into the Scheme, vs 51% of non-CALD applicants. The gap was smaller for Psychosocial Disability (50–55% vs 59% accepted), with no substantial difference for intellectual disability or autism, while a higher proportion of CALD applicants with other disability were accepted (65–69% vs 61%).

Once inside the Scheme, CALD participants receive larger plan budgets and use more of them.

- The NDIS administrative data indicate that, on average, CALD participants hold larger plan budgets overall than non-CALD participants (median $36,800–$44,800 vs $35,100).
- CALD participants also use a higher share of their allocated funding (82–83% vs 73%), across every disability type and, for Core Supports (social, community and civic participation), in every age group. Higher utilisation does not necessarily equate to effective utilisation.
- Among children aged 0–8 years, a higher proportion of children from CALD backgrounds, had spending on Support Coordination (16–18% vs 11%) and Choice and Control (35–37% vs 31%). Families from CALD backgrounds also used more of their Support Coordination and Core Supports funding. Understanding these patterns will be increasingly relevant to ensuring children from CALD backgrounds are not disadvantaged under the recently introduced Thriving Kids program.

The Scheme can be complex to navigate, and barriers can accumulate across eligibility, access and utilisation:

- ***Eligibility:*** Participants reported that obtaining the evidence needed to demonstrate eligibility can be costly and difficult, particularly for people whose disability was never formally diagnosed or was diagnosed overseas. Diagnosis sits with the health system rather than the NDIS; although NDIS CALD pathways exist and some assessment costs can be supported in limited circumstances, participants described gaps in support to navigate this complex and demanding stage. This is consistent with the 2023 NDIS Review which highlighted initiatives such as locally delivered specialist navigators, alongside state-funded child development assessments supported earlier diagnosis for CALD children, better enabling families to obtain the evidentiary requirement to demonstrate NDIS eligibility.
- ***Access:*** NDIS terminology can be hard to understand even when translated, and planning processes do not always adjust to participants' cultural and linguistic needs. Diverse perspectives and experiences of disability, caring, funded support and trust in government can interact to influence whether and how individuals and families engage with the NDIS. These barriers can be bridged through trusted community intermediaries and culturally responsive services.
- ***Utilisation:*** Higher use of allocated funding does not necessarily mean effective utilisation or better outcomes. It may reflect a selection effect (the best-supported applicants reaching the Scheme), greater need after delayed access, the higher costs associated with interpreting and specialised services, provider pricing practices or, in some anecdotal accounts, fraudulent practice.

Executive Summary

People from culturally and linguistically diverse (CALD) backgrounds make up a substantial share of the Australian population, yet they have consistently been under-represented among participants in the National Disability Insurance Scheme (NDIS). The National Disability Insurance Agency (NDIA)'s own modelling anticipated that around 20% of participants would be from CALD backgrounds; by 2019 the figure was 8.7%, and it remains around 9–10%.

SSI commissioned this report to examine how people with disability from CALD backgrounds engage with the NDIS across three stages: establishing eligibility, gaining access, and using funded supports. The report brings together a scoping review of eight peer-reviewed studies, analysis of the Survey of Disability, Ageing and Carers (SDAC 2022) and NDIS administrative data, and two roundtables with people with lived experience and sector stakeholders. The quantitative analysis is descriptive and compares two data sources with different definitions and reference periods, so its figures should be read as indicative.

SDAC data show that disability (as reported by survey participants) is less common among CALD populations than non-CALD populations (13.1–15.1% versus 23.3%). This finding is consistent with the 'healthy migrant effect ', i.e. migration selection processes (e.g., visa health requirements) which favour healthier (and thus less disabled) individuals. People with disability from CALD backgrounds also reported relying more on informal-only help (25.1–26.2% versus 18.5%) and were more likely to say they did not know a service existed (5.8% versus 3.5%).

Combining SDAC population estimates with NDIS data, a lower proportion of CALD people with disability apply to the NDIS (23.0–23.8% versus 31.4%) and become participants (15.8–17.0% versus 24.0%). NDIS data also show that CALD applicants are more often deemed to not meet the access criteria (19.2–22.2% versus 13.5%). Much of this difference reflects the older age profile of CALD applicants, as acceptance rates fall with age; within age groups, the gaps were small for children and around 3–5 percentage points from age 25. The gap in acceptance is widest for physical disability, with no substantial difference for intellectual disability or autism.

Once on the Scheme, the pattern differs. NDIS data show that, on average, CALD participants hold larger plan budgets overall. Within adult age bands, however, planned amounts for Core Supports were similar or slightly lower for CALD participants, suggesting that differences in access may contribute to the overall difference in budget size. CALD participants also use a higher share of their plan funding (81.5–82.6% versus 72.7%), and this higher utilisation holds across every disability type and, for Core Supports (social, community and civic participation), in every age group. Higher use of funding does not necessarily mean that purchased services and supports are effectively meeting individuals' needs and aspirations.

Findings from the scoping review and roundtables help illustrate factors that may contribute to these quantitative results. At the eligibility stage, both describe demanding and complex application processes that are difficult to navigate with limited English. Diagnostic evidence can be costly to obtain, and overseas diagnoses may not always meet NDIS evidence requirements. Settlement, refugee health and advocacy services often help people through this stage but are under-resourced. At this complex, demanding access stage, stigma and family expectations about caring can delay disclosure and help-seeking. NDIS terminology can be hard to understand, even when translated, and distrust of government institutions can limit engagement. This is consistent with the NDIS Review in 2023, which made recommendations for resourcing navigation support to access mainstream and NDIS service

systems delivered locally, with specialist navigators available for people with more complex needs and from different communities.

The scoping review also found that interpreters can struggle to convey NDIS concepts and that the individualised planning model can sit poorly with collectivist family structures. Diverse perspectives and experiences of disability, caring, funded support and trust in government can interact to influence whether and how individuals and families engage with the NDIS. These barriers can be bridged through trusted community intermediaries and culturally responsive services.

At the utilisation stage, the scoping review found that complex, English-only information and concerns about high service fees could leave plans under-used. Roundtable participants, responding to the higher utilisation seen in NDIS data, suggested it may reflect a selection effect, in which the best-supported applicants are those who get in and are then well-positioned to use their plans; greater need after delayed access; and, in some anecdotal accounts, fraudulent practice by unscrupulous NDIS providers. The higher costs associated with interpreting and specialised services may also contribute. Participants also described changes to funding rules and provider pricing that were poorly communicated. Across all stages, participants pointed to a capacity gap in culturally responsive workers and noted that qualified professionals, who are bilingual and bicultural, within CALD communities face barriers to having their qualifications recognised.

Overall, this study highlights that engagement with the NDIS among people with disability from CALD backgrounds is complex and demanding. Factors that create initial barriers to demonstrating eligibility, such as the cost of obtaining diagnostic evidence, overseas diagnoses that may not meet NDIS evidence requirements, stigma, and language and information barriers, can undermine access and are likely to continue to influence ongoing utilisation. Addressing these barriers requires action beyond the NDIS alone, across the health, settlement and disability systems. More research is needed to understand what CALD participants' higher use of plan funding means, and what supports they need once in the Scheme. Better data are also needed to track whether the Scheme is serving CALD communities equitably, particularly as current NDIS reforms are implemented.

Background

The National Disability Insurance Scheme (NDIS) was legislated in 2013 through the NDIS Act, with pilot implementation initiated, extending to national roll-out across Australia in July 2016, and a fully rolled out Scheme by July 2020. It is one of the largest national social policy reforms since Medicare, jointly funded and governed by the Commonwealth and state and territory governments. Central to the Scheme is the principle of individualised, participant-directed funding: each participant receives an individualised support package, or a 'plan', and then procures supports from a marketplace of providers. This design places substantial responsibility on both the effective functioning of the disability services market and on participants' capacity to navigate a complex administrative system. This reliance on an individualised, person-centred model of care means not all participants can access and use the Scheme equally, and populations such as people from culturally and linguistically diverse (CALD) backgrounds may be particularly disadvantaged (National Disability Insurance Agency, 2024; Tune, 2019).

People from CALD backgrounds make up around 28% of the Australian population (Australian Institute of Health and Welfare, 2024). Recent data show that CALD participants constitute only 9–10% of the national NDIS cohort (National Disability Insurance Agency, 2024). This gap was apparent from the outset: the National Disability Insurance Agency's (NDIA) own modelling predicted that approximately 20% of participants would be from CALD backgrounds, but by 2019 the actual figure was only 8.7% (Tune, 2019). This may be partly due to lower disability prevalence in migrant populations, given the 'healthy migrant effect', whereby migration selection processes (e.g., visa health requirements) favour healthier (and thus less disabled) individuals at entry. It may also be explained by differential engagement with the Scheme across eligibility determination, access and planning, and subsequent utilisation of approved funding.

SSI commissioned this report to provide an overview of disability among CALD populations in Australia and to examine how CALD populations engage with the NDIS across the eligibility, access, and utilisation stages, compared with non-CALD populations and across the most common disability types. The report draws on existing literature, findings from NDIS administrative data and the Survey of Disability, Ageing and Carers (SDAC), and roundtable data from stakeholders and people with lived experience. This report is divided into three parts:

- Part 1: Identify factors influencing NDIS eligibility, access, and utilisation among people with disability from CALD backgrounds – findings from a scoping review.
- Part 2: Understanding the differences in the NDIS engagement process of people with disability from CALD backgrounds compared to non-CALD backgrounds – findings from quantitative analysis
- Part 3: Exploring factors influencing eligibility, access and utilisation of the NDIS for people with disability from CALD backgrounds – findings from roundtables with people with lived experience of disability and the NDIS and sector stakeholders.

Part 1: Identifying factors influencing NDIS eligibility, access, and utilisation among people with disability from CALD backgrounds - Findings from the Scoping Review

Key Takeaways — Scoping Review

Eligibility: Demanding and complex application processes can be difficult to navigate, particularly with limited English or where interpreting support is not easily accessible. Disability-related stigma may delay diagnosis and disclosure, and obtaining specialist evidence can be costly for newly arrived migrants and refugees. There is evidence that state-funded child development assessments led to earlier diagnosis for CALD children and may help CALD families obtain the evidence needed to demonstrate NDIS eligibility.

Access: NDIS terminology and its individualised, person-centred design may translate poorly across languages and into collectivist family structures, and family members may shape what is disclosed in planning meetings. Inconsistent workforce cultural competence and high caseloads can limit planners' capacity to build engagement and trust with CALD participants.

Utilisation: Once a plan is approved, complex, English-only information and concerns about high service fees can leave funding under-used. Participants may accept inadequate support rather than risk a formal review, particularly without accessible advocacy. Structural market issues, such as provider conflicts of interest and thin markets, further limit effective utilisation.

The scoping review was conducted to identify factors influencing NDIS eligibility, access, and utilisation among people with disability from CALD backgrounds. We searched the Scopus and Informit databases for peer-reviewed literature published in English from 2015 to 2026. Search terms were structured around three concepts: the NDIS, disability, and CALD populations, combined using Boolean operators. We included studies on NDIS eligibility, access, or plan utilisation that addressed CALD populations, and excluded grey literature, non-English publications, and studies that did not mention CALD populations.

The search identified 270 studies, which were imported into Covidence (Veritas Health Innovation, 2026) for screening. Two independent reviewers assessed each study against the inclusion and exclusion criteria and resolved conflicts by consensus. After removing duplicates, 224 studies underwent title and abstract screening, 27 proceeded to full-text review, and 8 studies were included in the final review (Boulton et al., 2024; Carney et al., 2019; David et al., 2024; Hancock et al., 2017; Lai, 2022; Laragy et al., 2016; Soldatic et al., 2020; Thill, 2015). We extracted data using a standardised Covidence template. We then analysed the findings using the Joanna Briggs Institute meta-aggregative approach (Lockwood et al., 2015), assigning each finding a credibility rating of Unequivocal or Credible and grouping them into three themes reflecting eligibility, access, and utilisation. The full scoping review report is available upon request.

Eligibility for the NDIS

Navigating NDIS eligibility criteria is technically complex, and this can be compounded by low English language proficiency where interpreting or translation support is not easily accessible (Carney et al., 2019). NDIS terminology such as 'individual choice' and 'self-determination' often lacks direct equivalents in other languages and diverges from collectivist understandings of disability and care found in many communities (Lai, 2022; Laragy et al., 2016).

Disability-related stigma within some communities has been associated with delayed or avoided formal diagnosis (Lai, 2022). The reluctance to adopt administrative labels such as 'disability' reflects anticipated discrimination, within or outside the community, rather than a lack of awareness or motivation (Thill, 2015). NDIS eligibility processes rely on complex questionnaires and application forms, which can be difficult for some CALD applicants with limited English proficiency or limited understanding of Australian health and welfare systems (Carney et al., 2019).

Proving a permanent disability often requires extensive specialist medical evidence, which can be costly to obtain and can disadvantage newly arrived migrants with limited financial resources (Soldatic et al., 2020). Unsuccessful or delayed applicants often fall back on flat-rate unemployment benefits, leaving less money to pursue further evidence (Soldatic et al., 2020). Many are also excluded from the Disability Support Pension (DSP), which requires ten years of permanent residency, though refugees are exempt (Soldatic et al., 2020). DSP status can support an NDIS eligibility claim, but DSP itself is not straightforward to obtain, as it also requires extensive medical evidence that the condition is fully treated and stable (Soldatic et al., 2020).

Disconnected mainstream health, CALD and disability systems mean that some people from CALD populations can fall through initial outreach gaps (Hancock et al., 2017). Institutional mistrust from prior negative experiences with government services can further limit engagement with the NDIS among marginalised groups, including CALD communities (Hancock et al., 2017; Laragy et al., 2016). Dedicated funding channels for assessment offer one way to address this. For instance, Boulton et al. (2024) found that state-funded child development assessments led to earlier diagnosis for CALD children compared with non-CALD cohorts, suggesting such initiatives may help CALD families to obtain the evidence to demonstrate NDIS eligibility.

Access to the NDIS

Interpreters may struggle to translate nuanced NDIS terminology and processes to participants, a difficulty observed across language groups, including Arabic, Dari, Mandarin, Persian, Somali, and Vietnamese (Lai, 2022). This challenge is compounded when planning meetings are conducted by phone or video, as the absence of visual cues can further disrupt interpreter pacing and communication among planners, interpreters, and participants (Carney et al., 2019; Lai, 2022).

The Scheme's individualised, person-centred design has also been found to sit poorly with collectivist family structures and does not account for the intersecting roles of cultural caring and disability, including for disabled carers (often women) who both provide and require care (David et al., 2024; Laragy et al., 2016; Thill, 2015). This mismatch can create complex interpersonal dynamics in planning consultations, where family members may coach the participant or filter what is disclosed on their behalf (Lai, 2022), sometimes minimising the participant's voice or excluding them from the meeting altogether (David et al., 2024). In contrast, one study found that CALD caregivers reported less difficulty accessing the NDIS than non-CALD caregivers, a finding that may reflect cultural differences in how difficulties are reported rather than an absence of structural barriers (Boulton et al., 2024).

At the workforce level, inconsistent staff capability in disability knowledge and cultural competence, together with high caseloads, have been found to limit planners' capacity to build engagement and trust with CALD participants (David et al., 2024; Thill, 2015). Administrative pressure to meet systems-level targets has also been associated with reduced support quality, as staff feel pressure to prioritise throughput over individualised casework (Carney et al., 2019).

Utilisation of the NDIS

Once a plan is approved, informational and structural barriers in accessing services and supports can leave funding under-used. Lai (2022) reported that CALD families were often provided with lengthy, complex information on available supports in English, and that literacy and translation constraints left many unable to understand it. This left many families unclear on how to activate their funding or identify culturally responsive providers, and plans consequently sat unused (Lai, 2022). Explanations of high hourly service fees have also been found to unintentionally intimidate families into avoiding provider contact altogether, out of fear of exhausting their allocation (Lai, 2022).

The Scheme's assumption that participants will act as assertive, self-determining consumers capable of switching providers when dissatisfied is often undermined for CALD participants. Many people are reported to default to accepting inadequate support rather than risk a formal review process, particularly without accessible independent advocacy (Carney et al., 2019; Lai, 2022; Soldatic et al., 2020; Thill, 2015).

Administrative design choices compound this further. Planners have been reported to reduce future allocations where funds went unspent in a prior cycle (Carney et al., 2019). The absence of a simplified pathway for minor plan corrections means small adjustments can trigger a full reassessment, deterring families from seeking them (Carney et al., 2019; Laragy et al., 2016).

Structural conflicts of interest have also been identified: when a single provider controls both plan coordination and service delivery, participant agency is effectively removed (Laragy et al., 2016). Broader market failure, where coordinators lack the caseload capacity and cultural competence to build unconventional support packages, has similarly been linked to inequities in targeted services (Thill, 2015). CALD caregivers, for example, have been found to be significantly less likely than non-CALD caregivers to access supports such as physical therapy (Boulton et al., 2024).

Part 2: Understanding the differences in the NDIS engagement process of people with disability from CALD compared to non-CALD backgrounds – quantitative analysis

Key Takeaways — Quantitative Analysis

Eligibility: Disability was reported to be less prevalent among people from CALD backgrounds (13.1–15.1% vs 23.3%). People with disability from CALD backgrounds were reported to rely more on informal-only help and more often do not know that a service exists. A lower proportion apply to the NDIS (23.0–23.8% vs 31.4%). Findings in this section should be read alongside the caveats on the available data (Section 2.1).

Access: A lower proportion of CALD people with disability become NDIS participants (15.8–17.0% vs 24.0%). CALD applicants are more often deemed to not meet the access criteria (19.2–22.2% vs 13.5%). The gap is widest for physical disability and, to a lesser extent, psychosocial disability, with no substantial difference for intellectual disability or autism; acceptance was higher among CALD applicants with other disability. Much of the overall gap reflects the older age profile of CALD applicants, and differences in disability mix may also contribute.

Utilisation: Once inside the Scheme, CALD participants hold on average larger plan budgets overall, although within adult age bands, planned amounts for Core Supports are similar or slightly lower for CALD participants. CALD participants also use a higher share of their funding (81.5–82.6% vs 72.7%) across every disability type and, for Core Supports (social, community and civic participation), in every age band. Higher use of funding does not necessarily mean effective utilisation.

2.1 Methodology

This section provides an overview of the population of people with disability from CALD backgrounds in Australia, and of how CALD people engage with the NDIS relative to non-CALD people. We conducted two levels of analysis. The first is a population-level analysis, drawing on data from the SDAC 2022 data, which examined estimated population-level characteristics of people with disability from CALD backgrounds, the services they engaged with, and their experiences with those services. The second is the NDIS participant-level analysis, drawing on NDIS administrative data to explore participants' engagement with the NDIS at the eligibility, access, and utilisation stages.

Table 1 Data Sources

Data source	Description
Survey of Disability, Ageing and Carers (SDAC, 2022)	A national household survey conducted periodically by the ABS (approximately every three to four years) to collect information on disability, ageing, and informal caregiving across the Australian population. The 2022 iteration was collected from June 2022 to February 2023, drawing on a sample of approximately 16,500 households together with around 5,000 cared-accommodation establishments, covering urban and rural areas in all states and territories except very remote

Data source	Description
	regions. As a sample survey, it uses population weights to produce estimates representative of the national population. (Australian Bureau of Statistics, 2024)
NDIS administrative dataset	Unit-record administrative data held on people who have applied for, or been accepted into, the NDIS, accessed through the Person-Level Integrated Data Asset (PLIDA) via the ABS DataLab. It includes participant demographic information, recorded disability type, access decisions, plan details, and service utilisation records. As administrative data, it reflects information captured through NDIS application and service delivery processes and only includes those who have engaged with the NDIS system. Demographic and access data were extracted as at 30 June 2026; plan data relate to each participant's most recent plan that ended before 31 December 2025, with amounts annualised.

Key Definitions Used in the Analysis

Definition of disability

The definition of disability varies across both datasets used in this analysis. The SDAC defines disability as any limitation, restriction or impairment that restricts everyday activities and has lasted, or is likely to last, for at least six months. SDAC also uses a detailed, hierarchical classification that distinguishes core-activity limitation by severity (profound, severe, moderate, mild), schooling or employment restriction without core-activity limitation, long-term health condition without disability, and no condition. It also collects disability type across six categories: sensory or speech, intellectual or learning, physical, psychosocial, brain injury or stroke, and other. Under the NDIS definition, a person meets the disability requirements if they have a disability attributable to a permanent impairment that substantially reduces their functional capacity and affects social or economic participation, and where they are likely to require NDIS supports for life (National Disability Insurance Scheme, 2026). This eligibility threshold applies at the point of the access decision, not as a population-based screening measure, and NDIS eligibility is also bounded by age (under 65 at application) and residency status.

Defining CALD in this study

We use two definitions of CALD, applied consistently across the SDAC and NDIS datasets:

- CALD: an individual born in a non-English-speaking country or who speaks a language other than English at home.
- CALD (language-only indicator): a person who speaks a language other than English at home, regardless of country of birth.
- Non-CALD: people born in an English-speaking country who also speak only English at home.

Caveats for interpreting the tables

- Disability definitions are not consistent across data sources. SDAC data reflect people with a broad range of disabilities, where the disability may be temporary or permanent, and may range in severity anywhere from mild to profound. NDIS data reflect people who have already met a five-part legal eligibility test; NDIS figures represent a subset of the disability population with successful access decisions, rather than population-level disability prevalence.

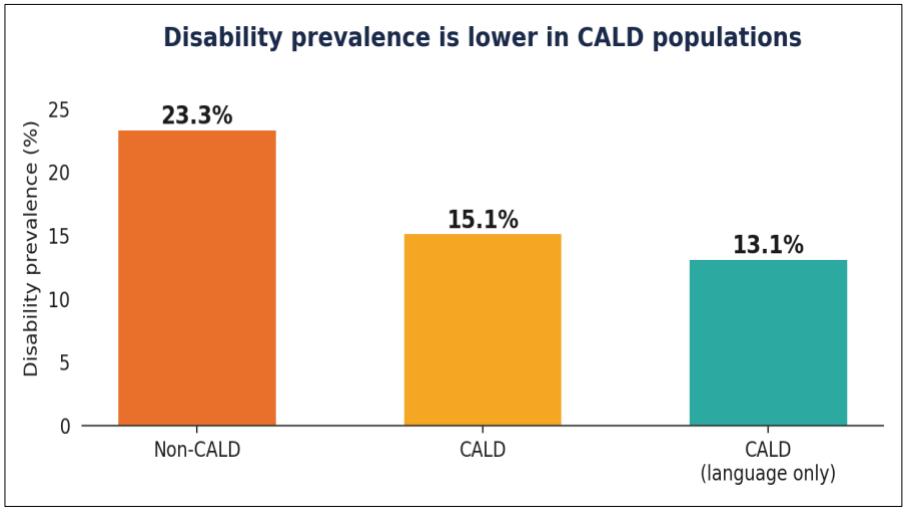
- The SDAC is drawn from a random population sample and was not designed to produce robust CALD subgroup estimates. Once split by CALD status, subgroup cell sizes can become small, affecting the reliability of point estimates.
- SDAC estimates were accessed via TableBuilder, where cell counts are subject to confidentialisation (small-cell suppression or random adjustment), which can produce minor discrepancies where totals or percentages do not sum exactly.
- SDAC estimates are weighted using the SDAC person weight, which adjusts the estimates so that they are representative of the Australian population. Cells with a high relative standard error (RSE) are flagged rather than suppressed and should be treated as indicative only.
- SDAC 2022 and NDIS administrative data relate to different reference periods, so comparisons across sources may conflate cross-sectional differences with genuine change over time.
- NDIS administrative fields may capture country of birth and language spoken at home less completely or consistently than SDAC self-report data.

2.2 Population-Level Estimates of People with Disability from CALD Backgrounds

Demographic profile

Disability prevalence in CALD populations is recorded at 13.1% to 15.1%, substantially lower than in the non-CALD population (23.3%) (Figure 1), a pattern consistent with the 'healthy migrant effect': migration selection processes favour healthier individuals at entry, an advantage that can diminish over time.

Figure 1 Disability prevalence by CALD status (all ages), Australia, 2022 (SDAC 2022)



Restricting to the under-65 cohort (Table 2), which aligns with the NDIS definition of disability, prevalence is lower again (7.7–8.6%) than both the overall CALD prevalence and the non-CALD under-65 rate (17.0%). People with disability from CALD backgrounds are geographically concentrated in New South Wales and Victoria, consistent with established migrant and refugee settlement patterns. Most (77.9–81.9%) were not recent migrants or temporary residents; around half (45.0–51.7%) arrived before 2001 or were born in Australia. Physical restriction is the most commonly reported disability type across all three groups, and notably higher among CALD groups (66.8% and 64.8%) than non-CALD (59.2%); learning and understanding disability is reported less often among CALD groups (14.4–15.1%) than non-

CALD (29.0%). CALD groups report higher rates of profound limitation (17.3–21.2%) than the non-CALD group (15.0%).

Table 2 Population estimate of people with disability by CALD background – demographic profile (SDAC 2022), under 65 years

Demographic indicator	Non-CALD n (%)	CALD n (%)	CALD (lang. only) n (%)
Total N	**2,777,500**	**438,800**	**245,600**
Prevalence (under 65 years)	17.0%	8.6%	7.7%
Age group			
0–8 years	224,700 (8.1%)	14,700 (3.4%)	12,700 (5.2%)
9–14 years	270,100 (9.7%)	17,400 (4.0%)	9,200 (3.7%)
15–24 years	399,900 (14.4%)	36,900 (8.4%)	18,800 (7.7%)
25–44 years	672,300 (24.2%)	122,100 (27.8%)	75,800 (30.9%)
45–64 years	1,210,500 (43.6%)	247,700 (56.4%)	129,100 (52.6%)
Sex			
Male	1,382,400 (49.9%)	191,000 (45.3%)	111,900 (49.4%)
Female	1,377,800 (49.8%)	230,800 (54.7%)	114,800 (50.6%)
Other	7,700 (0.3%)	**	**
State of usual residence			
New South Wales	712,600 (25.7%)	156,400 (35.6%)	104,100 (42.4%)
Victoria	669,000 (24.1%)	144,000 (32.8%)	73,600 (30.0%)
Queensland	680,100 (24.5%)	54,500 (12.4%)	19,500 (7.9%)
South Australia	252,900 (9.1%)	14,600 (3.3%)	7,200 (2.9%)
Western Australia	287,500 (10.4%)	32,800 (7.5%)	14,100 (5.7%)
Tasmania	96,000 (3.5%)	6,900 (1.6%)	2,300 (0.9%)
Northern Territory	21,000 (0.8%)	2,600 (0.6%)	2,600 (1.1%)
Australian Capital Territory	50,700 (1.8%)	7,400 (1.7%)	2,700 (1.1%)
Year of arrival			
Arrived before 2001	148,100 (5.3%)	190,000 (43.3%)	73,600 (30.0%)
Arrived 2001–2005	31,000 (1.1%)	39,900 (9.1%)	20,000 (8.1%)
Arrived 2006–2010	24,300 (0.9%)	51,100 (11.6%)	35,000 (14.3%)
Arrived 2011–2015	32,400 (1.2%)	48,100 (11.0%)	30,000 (12.2%)
Arrived after 2015	11,100 (0.4%)	51,400 (11.7%)	32,400 (13.2%)
Born in Australia	2,510,900 (90.4%)	36,900 (8.4%)	36,900 (15.0%)
Migration characteristics			
Not recent migrant or temporary resident	2,740,700 (98.7%)	359,400 (81.9%)	191,300 (77.9%)
Permanent (Skilled or Family)	8,300 (0.3%)	9,000 (2.1%)	5,400 (2.2%)
Permanent Humanitarian	**	8,300 (1.9%)	8,300 (3.4%)
Temporary (Student or Other)	2,900 (0.1%)	11,900 (2.7%)	7,100 (2.9%)
Australian citizen arrived in last 10 years	11,300 (0.4%)	20,100 (4.6%)	11,500 (4.7%)
Disability type (multiple response)			
Sensory and speech	686,000 (24.7%)	109,100 (24.9%)	64,300 (26.2%)
Learning and understanding	804,600 (29.0%)	63,300 (14.4%)	37,000 (15.1%)

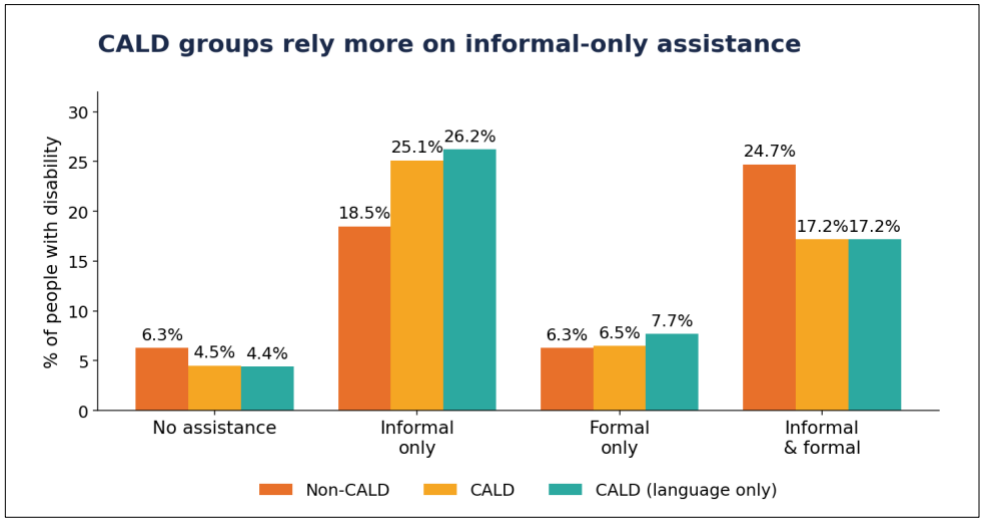
Demographic indicator	Non-CALD n (%)	CALD n (%)	CALD (lang. only) n (%)
Physical restriction	1,643,200 (59.2%)	293,300 (66.8%)	159,200 (64.8%)
Psychosocial	1,065,300 (38.4%)	130,100 (29.6%)	74,300 (30.3%)
Head injury, stroke or ABI	161,700 (5.8%)	23,600 (5.4%)	13,000 (5.3%)
Other	1,048,100 (37.7%)	196,600 (44.8%)	110,500 (45.0%)
Disability status			
Profoundly limited	417,600 (15.0%)	76,000 (17.3%)	52,100 (21.2%)
Severely limited	518,100 (18.7%)	79,300 (18.1%)	45,200 (18.4%)
Moderately limited	369,800 (13.3%)	50,900 (11.6%)	26,700 (10.9%)
Mildly limited	700,800 (25.2%)	109,000 (24.8%)	52,600 (21.4%)
Not limited, but restricted in schooling or employment	345,200 (12.4%)	34,900 (8.0%)	26,200 (10.7%)
Not limited in core activities or restricted in schooling or employment	420,300 (15.1%)	79,000 (18.0%)	32,800 (13.4%)

Note: Percentages are calculated within each CALD group (column) and may not sum to exactly 100 due to rounding and TableBuilder confidentialisation. Given the smaller underlying sample sizes for the CALD and CALD (language only) groups, several subgroup estimates, particularly for detailed year-of-arrival and visa-type categories, carry a high relative standard error and are marked accordingly; treat these as indicative rather than precise. * represents a small cell count, which requires careful interpretation; ** cell size too small to produce a reliable estimate.

Service Use, Need, and Satisfaction Among People with Disability aged Under 65

The CALD group relies more heavily on informal-only assistance (25.1%) than the non-CALD group (18.5%), a pattern even more pronounced for the CALD (language only) group (26.2%). The non-CALD group is more likely to combine informal and formal assistance (24.7%) than either CALD group (17.2%). In terms of how well services met participants' needs, the CALD group reported the highest rate of need not met at all (2.7%, compared with 1.6% for the non-CALD group and 1.5% for the CALD language-only group).

Figure 2 Type of assistance received, people with disability aged under 65 (SDAC 2022)



The cost of services was the most common reason for not receiving help from organised services among non-CALD people (6.3%) and CALD people (6.0%); among the CALD (language only) group, not knowing

about a service was the most common reason (5.8%), slightly ahead of cost (5.5%). In SDAC, organised services are referred to as formal assistance, that is, help provided by government, private or non-profit organisations or by paid workers, as distinct from informal help from family, friends or neighbours (Australian Bureau of Statistics, 2024).

Not knowing about a service is reported at a notably higher rate by the CALD (5.8%) and CALD (language only) (5.8%) groups than by the non-CALD group (3.5%), as is finding the need not important enough (3.1% and 4.5% respectively, compared with 1.3% for non-CALD). There are slightly more people with disability from CALD backgrounds who noted that they either did not need help or were already receiving help (87.0–87.9% versus 85.5%) than their non-CALD counterparts.

Table 3 Reasons for not receiving any help from organised services, people with disability aged under 65 (SDAC 2022)

Reason not receiving help	Non-CALD n (%)	CALD n (%)	CALD (lang. only) n (%)
Total (n)	**2,769,300**	**423,700**	**233,500**
Did not know of service	95,900 (3.5%)	24,600 (5.8%)	13,600 (5.8%)
Need not important enough	35,500 (1.3%)	13,000 (3.1%)	10,500 (4.5%)
Won’t ask / pride	74,300 (2.7%)	7,100 (1.7%)	2,800 (1.2%)
Unable to arrange service	101,700 (3.7%)	15,900 (3.8%)	10,500 (4.5%)
No services available	80,000 (2.9%)	6,100 (1.4%)	6,100 (2.6%)
Not eligible for service	100,800 (3.6%)	5,100 (1.2%)	2,700 (1.2%)
Service costs too much	175,400 (6.3%)	25,500 (6.0%)	12,800 (5.5%)
Service does not provide sufficient hours	32,600 (1.2%)	2,100 (0.5%)	2,100 (0.9%)
Other reason	88,000 (3.2%)	7,800 (1.8%)	3,400 (1.5%)
Not applicable (did not need / already receiving help)	2,366,600 (85.5%)	372,600 (87.9%)	203,200 (87.0%)

2.3 NDIS Applicants – People with Disability from CALD Backgrounds

Table 4 provides demographic characteristics of NDIS applicants, i.e., people with disability who have applied to the NDIS but have not necessarily been approved for funding.

Table 4 NDIS applicants with a recorded access decision (NDIS data)

Variable	Non-CALD (N=892,520)	CALD (N=103,148)	CALD (lang. only) (N=59,677)
Age at decision, mean (SD)	**24.0 (21.1)**	**32.8 (23.1)**	**27.2 (23.2)**
Age group			
0–8 years	330,744 (37.1%)	28,884 (28.0%)	23,249 (39.0%)
9–14 years	122,221 (13.7%)	7,496 (7.3%)	4,693 (7.9%)
15–24 years	99,142 (11.1%)	7,608 (7.4%)	4,253 (7.1%)
25–44 years	128,587 (14.4%)	17,563 (17.0%)	8,396 (14.1%)
45 & above	211,826 (23.7%)	41,597 (40.3%)	19,086 (32.0%)
Sex			
Female	354,672 (39.7%)	43,932 (42.6%)	23,924 (40.1%)
Male	524,884 (58.8%)	58,054 (56.3%)	35,181 (59.0%)
Other	12,964 (1.5%)	1,162 (1.1%)	572 (1.0%)
State			
New South Wales	263,842 (29.6%)	37,566 (36.4%)	22,324 (37.4%)
Victoria	233,705 (26.2%)	34,779 (33.7%)	20,265 (34.0%)
Queensland	201,836 (22.6%)	12,411 (12.0%)	6,279 (10.5%)
South Australia	78,254 (8.8%)	6,406 (6.2%)	3,886 (6.5%)
Western Australia	74,495 (8.3%)	7,390 (7.2%)	3,746 (6.3%)
Tasmania	17,412 (2.0%)	558 (0.5%)	296 (0.5%)
Australian Capital Territory	15,675 (1.8%)	1,846 (1.8%)	976 (1.6%)
Northern Territory/Others	7,301 (0.8%)	2,192 (2.1%)	1,905 (3.2%)
Disability group			
Intellectual Disability	229,856 (25.8%)	20,501 (19.9%)	15,507 (26.0%)
Autism	320,926 (36.0%)	21,048 (20.4%)	13,805 (23.1%)
Psychosocial Disability	95,060 (10.7%)	16,531 (16.0%)	7,400 (12.4%)
Physical Disability	76,335 (8.6%)	14,491 (14.0%)	7,103 (11.9%)
Other Disability	170,343 (19.1%)	30,577 (29.6%)	15,862 (26.6%)

Note: Disability groups are based on primary disability. Intellectual Disability includes intellectual disability, Down syndrome, developmental delay and global developmental delay; Autism includes autism; Psychosocial Disability includes psychosocial disability; Physical Disability includes cerebral palsy, spinal cord injury and other physical disability; Other Disability includes all other primary disability types. The same groupings are used in all NDIS tables and figures.

NDIS applicants from CALD backgrounds are considerably older on average at the time of access decision (mean age 32.8 years) than non-CALD applicants (24.0 years), which may partly reflect migration pathways: some CALD applicants may have acquired or been diagnosed with their disability after arrival, whereas non-CALD applicants are more often identified earlier through the Australian health and education systems. The sex distribution is broadly similar across groups, with males the majority in

all three, though the CALD group has a marginally higher proportion of female NDIS applicants (42.6%) than non-CALD (39.7%).

Across disability groups, intellectual disability and autism together account for around 61.8% of non-CALD applicants and 40.3–49.1% of CALD applicants. Autism shows the largest gap between the two: it accounts for 36.0% of non-CALD applicants but only 20.4% of CALD applicants. Physical disability, by contrast, is more commonly reported among CALD applicants (14.0%) than non-CALD applicants (8.6%). Some of these gaps may partly reflect the health requirement for migration, under which some people with these conditions may not meet visa health criteria.

Table 5 presents the demographic profile of NDIS participants — a subset of Table 4 comprising applicants who met the NDIS eligibility criteria and were subsequently approved for the Scheme.

Table 5 NDIS participants whose access to the Scheme was met (N=750,745) (NDIS data)

Variable	Non-CALD (n=680,500)	CALD (n=70,245)	CALD (lang. only) (n=42,405)
Age at decision, mean (SD)	**20.6 (19.1)**	**27.5 (22.1)**	**22.4 (21.3)**
Age group			
0–8 years	275,493 (40.5%)	23,820 (33.9%)	19,126 (45.1%)
9–14 years	108,231 (15.9%)	6,518 (9.3%)	4,005 (9.4%)
15–24 years	84,298 (12.4%)	6,495 (9.2%)	3,661 (8.6%)
25–44 years	96,186 (14.1%)	12,351 (17.6%)	6,023 (14.2%)
45 & above	116,292 (17.1%)	21,061 (30.0%)	9,590 (22.6%)
Sex			
Female	259,292 (38.1%)	27,275 (38.8%)	15,557 (36.7%)
Male	412,466 (60.6%)	42,415 (60.4%)	26,569 (62.7%)
Other	8,742 (1.3%)	555 (0.8%)	279 (0.7%)
State			
New South Wales	198,264 (29.1%)	24,655 (35.1%)	15,346 (36.2%)
Victoria	180,939 (26.6%)	23,536 (33.5%)	14,198 (33.5%)
Queensland	152,947 (22.5%)	8,832 (12.6%)	4,796 (11.3%)
South Australia	60,288 (8.9%)	4,593 (6.5%)	2,871 (6.8%)
Western Australia	58,702 (8.6%)	5,494 (7.8%)	2,975 (7.0%)
Tasmania	12,992 (1.9%)	419 (0.6%)	234 (0.6%)
Australian Capital Territory	11,015 (1.6%)	1,181 (1.7%)	645 (1.5%)
Northern Territory/Others	5,353 (0.8%)	1,535 (2.2%)	1,340 (3.2%)
Disability group (primary)			
Intellectual Disability	173,648 (25.5%)	15,323 (21.8%)	11,470 (27.0%)
Autism	308,376 (45.3%)	20,356 (29.0%)	13,462 (31.7%)
Psychosocial Disability	55,671 (8.2%)	9,019 (12.8%)	3,719 (8.8%)
Physical Disability	38,743 (5.7%)	5,625 (8.0%)	2,833 (6.7%)
Other Disability	104,062 (15.3%)	19,922 (28.4%)	10,921 (25.8%)

Comparing applicants with participants, we found that participants' mean age was lower than that of applicants in both CALD and non-CALD groups, suggesting that some older applicants may not have

met access requirements. Across disability groups, autism remained the largest primary disability category among non-CALD participants (45.3%), whereas among CALD participants, autism (29.0%) and other disability (28.4%) were the two largest categories, followed by intellectual disability (21.8%).

2.4 Eligibility and Access to the NDIS

Comparison of population estimate with NDIS applicants and participants

Of the estimated 2.7 million people from non-CALD backgrounds who reported living with a disability, 31.4% applied for the NDIS, and 24.0% became NDIS participants. For CALD groups, 23.0–23.8% of people with disability applied for the NDIS, and only 15.8–17.0% became NDIS participants. So, while disability prevalence is lower within CALD populations, among those who reported having a disability, a lower proportion applied to the Scheme, and a lower proportion again became participants. We acknowledge that not all people with disability meet the NDIS eligibility criteria, but compared with non-CALD people, a lower proportion of CALD people with disability applied to the Scheme and became participants. Table 6 must be read with the caveats outlined in the Methodology section.

Table 6 Population estimate vs NDIS applicants and participants (under 65 years of age)

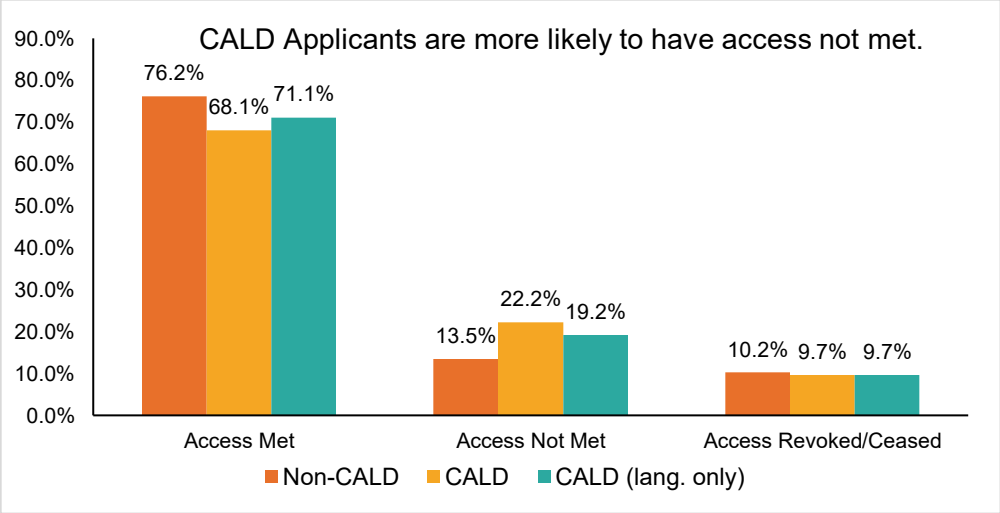
CALD status	Population estimate of people with disability *	NDIS applicant*	NDIS participant*
Non-CALD	2,777,500	31.4% (n=872,800)	24.0% (n=667,389)
CALD	438,800	23.0% (n=101,108)	15.8% (n=69,234)
CALD (language only)	245,600	23.8% (n=58,506)	17.0% (n=41,828)

*Population estimate (people with disability) from SDAC 2022; NDIS applicant and participant figures are drawn separately from NDIS administrative data — see Methodology for caveats on comparing the two sources.

NDIS Scheme – access met, by CALD group

Figure 3 compares the number of people who applied to the Scheme (NDIS applicants) with those accepted into the Scheme (NDIS participants) by CALD group.

Figure 3 NDIS Scheme access outcome, by CALD status (NDIS data)



It is important to recognise that not being accepted into the Scheme does not mean that an applicant does not have a disability; it means the NDIA did not deem them to have met the access criteria. A higher

proportion of CALD applicants than non-CALD applicants were deemed to not meet the access criteria. The gap in access-not-met rates was 8.7 percentage points between the CALD and non-CALD groups (22.2% versus 13.5%), and 5.7 percentage points using the language-only indicator (19.2% versus 13.5%). Revocation or cessation rates were similar across all three groups.

Figure 4 shows NDIS acceptance rate by age. We defined the acceptance rate as the number of NDIS participants (applicants whose access was met) divided by the total number of NDIS applicants with a recorded access decision, calculated separately for each age group (Figure 4) and disability type (Figure 5). Acceptance rates were similar for CALD and non-CALD applicants aged under 25 years, but slightly lower for CALD applicants aged 25–44 years (70.3–71.7% versus 74.8%) and 45 years and above (50.2–50.6% versus 54.9%). Because acceptance rates fall sharply with age and CALD applicants are older on average (40.3% of CALD applicants were aged 45 years and above, compared with 23.7% of non-CALD applicants; Table 4), much of the overall difference in acceptance reflects age.

Figure 4 NDIS acceptance rate by age groups and CALD status (NDIS data)

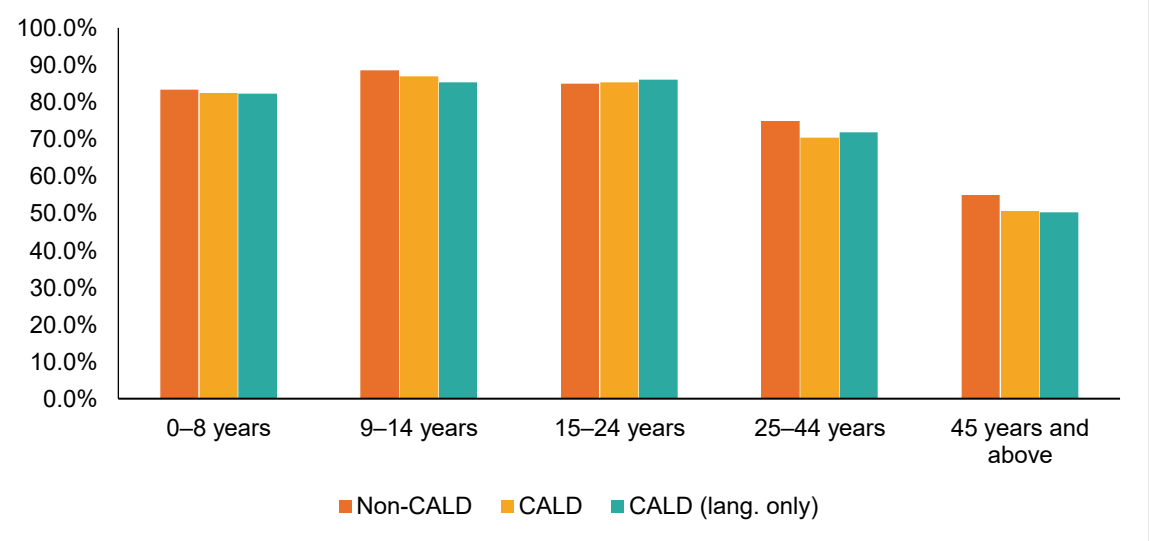
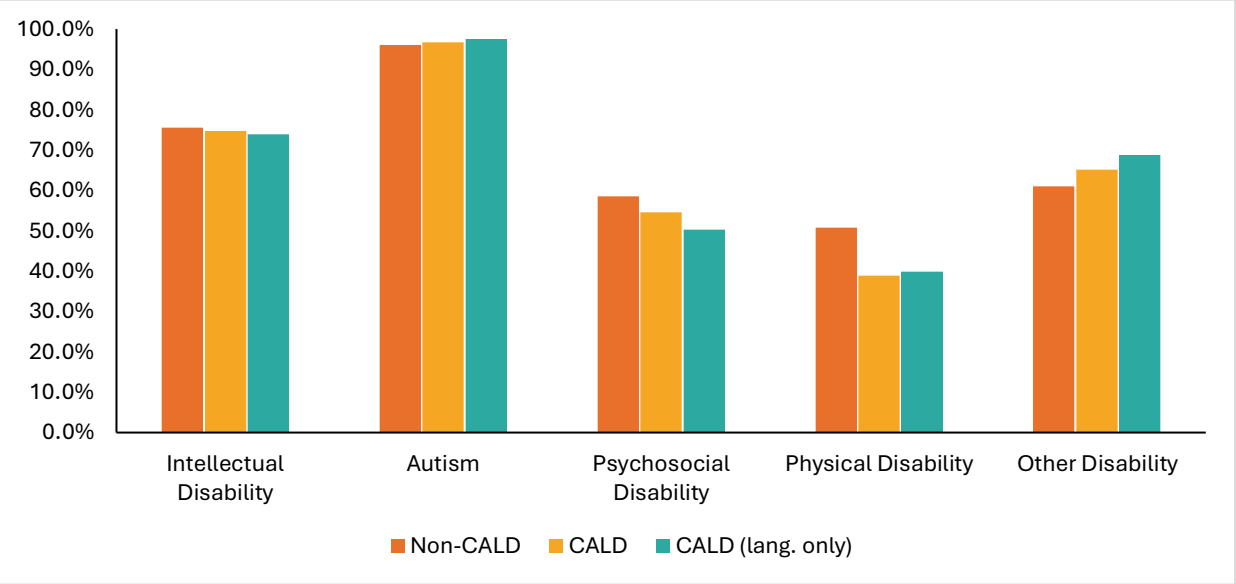


Figure 5 shows acceptance rates by disability type and CALD status. Acceptance rates were similar across groups for intellectual disability (74.0–74.7% for CALD applicants versus 75.5% for non-CALD applicants) and autism (96.7–97.5% versus 96.1%). Acceptance was lower among CALD applicants with psychosocial disability (50.3–54.6% versus 58.6%) and, most markedly, physical disability, which had the lowest acceptance rates in all groups (38.8–39.9% versus 50.8%). In contrast, a higher proportion of CALD applicants with other disability were accepted than non-CALD applicants (65.2–68.9% versus 61.1%). Because these are descriptive comparisons, the differences may partly reflect the different age profiles of the groups and the range of conditions grouped within each category. Further research is needed to understand why acceptance differs by disability type.

Figure 5 NDIS acceptance rate by disability type and CALD status (NDIS data)



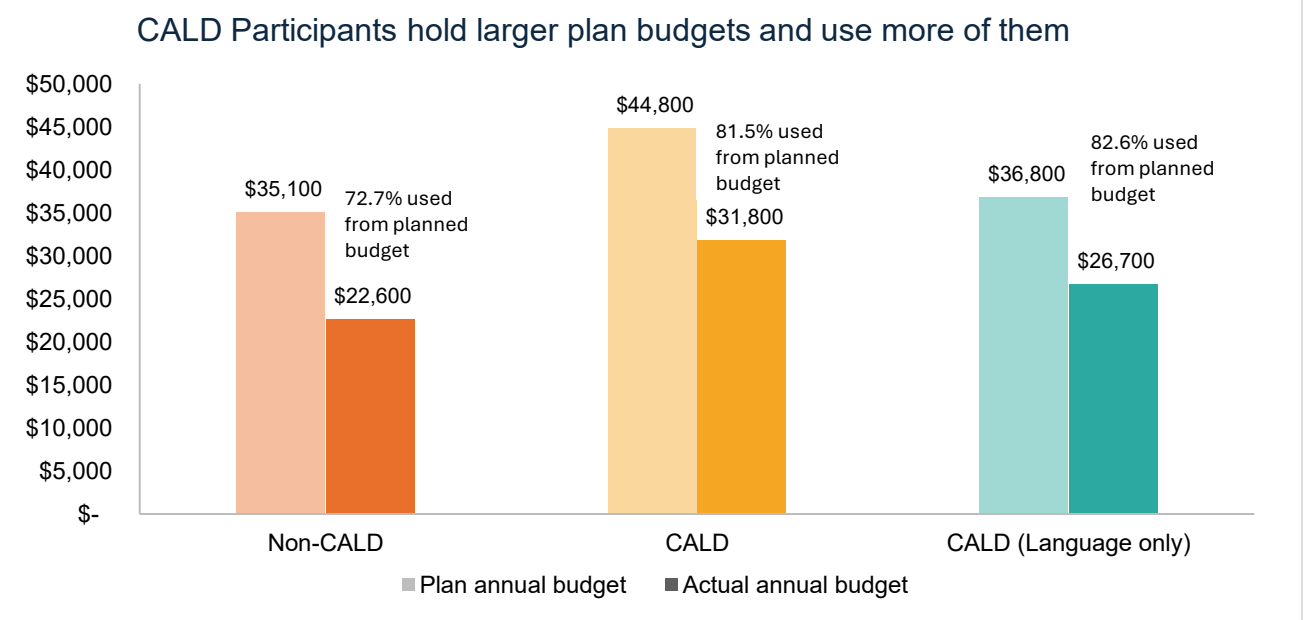
2.5 Plan Funding and Utilisation

An NDIS plan sets out a participant's goals, the supports they need, and the funding the NDIS will provide to meet those needs. Once approved, this funding is organised under four main support categories (each with several subcategories): Core Supports for everyday activities, Capacity Building Supports to build skills and independence, Capital Supports for higher-cost items, and Recurring Supports paid regularly into a participant's account. This report focuses on six support categories prioritised by SSI for their relevance to CALD participants' experience of the Scheme: Choice and Control, Employment, Relationships, Social, Community and Civic Participation (reported separately for its Capacity Building and Core Supports allocations), and Support Coordination.

Comparison of plan funding by CALD status

Plan budget information was available for 469,783 non-CALD participants, 52,025 CALD participants, and 31,482 participants in the CALD (language-only) group. Figure 6 shows that CALD participants held the largest planned budget (median $44,800), followed by CALD (language-only) participants ($36,800) and non-CALD participants ($35,100). Both CALD groups recorded higher utilisation of their allocated funds (81.5% and 82.6% respectively) than non-CALD participants (72.7%), and the median dollar amount spent was also higher in both CALD groups than among non-CALD participants. Plan data relate to each participant's most recent plan that ended before 31 December 2025, and all amounts have been annualised. Utilisation is the median, across participants, of the share of each plan's planned funding that was actually spent; because it is calculated plan by plan, it differs from the ratio of the median actual and median planned amounts shown in Figure 6. These differences should also be read in light of the different age and disability profiles of the groups (see below). Disability severity was not analysed, so we could not assess whether larger budgets and higher utilisation among CALD participants reflect greater support needs.

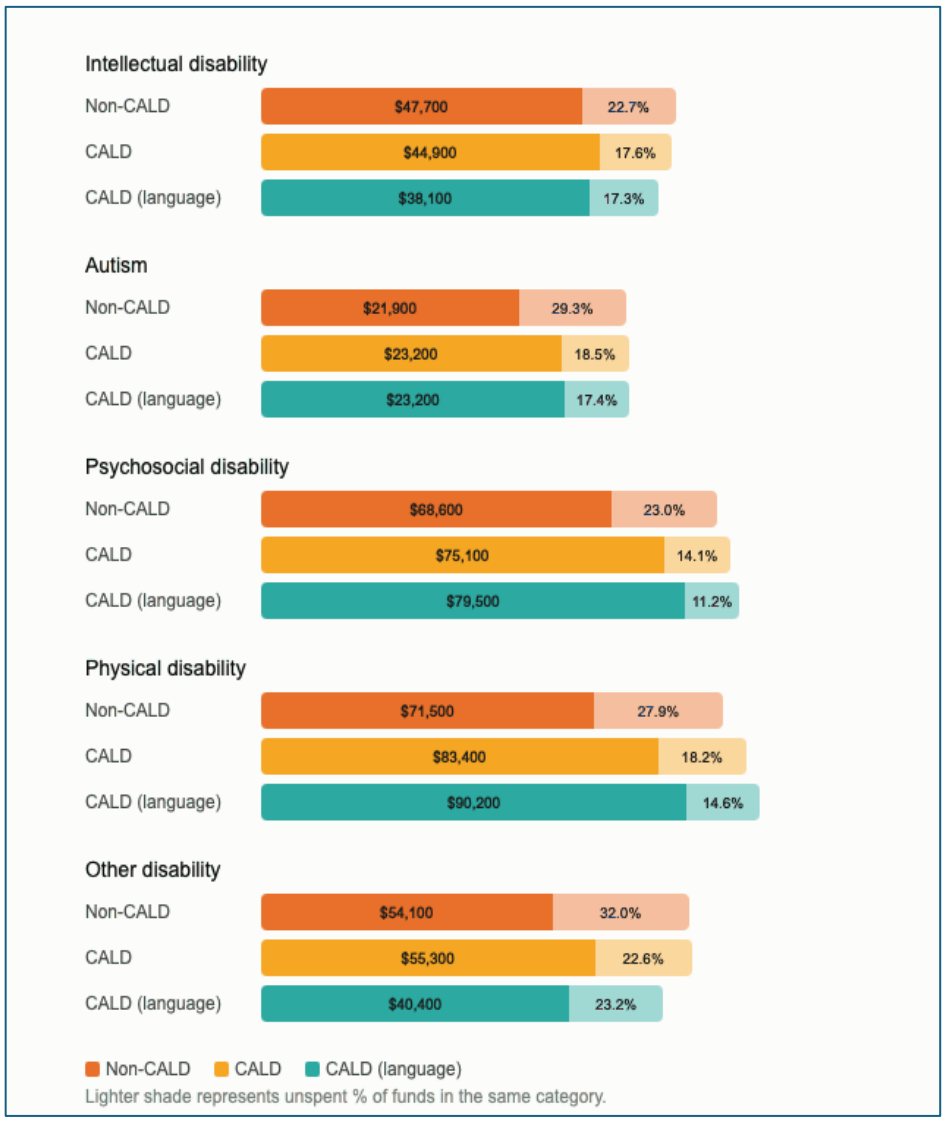
Figure 6 Median planned vs actual annual plan budget, by CALD status (NDIS data)



Annual plan utilisation by disability type

Across all disability types, utilisation of planned funds was higher in both CALD groups (over 80%, except for Other Disability) (Figure 7). Within the CALD group, people with psychosocial disability had the highest utilisation (85.9%), while the largest median dollar amounts shown in Figure 7 were for physical disability in both CALD groups ($83,400–$90,200) and in the non-CALD group ($71,500). It should be noted that package size for autism is considerably smaller than for other disability groups, and autism accounted for 45.3% of non-CALD participants, compared with 29.0–31.7% of CALD participants (Table 5) — a compositional difference that should be considered when interpreting the non-CALD utilisation figures.

Figure 7 Plan budget utilisation (median $) by disability type and CALD status (NDIS data)



Support category funding and usage (overall)

Tables 7–12 show the median allocated funding and interquartile range (Q1, Q3) for all disability types, as well as across each support category across CALD groups. It also shows how many people spent this funding under each support category (% of participants who spent any funds), and how much funding was spent (approximate % of plan spent) from the allocated budget across all CALD subgroups (estimated from medians and therefore approximate only).

Table 7 Support category median funding and usage, all disability types (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,520 (1,480, 1,620)	1,470 (1,370, 1,560)	61.4%	95%
Employment	13,000 (4,720, 22,900)	9,260 (3,540, 15,600)	3.0%	42%
Relationships	13,500 (8,700, 19,300)	9,180 (5,090, 14,200)	12.1%	57%
Social/Community (Capacity Building)	3,960 (2,310, 7,850)	2,620 (1,020, 5,820)	7.3%	40%
Support Coordination	4,410 (2,590, 6,870)	3,270 (1,980, 5,330)	44.7%	70%
Social/Community (Core Supports)	19,500 (6,110, 44,100)	15,700 (3,690, 40,300)	53.5%	69%
CALD				
Choice and Control	1,520 (1,480, 1,630)	1,470 (1,380, 1,570)	63.7%	95%
Employment	11,300 (2,910, 22,800)	9,910 (3,650, 16,300)	2.1%	50%
Relationships	13,500 (8,960, 18,000)	9,260 (5,220, 14,000)	10.4%	58%
Social/Community (Capacity Building)	4,020 (2,360, 8,010)	3,060 (1,250, 6,700)	5.4%	46%
Support Coordination	4,570 (2,630, 7,070)	3,460 (2,140, 5,650)	53.7%	72%
Social/Community (Core Supports)	21,900 (7,870, 45,900)	18,900 (5,190, 42,900)	58.0%	76%
CALD (language only)				
Choice and Control	1,520 (1,480, 1,650)	1,480 (1,380, 1,580)	63.9%	96%
Employment	12,200 (3,270, 23,100)	11,400 (4,150, 18,200)	1.8%	51%
Relationships	13,600 (9,320, 17,300)	9,220 (5,330, 13,900)	10.2%	58%
Social/Community (Capacity Building)	4,010 (2,290, 8,000)	3,130 (1,220, 6,640)	5.1%	47%
Support Coordination	4,020 (2,500, 6,440)	3,240 (2,030, 5,350)	51.4%	76%
Social/Community (Core Supports)	20,000 (6,040, 43,800)	17,900 (4,590, 42,400)	52.1%	79%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Table 7 shows funding use across all disability types. Compared with non-CALD participants, CALD participants recorded higher use of ongoing, maintenance-oriented supports but lower use of skill-building, capacity-oriented supports. CALD participants were more often recorded as spending funds on Support Coordination (51.4–53.7% versus 44.7%) and, in the CALD group, on the Core Supports form of Social, Community and Civic Participation (58.0% versus 53.5%; 52.1% in the language-only group), and less often on Employment (1.8–2.1% versus 3.0%) or the Capacity Building form of Social, Community and Civic Participation (5.1–5.4% versus 7.3%). Choice and Control showed very similar rates of uptake and spend across all three groups (61.4–63.9%; $1,470–$1,480), which may indicate that the disparities seen elsewhere are concentrated in specific categories rather than reflecting a general difference in plan administration or reporting.

Plan utilisation by disability type — detail

Across disability types, three patterns recur (Tables 8–12). First, a higher proportion of CALD participants spent funds on Support Coordination in four of the five disability types; for psychosocial disability, rates were similar across groups. Second, a lower proportion of CALD participants spent funds on Relationships supports, except among participants with autism. Third, where CALD participants used a support category, they generally used a higher approximate share of the planned amount, most consistently for Core Supports Social, Community and Civic Participation, even where their planned amounts were similar or lower. Because the share of plan spent is estimated from medians, these comparisons are approximate.

Intellectual Disability

Among participants with intellectual disability, differences by CALD status were modest. A slightly higher proportion of CALD participants spent funds on Support Coordination (32.4–33.8% versus 30.4%), despite lower median planned amounts ($3,620–$3,680 versus $4,040), while fewer spent funds on Relationships support (7.6–8.5% versus 10.1%). The language-only group was less likely to spend funds on Core Supports Social, Community and Civic Participation (30.3% versus 36.7% for non-CALD and 35.7% for CALD participants), and median planned amounts for this category were lower in both CALD groups ($26,800–$29,700 versus $32,300). The approximate share of plan spent was similar across groups for most categories, but higher among CALD participants for Capacity Building Social, Community and Civic Participation (42–44% versus 37%).

Table 8 Support category median funding and usage – Intellectual Disability (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,510 (1,480, 1,610)	1,460 (1,370, 1,560)	39.1%	94%
Employment	14,000 (6,640, 22,800)	10,400 (4,630, 15,500)	3.2%	49%
Relationships	13,800 (9,230, 24,100)	9,400 (5,360, 14,500)	10.1%	60%
Social/Community (Capacity Building)	5,520 (2,960, 9,470)	3,440 (1,380, 7,390)	3.6%	37%
Support Coordination	4,040 (2,580, 6,010)	3,170 (2,000, 5,000)	30.4%	74%
Social/Community (Core Supports)	32,300 (12,300, 59,500)	27,800 (9,310, 54,100)	36.7%	78%
CALD				
Choice and Control	1,520 (1,480, 1,620)	1,470 (1,370, 1,570)	40.5%	95%
Employment	14,700 (6,020, 23,200)	11,500 (5,860, 17,200)	2.9%	51%
Relationships	13,500 (8,960, 20,200)	9,240 (5,150, 14,100)	8.5%	59%
Social/Community (Capacity Building)	5,020 (2,840, 8,300)	3,700 (1,600, 7,430)	3.8%	44%
Support Coordination	3,680 (2,430, 5,990)	3,050 (1,990, 4,860)	33.8%	78%
Social/Community (Core Supports)	29,700 (10,800, 56,900)	25,600 (8,250, 53,300)	35.7%	79%
CALD (language only)				
Choice and Control	1,520 (1,480, 1,640)	1,470 (1,370, 1,570)	39.2%	95%
Employment	16,100 (7,270, 23,400)	11,800 (6,710, 18,000)	2.2%	45%
Relationships	13,700 (9,460, 20,200)	9,460 (5,600, 14,100)	7.6%	59%
Social/Community (Capacity Building)	5,380 (2,780, 8,340)	3,760 (1,570, 7,310)	3.5%	42%
Support Coordination	3,620 (2,410, 5,920)	2,970 (1,960, 4,770)	32.4%	78%
Social/Community (Core Supports)	26,800 (9,390, 54,300)	24,000 (7,290, 52,200)	30.3%	82%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Autism

Among participants with autism, planned amounts were similar across groups and generally small (for example, median Core Supports Social, Community and Civic Participation of $7,190–$8,020). A higher proportion of CALD participants spent funds on Support Coordination (22.2–24.0% versus 19.2%), Relationships (11.2–11.8% versus 8.8%) and Choice and Control (39.7–43.5% versus 37.8%), while a lower proportion spent funds on Employment (1.3–1.8% versus 2.1%) and Capacity Building Social, Community and Civic Participation (5.2–6.0% versus 7.2%). Where funds were used, CALD participants used a higher approximate share of their plan in most categories, particularly Core Supports Social, Community and Civic Participation (82–89% versus 69%), Capacity Building Social, Community and Civic Participation (50% versus 41%) and Employment (45–47% versus 33%), although very few participants had Employment spending.

Table 9 Support category median funding and usage – Autism (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,510 (1,480, 1,620)	1,470 (1,370, 1,560)	37.8%	95%
Employment	17,800 (8,090, 23,500)	9,440 (3,460, 16,700)	2.1%	33%
Relationships	13,500 (8,270, 16,800)	8,760 (4,710, 13,700)	8.8%	54%
Social/Community (Capacity Building)	3,590 (1,980, 7,150)	2,320 (936, 4,980)	7.2%	41%
Support Coordination	3,070 (2,400, 4,890)	2,500 (1,520, 4,030)	19.2%	75%
Social/Community (Core Supports)	7,420 (2,000, 21,500)	6,210 (1,230, 21,000)	27.2%	69%
CALD				
Choice and Control	1,520 (1,480, 1,620)	1,480 (1,380, 1,580)	39.7%	96%
Employment	16,200 (6,620, 23,500)	11,400 (4,210, 19,400)	1.8%	47%
Relationships	13,500 (8,550, 16,500)	9,190 (5,220, 13,700)	11.2%	60%
Social/Community (Capacity Building)	3,350 (1,850, 6,550)	2,540 (1,060, 5,270)	6.0%	50%
Support Coordination	3,010 (2,400, 4,810)	2,600 (1,690, 4,160)	22.2%	80%
Social/Community (Core Supports)	8,020 (1,800, 25,000)	7,420 (1,420, 25,300)	27.2%	82%
CALD (language only)				
Choice and Control	1,520 (1,480, 1,620)	1,490 (1,390, 1,580)	43.5%	97%
Employment	19,500 (10,800, 23,500)	13,000 (4,480, 20,800)	1.3%	45%
Relationships	13,500 (8,840, 15,900)	9,060 (5,330, 13,500)	11.8%	59%
Social/Community (Capacity Building)	3,230 (1,790, 6,160)	2,490 (988, 5,170)	5.2%	50%
Support Coordination	2,990 (2,400, 4,710)	2,570 (1,710, 3,960)	24.0%	80%
Social/Community (Core Supports)	7,190 (1,520, 22,400)	7,020 (1,330, 23,400)	25.9%	89%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.** Estimated from medians and hence approximate only.

Psychosocial Disability

Among participants with psychosocial disability, the proportions spending funds were very similar across groups. Support Coordination and Core Supports Social, Community and Civic Participation were used by around three-quarters of participants in all three groups (72.8–75.5%), the highest of any disability type (Table 10). Median planned amounts for Core Supports were somewhat higher for CALD participants ($28,000–$28,900 versus $26,000), and CALD participants used a higher approximate share of these funds (79–83% versus 70%) and of Capacity Building Social, Community and Civic Participation (39–41% versus 30%). A slightly lower proportion of CALD participants spent funds on Relationships supports (9.5–9.8% versus 10.4%).

Table 10 Support category median funding and usage – Psychosocial Disability (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,510 (1,460, 1,620)	1,450 (1,370, 1,550)	67.5%	95%
Employment	3,390 (1,940, 8,900)	4,210 (1,450, 9,210)	1.3%	47%
Relationships	13,600 (8,930, 20,200)	9,380 (5,260, 14,600)	10.4%	56%
Social/Community (Capacity Building)	6,650 (3,440, 10,200)	3,600 (1,390, 7,660)	7.0%	30%
Support Coordination	6,230 (4,290, 8,930)	4,510 (2,780, 7,020)	75.3%	70%
Social/Community (Core Supports)	26,000 (14,100, 43,700)	20,000 (8,210, 39,000)	72.8%	70%
CALD				
Choice and Control	1,520 (1,460, 1,630)	1,460 (1,370, 1,570)	64.5%	94%
Employment	3,230 (1,940, 8,160)	4,970 (1,710, 10,100)	1.4%	65%
Relationships	13,600 (9,290, 17,500)	9,040 (5,580, 13,800)	9.8%	53%
Social/Community (Capacity Building)	6,720 (3,610, 10,700)	4,490 (1,720, 8,950)	6.5%	39%
Support Coordination	6,100 (4,310, 9,020)	4,600 (2,860, 7,250)	74.9%	73%
Social/Community (Core Supports)	28,000 (15,700, 46,400)	23,900 (10,800, 44,000)	72.8%	79%
CALD (language only)				
Choice and Control	1,530 (1,480, 1,680)	1,470 (1,380, 1,600)	65.4%	94%
Employment	3,270 (1,900, 8,550)	3,450 (1,200, 13,300)	1.0%	36%
Relationships	13,500 (9,350, 18,000)	8,660 (5,280, 13,900)	9.5%	51%
Social/Community (Capacity Building)	6,900 (3,890, 11,200)	4,730 (1,860, 9,360)	6.6%	41%
Support Coordination	6,060 (4,310, 9,020)	4,630 (2,820, 7,310)	75.5%	74%
Social/Community (Core Supports)	28,900 (16,500, 48,300)	25,800 (12,700, 46,600)	73.4%	83%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Physical Disability

Participants with physical disability show some of the largest differences by CALD status (Table 11). A higher proportion of CALD participants spent funds on Support Coordination (50.8–59.7% versus 42.7%), Core Supports Social, Community and Civic Participation (58.5–61.5% versus 53.5%) and Choice and Control (56.8–61.1% versus 55.0%), and a lower proportion spent funds on Relationships supports (2.8–3.5% versus 4.9%). Median planned amounts for Core Supports were similar or higher for CALD participants ($24,500–$27,100 versus $24,500), and CALD participants used a substantially higher approximate share of these funds (72–78% versus 61%). Very few participants (under 1.2%) had Employment spending, so Employment figures should be treated with caution.

Table 11 Support category median funding and usage – Physical Disability (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,520 (1,480, 1,640)	1,470 (1,380, 1,570)	55.0%	95%
Employment	11,400 (2,810, 22,800)	8,110 (2,880, 13,200)	1.2%	37%
Relationships	13,600 (9,030, 19,900)	8,920 (5,120, 13,300)	4.9%	54%
Social/Community (Capacity Building)	3,890 (2,090, 7,770)	2,580 (949, 5,980)	1.9%	38%
Support Coordination	4,400 (2,620, 6,160)	3,350 (2,020, 5,270)	42.7%	71%
Social/Community (Core Supports)	24,500 (9,430, 54,200)	18,000 (4,120, 49,200)	53.5%	61%
CALD				
Choice and Control	1,530 (1,480, 1,650)	1,480 (1,390, 1,590)	56.8%	96%
Employment	5,310 (1,980, 16,200)	7,580 (1,650, 12,500)	0.9%	59%
Relationships	13,400 (8,600, 15,900)	8,530 (4,680, 13,100)	2.8%	54%
Social/Community (Capacity Building)	4,130 (2,320, 7,780)	2,600 (1,150, 6,080)	1.4%	32%
Support Coordination	4,480 (2,630, 6,280)	3,410 (2,110, 5,500)	50.8%	72%
Social/Community (Core Supports)	24,500 (10,700, 48,800)	20,300 (6,110, 47,400)	58.5%	72%
CALD (language only)				
Choice and Control	1,540 (1,490, 1,680)	1,490 (1,390, 1,610)	61.1%	96%
Employment	7,370 (2,330, 22,800)	10,000 (7,580, 12,600)	0.8%	51%
Relationships	13,400 (8,970, 15,100)	7,800 (3,860, 12,200)	3.5%	48%
Social/Community (Capacity Building)	5,010 (2,620, 8,640)	3,290 (1,180, 7,200)	1.8%	36%
Support Coordination	4,620 (2,820, 6,540)	3,650 (2,320, 5,720)	59.7%	75%
Social/Community (Core Supports)	27,100 (11,800, 51,700)	23,400 (7,420, 52,000)	61.5%	78%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Other Disability

Among participants with other disability, a higher proportion of CALD participants spent funds on Choice and Control (52.6–54.8% versus 49.3%), Support Coordination (45.6–45.7% versus 41.0%) and Core Supports Social, Community and Civic Participation (47.8–49.2% versus 45.0%), and a lower proportion spent funds on Relationships supports (3.5–4.4% versus 5.6%). Median planned amounts for Core Supports were lower for CALD participants ($18,000–$21,800 versus $24,600), but CALD participants used a higher approximate share of them (69–74% versus 61%), as they did for Support Coordination (72–76% versus 70%). Employment figures should be treated with caution given the very small proportion of participants (under 1%) with spending in this category.

Table 12 Support category median funding and usage – Other Disability (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,520 (1,480, 1,630)	1,470 (1,380, 1,580)	49.3%	94%
Employment	5,930 (2,330, 17,000)	5,700 (1,760, 12,300)	0.8%	44%
Relationships	14,000 (9,610, 24,500)	9,950 (5,860, 14,900)	5.6%	59%
Social/Community (Capacity Building)	3,770 (1,920, 7,770)	2,220 (768, 5,510)	1.9%	30%
Support Coordination	4,810 (3,000, 7,210)	3,560 (2,150, 5,740)	41.0%	70%
Social/Community (Core Supports)	24,600 (10,200, 48,900)	18,100 (4,440, 42,900)	45.0%	61%
CALD				
Choice and Control	1,520 (1,480, 1,640)	1,470 (1,370, 1,570)	52.6%	95%
Employment	3,420 (1,940, 14,700)	5,180 (1,820, 14,400)	0.7%	60%
Relationships	14,100 (9,610, 22,300)	10,000 (5,040, 15,300)	4.4%	58%
Social/Community (Capacity Building)	3,890 (2,040, 7,560)	2,520 (1,050, 5,730)	1.9%	33%
Support Coordination	4,570 (2,620, 7,010)	3,500 (2,050, 5,680)	45.6%	72%
Social/Community (Core Supports)	21,800 (7,910, 45,800)	17,800 (4,490, 42,300)	49.2%	69%
CALD (language only)				
Choice and Control	1,520 (1,480, 1,650)	1,460 (1,370, 1,570)	54.8%	94%
Employment	3,570 (1,940, 16,200)	7,650 (1,840, 15,900)	0.7%	79%
Relationships	14,400 (10,300, 22,300)	10,100 (5,330, 15,600)	3.5%	57%
Social/Community (Capacity Building)	3,890 (2,010, 7,760)	2,530 (1,160, 5,370)	2.2%	33%
Support Coordination	4,030 (2,490, 6,460)	3,260 (1,910, 5,410)	45.7%	76%
Social/Community (Core Supports)	18,000 (5,150, 40,600)	16,000 (3,350, 39,000)	47.8%	74%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Plan utilisation by age

Among children aged 0–8 years, planned amounts were small in all groups (for example, median Core Supports Social, Community and Civic Participation of $2,580–$3,010 and Support Coordination of $2,740–$2,830; Table 13). A higher proportion of CALD children had spending on Support Coordination (16.4–18.1% versus 11.0%) and Choice and Control (34.9–36.5% versus 31.2%), and CALD families used a higher approximate share of their Support Coordination (83–84% versus 75%) and Core Supports funding (94–103% versus 73%). These patterns are relevant to the incoming Thriving Kids program for children aged 8 years and under. Among children aged 9–14 years, differences were larger (Table 14): a higher proportion of CALD participants spent funds on Support Coordination (32.5–40.6% versus 22.9%), Core Supports Social, Community and Civic Participation (38.3–41.7% versus 31.9%) and Relationships supports (12.4–14.4% versus 10.4%), and median planned amounts for Core Supports were higher ($10,400–$12,100 versus $7,620).

Among participants aged 15–24 years, a higher proportion of CALD participants also spent funds on Support Coordination (47.7–54.0% versus 38.6%), Core Supports Social, Community and Civic Participation (58.9–62.6% versus 53.1%) and Relationships supports (13.0–13.2% versus 10.8%), and median planned amounts for Core Supports were higher ($28,300–$28,600 versus $23,500; Table 15), consistent with younger CALD participants and their families being newer to the Scheme and requiring more support to navigate it. From age 25, the pattern changed (Tables 16–17). Proportions spending funds on Support Coordination and Core Supports were similar across groups, a lower proportion of CALD participants spent funds on Relationships supports (8.3–8.6% versus 11.5% at 25–44 years; 5.2–5.9% versus 9.3% at 45 years and above), and median planned amounts for Core Supports were lower for CALD participants ($27,200–$27,500 versus $30,900 at 25–44 years; $25,700–$27,200 versus $29,300 at 45 years and above). Total plan budgets by age group were not available for this analysis, but these category-level patterns suggest that the larger overall budgets of CALD participants (Figure 6) partly reflect their different age and disability profiles.

In every age group, CALD participants used a higher approximate share of their Core Supports Social, Community and Civic Participation funding than non-CALD participants (for example, 86–89% versus 70% at 9–14 years, 78–80% versus 73% at 15–24 years, and 72–79% versus 68% at 45 years and above). Where CALD participants have smaller planned amounts but use more of what they receive, this may indicate unmet need, although these estimates are approximate because they are derived from medians.

Table 13 Support category median funding and usage – Age 0–8 years (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,510 (1,480, 1,610)	1,480 (1,380, 1,560)	31.2%	95%
Employment	n/a	n/a	n/a	
Relationships	13,500 (8,490, 15,500)	8,570 (4,650, 13,200)	5.6%	53%
Social/Community (Capacity Building)	2,850 (1,550, 4,680)	1,790 (750, 3,830)	3.3%	41%
Support Coordination	2,830 (2,400, 4,520)	2,360 (1,420, 3,550)	11.0%	75%
Social/Community (Core Supports)	2,580 (721, 8,750)	2,260 (492, 9,010)	13.8%	73%
CALD				
Choice and Control	1,520 (1,490, 1,620)	1,490 (1,390, 1,570)	34.9%	96%
Employment	n/a	n/a	n/a	
Relationships	13,500 (8,970, 15,000)	9,100 (5,210, 13,500)	6.3%	58%
Social/Community (Capacity Building)	2,780 (1,520, 4,280)	1,870 (809, 3,890)	2.8%	44%
Support Coordination	2,740 (2,400, 4,340)	2,480 (1,610, 3,740)	16.4%	83%
Social/Community (Core Supports)	2,940 (744, 10,000)	3,000 (630, 11,000)	15.0%	94%
CALD (language only)				
Choice and Control	1,520 (1,490, 1,620)	1,490 (1,390, 1,570)	36.5%	96%
Employment	n/a	n/a	n/a	
Relationships	13,500 (9,350, 15,000)	9,190 (5,380, 13,500)	6.3%	60%
Social/Community (Capacity Building)	2,840 (1,560, 4,460)	1,980 (738, 4,200)	2.4%	44%
Support Coordination	2,750 (2,400, 4,310)	2,490 (1,640, 3,740)	18.1%	84%
Social/Community (Core Supports)	3,010 (741, 10,600)	3,290 (666, 11,800)	14.6%	103%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.
Because these estimates are based on medians, values can exceed 100% (for example, Core Supports in the CALD (language only) group).

Table 14 Support category median funding and usage – Age 9–14 years (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,520 (1,480, 1,630)	1,460 (1,370, 1,560)	36.4%	93%
Employment	22,800 (12,300, 24,500)	11,900 (5,010, 19,500)	3.4%	34%
Relationships	13,100 (8,070, 18,000)	8,550 (4,520, 13,900)	10.4%	54%
Social/Community (Capacity Building)	3,700 (2,230, 7,300)	2,500 (1,040, 5,180)	10.1%	44%
Support Coordination	3,480 (2,400, 5,230)	2,610 (1,560, 4,390)	22.9%	69%
Social/Community (Core Supports)	7,620 (2,520, 22,000)	6,780 (1,610, 22,700)	31.9%	70%
CALD				
Choice and Control	1,530 (1,480, 1,650)	1,470 (1,370, 1,590)	41.9%	94%
Employment	22,800 (12,200, 24,500)	13,600 (6,260, 20,700)	3.3%	41%
Relationships	13,500 (8,380, 17,800)	8,540 (4,680, 13,700)	12.4%	55%
Social/Community (Capacity Building)	3,720 (2,230, 7,280)	2,880 (1,310, 6,120)	9.8%	52%
Support Coordination	3,610 (2,410, 5,990)	3,050 (1,980, 5,060)	32.5%	79%
Social/Community (Core Supports)	10,400 (3,030, 31,000)	10,600 (2,440, 34,100)	38.3%	86%
CALD (language only)				
Choice and Control	1,530 (1,480, 1,670)	1,470 (1,380, 1,600)	47.9%	94%
Employment	22,800 (12,500, 24,500)	14,200 (8,120, 21,700)	3.2%	41%
Relationships	13,500 (8,540, 17,600)	8,450 (4,760, 13,500)	14.4%	54%
Social/Community (Capacity Building)	4,010 (2,410, 7,670)	3,260 (1,400, 6,410)	9.2%	54%
Support Coordination	3,730 (2,480, 6,030)	3,180 (2,070, 5,230)	40.6%	81%
Social/Community (Core Supports)	12,100 (3,550, 35,100)	12,700 (3,270, 37,200)	41.7%	89%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Table 15 Support category median funding and usage – Age 15–24 years (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,510 (1,470, 1,620)	1,450 (1,370, 1,560)	47.6%	93%
Employment	15,600 (6,520, 22,900)	9,380 (3,540, 16,200)	8.1%	35%
Relationships	13,800 (8,840, 25,100)	9,670 (5,260, 15,500)	10.8%	59%
Social/Community (Capacity Building)	6,340 (3,210, 9,980)	3,540 (1,340, 7,500)	8.2%	32%
Support Coordination	4,120 (2,480, 6,650)	3,100 (1,850, 5,260)	38.6%	70%
Social/Community (Core Supports)	23,500 (9,720, 51,700)	20,400 (6,520, 48,200)	53.1%	73%
CALD				
Choice and Control	1,520 (1,480, 1,640)	1,460 (1,370, 1,570)	50.8%	94%
Employment	16,200 (5,470, 23,400)	11,500 (4,690, 19,000)	8.4%	43%
Relationships	13,900 (9,320, 22,900)	9,600 (5,350, 14,200)	13.0%	60%
Social/Community (Capacity Building)	6,060 (3,250, 9,820)	3,890 (1,570, 7,780)	7.9%	38%
Support Coordination	4,190 (2,540, 6,930)	3,250 (2,070, 5,500)	47.7%	74%
Social/Community (Core Supports)	28,300 (11,400, 57,200)	25,000 (8,860, 54,900)	58.9%	78%
CALD (language only)				
Choice and Control	1,520 (1,480, 1,670)	1,460 (1,370, 1,580)	55.3%	94%
Employment	17,300 (6,790, 23,400)	11,900 (5,600, 20,000)	8.2%	41%
Relationships	13,700 (9,500, 22,300)	9,310 (5,460, 13,600)	13.2%	58%
Social/Community (Capacity Building)	5,630 (3,160, 9,760)	3,730 (1,530, 7,490)	7.9%	39%
Support Coordination	4,010 (2,530, 6,430)	3,190 (2,090, 5,300)	54.0%	76%
Social/Community (Core Supports)	28,600 (11,600, 57,700)	26,000 (9,490, 57,100)	62.6%	80%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Table 16 Support category median funding and usage – Age 25–44 years (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,520 (1,470, 1,620)	1,460 (1,370, 1,560)	57.2%	95%
Employment	5,380 (2,330, 12,200)	7,150 (2,420, 11,800)	2.6%	74%
Relationships	14,100 (9,740, 25,100)	9,890 (5,700, 15,000)	11.5%	61%
Social/Community (Capacity Building)	6,460 (3,270, 9,870)	3,520 (1,350, 7,520)	5.0%	30%
Support Coordination	4,940 (3,220, 7,520)	3,750 (2,300, 6,000)	56.6%	73%
Social/Community (Core Supports)	30,900 (14,500, 56,600)	25,300 (9,100, 51,500)	64.7%	74%
CALD				
Choice and Control	1,520 (1,480, 1,650)	1,460 (1,370, 1,580)	56.5%	94%
Employment	3,540 (1,940, 9,390)	5,670 (1,670, 10,900)	1.9%	76%
Relationships	13,800 (9,340, 21,500)	9,460 (5,430, 15,100)	8.6%	57%
Social/Community (Capacity Building)	6,060 (3,170, 9,830)	3,850 (1,740, 8,470)	4.6%	35%
Support Coordination	5,010 (3,120, 7,770)	3,840 (2,300, 6,160)	57.3%	73%
Social/Community (Core Supports)	27,500 (12,900, 52,100)	24,000 (8,450, 49,700)	62.8%	78%
CALD (language only)				
Choice and Control	1,530 (1,480, 1,690)	1,470 (1,370, 1,600)	60.1%	94%
Employment	3,490 (1,940, 9,290)	4,830 (1,170, 10,700)	1.5%	58%
Relationships	13,900 (9,470, 22,900)	9,460 (5,460, 15,500)	8.3%	56%
Social/Community (Capacity Building)	6,020 (3,410, 10,900)	3,790 (1,790, 8,020)	5.0%	37%
Support Coordination	5,000 (3,020, 7,640)	3,820 (2,280, 6,160)	60.6%	73%
Social/Community (Core Supports)	27,200 (12,200, 52,300)	24,300 (8,340, 50,900)	64.6%	80%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Table 17 Support category median funding and usage – Age 45 years and above (NDIS data)

Group / category	Planned ($) (Q1, Q3)	Actual ($) (Q1, Q3)	% of participants, who spent funds*	Approx. % of plan spent**
Non-CALD				
Choice and Control	1,520 (1,480, 1,630)	1,460 (1,380, 1,570)	60.7%	95%
Employment	4,730 (2,190, 12,200)	7,700 (2,680, 11,600)	0.9%	89%
Relationships	13,800 (8,950, 24,000)	9,460 (5,580, 14,300)	9.3%	59%
Social/Community (Capacity Building)	6,230 (3,200, 9,320)	3,510 (1,260, 7,280)	2.3%	30%
Support Coordination	4,890 (3,380, 7,250)	3,810 (2,400, 5,880)	60.5%	75%
Social/Community (Core Supports)	29,300 (14,500, 51,700)	22,600 (8,080, 45,600)	64.4%	68%
CALD				
Choice and Control	1,520 (1,480, 1,630)	1,460 (1,370, 1,570)	58.2%	95%
Employment	3,150 (1,940, 8,260)	6,170 (2,590, 11,100)	0.6%	86%
Relationships	13,700 (9,200, 20,800)	9,480 (5,350, 14,100)	5.9%	57%
Social/Community (Capacity Building)	4,860 (2,880, 8,310)	3,740 (1,310, 7,890)	2.1%	41%
Support Coordination	4,890 (3,090, 7,340)	3,830 (2,350, 6,060)	58.0%	75%
Social/Community (Core Supports)	27,200 (13,100, 48,400)	22,300 (7,790, 44,600)	61.7%	72%
CALD (language only)				
Choice and Control	1,520 (1,480, 1,640)	1,460 (1,370, 1,570)	60.4%	95%
Employment	2,910 (1,940, 8,080)	6,440 (3,030, 12,000)	0.4%	81%
Relationships	13,800 (9,440, 21,000)	9,580 (5,520, 14,300)	5.2%	56%
Social/Community (Capacity Building)	5,090 (2,650, 8,290)	3,840 (1,390, 7,890)	2.1%	39%
Support Coordination	4,810 (2,990, 7,210)	3,650 (2,220, 5,890)	59.4%	72%
Social/Community (Core Supports)	25,700 (11,100, 47,200)	23,200 (7,830, 45,800)	62.3%	79%

Note: Planned and actual dollar figures are the median (if any) with interquartile range (Q1, Q3) among those who received/used the support.
* % of participants who had non-zero spending.
** Estimated from medians and hence approximate only.

Part 3: Exploring Factors influencing eligibility, access and utilisation of the NDIS for people with disability from CALD backgrounds

Key Takeaways — Roundtable discussions

Findings from the scoping review and quantitative analysis were shared with participants across two roundtables (12 participants in total). The points below synthesise the diverse perspectives shared in response to the initial findings. They reflect the views and experiences of a small number of participants and are presented as perspectives rather than as definitive evidence about the engagement of people from CALD backgrounds and the Scheme.

Eligibility: The cost of obtaining diagnostic evidence often falls on applicants at the point where they are least able to bear it. Overseas diagnoses may not always meet NDIS evidence requirements, and in some cases the evidence may need to be re-established. Participants felt that people from CALD backgrounds often need more help to navigate the complex and demanding eligibility stage. Refugee health, settlement and advocacy services are well placed to provide this help but need more resources to adequately meet the high demand for support.

Access: Cultural understanding of disability and caring, stigma associated with certain types of disability, and family gatekeeping may delay disclosure and help-seeking and shape how people engage with the NDIS. Language used across NDIS documents and communications may not be accessible, even when translated, and planners were described as recording CALD status without adjusting how planning is conducted. Distrust of government institutions was observed in some communities, which can affect how participants engage with the Scheme. Participants suggested these barriers could be bridged through trusted community intermediaries and culturally responsive services.

Utilisation: Participants offered several possible explanations for the observed higher plan utilisation: stronger support and advocacy among those who have entered the Scheme (a selection effect); greater support needs after delayed access; and, raised anecdotally by some stakeholders, possible fraudulent practices among unscrupulous NDIS providers. They also noted that changes to funding rules and pricing are poorly communicated to CALD participants. A capacity gap in culturally responsive providers could be addressed by drawing on qualified professionals already within CALD communities.

Methods

Two roundtable discussions were conducted to examine findings from the scoping review and quantitative analysis. SSI led recruitment using its existing community and program networks. The first roundtable (3 August 2026) engaged people with lived experience of the NDIS and one multicultural community service provider; the second (6 August 2026) engaged sector experts and stakeholders. The lived experience roundtable included four participants, whereas the stakeholder roundtable included eight participants. Lived experience participants received a $60 gift voucher for their contribution.

In each roundtable, the research team presented brief findings from quantitative analysis and the scoping review, followed by a facilitated discussion around three questions: (1) what surprised participants or did not match their own or their community's experience; (2) what was missing; and (3) the policy and practice

implications. We audio-recorded and transcribed both roundtables using Zoom functions. The discussion guide was structured around three a priori domains: eligibility, access and utilisation. We analysed the roundtable transcripts using reflexive thematic analysis (Braun & Clarke, 2006, 2019), with coding conducted in NVivo. The analysis was deductively oriented: the three domains that structured the discussion guide (eligibility, access and utilisation) provided the initial organising frame, and themes within and across these domains were then developed iteratively through familiarisation with the data, coding, and reviewing and refining themes. Themes that spanned all three stages are reported as cross-cutting themes.

Limitations

The roundtables involved a relatively small number of participants and the perspectives shared were diverse and not always consistent. The findings below should therefore be read as a synthesis of these perspectives.

Theme 1: Eligibility

The cost of evidence falls on those least able to bear it

Roundtable participants with lived experience described uncertainties and difficulties in obtaining and managing diagnostic evidence to meet NDIS eligibility requirements. These uncertainties range from understanding which disabilities are deemed eligible for NDIS funding to demonstrating the diagnostic evidence required to establish eligibility. The applicant also often bears the majority of the cost of producing diagnostic evidence. For those with limited financial means, this can be extremely challenging. Some participants reported that the Scheme generally does not fund diagnostic assessment before eligibility is established. This places the cost of entry on the applicant at exactly the point where they are often least resourced to bear it. The system assumes an established GP relationship, timely specialist access and the capacity to advocate in a medical consultation.

> In terms of a treating professional, the NDIS will not fund evidence in terms of a diagnosis. However, if a person has met eligibility for the scheme, and we require, or the NDIA requires, information about an individual's functional capacity or limitations, and that is going through Allied Health Services, then the report would be funded. **— Participant 1, Stakeholders Group**

Settlement caseworkers and refugee health staff described a distinct eligibility pathway for humanitarian entrants and CALD migrants. Participants also noted that the NDIS has a supported pathway for people from CALD backgrounds. Nonetheless, many refugees arrive with long-standing disability that was never diagnosed because survival and displacement took precedence over healthcare. Some participants added that overseas diagnoses may not always meet the NDIS diagnostic evidence criteria. Refugee health staff gave the example of newly arrived children with mobility needs who cannot yet provide diagnostic evidence that meets NDIS requirements. While that evidence is being obtained, they can miss out on timely supports such as equipment, and in some cases this delay makes it extremely difficult for them to enrol in or attend school.

> Many newly arrived refugees have lived with disability for years without a formal diagnosis because survival, displacement, and resettlement took priority over healthcare. There is a lot of difficulties with the eligibility criteria when we start working with them for the NDIS application. **— Participant 3, Stakeholders Group**

> People arrive, even if they arrive with diagnosis, their diagnosis is not accepted from overseas. They may have immediate equipment needs. Some of the children have never gone to school, and if they have got mobility needs, any kind of delay means they might be timed out of school, and so they may never get to school. **— Participant 6, Stakeholders Group**

Multicultural settlement, advocacy and disability advocacy services are under-resourced and stretched thin

Participants identified that multicultural settlement and disability advocacy services, organisations and systems across the board are under-resourced to meet the needs of people with disability from CALD backgrounds. These services were described as stretched across the whole pathway, from application through to plan reviews. Some stakeholders noted that much of the capacity of multicultural disability services is absorbed by supporting people who already hold a plan, including reviews and advocacy, while the intensive casework required to support an application, which for one refugee family can involve GPs, allied health, schools, hospitals, interpreters and the Department of Home Affairs (sometimes referred to during the roundtables as the Department of Immigration), was described as often defaulting to refugee health and settlement services. Lived experience participants also noted that advocacy agencies and information centres have become a starting point for many applications, with some of their limited capacity spent completing forms for people who cannot read them.

> It is a huge amount of work to get people into NDIS. You could argue that the Department of Immigration should take that responsibility on, but they say no, there's NDIS to do that. That responsibility gets pushed onto health services like ours, and then we're back into that medical model of looking at disability. I really feel that there's a piece missing. **— Participant 6, Stakeholders Group**

> The information centres and the advocacy agencies are now sick of acting as a starting point for this. People come in there to start filling forms because they don't understand the language. If we could have other staff available for just filling forms, then the workload on the advocacy agencies would be lesser, because they're actually dealing with systemic barriers. **— Participant 1, Lived Experience Group**

Assumptions about family care lower assessed need

Stakeholders identified another mechanism within the assessment process itself. Both groups of roundtable participants highlighted that diverse perspectives and experiences of health, disability, and

caring can intersect to influence how individuals and families engage with formal funding systems and the services and supports within them. This can be further influenced by assumptions held by NDIS staff and other brokers involved in NDIS processes (for example, health services and Partners in the Community). Stakeholders highlighted that CALD communities are often described as collective, family-oriented or self-reliant, and this may lead some assessors to conclude that the applicant has less need or desire for funded support. This can result in individuals and families not being asked about or requesting the supports they may require and not being sufficiently supported to articulate and access what they need. Stakeholders suggested this may be one of several factors contributing to the lower participation of CALD people in the Scheme at the population level.

> The idea that any or all CALD communities are more collective or family-based or take responsibility is one of the big barriers for people accessing NDIS, because the workers come with that stereotype in the eligibility process, saying, well, people don't need the support because they're going to get it from within their community. The risk of not adding that nuance to anything that talks about cultural values means that we actually make it worse for access. **— Participant 5, Stakeholders Group**

Theme 2: Access

Access barriers discussed by participants concerned whether people reach the Scheme at all. These included the diverse ways disability is perceived and named within families and communities, the accessibility of information and the availability of support to understand NDIS processes, and whether the Scheme is understood and trusted enough to approach. Participants noted that these factors vary considerably within and across communities and should not be read as characteristics of CALD communities as a whole.

Perceptions of disability and family gatekeeping can sometimes delay disclosure and help-seeking

Participants in both roundtables identified demand-side factors that operate before an application is considered, and in some cases before disability is acknowledged. While complex and not uniformly expressed, participants commonly discussed real and perceived stigma. Where disability or specific types of disability are associated with or perceived to be associated with shame or stigma (such as psychosocial or intellectual disability) within a community, seeking a diagnosis or support can be more complex in itself. Participants reported that these perceptions can sometimes delay disclosure and help-seeking.

> The stigma and shame associated with the disability, especially intellectual disability in CALD communities. If it is physical, you can't hide it, but communities tend to hide that and not disclose it to even friends or families. **— Participant 4, Lived Experience Group**

Participants also discussed caregiving, with some individuals highlighting that in many communities, caring for a relative with disability, whether an elderly parent or a child, is understood as a family obligation, making it less likely that people will feel comfortable seeking out formal or paid services. In some cases, it may be perceived as failing to meet family obligations. Within this, some participants also highlighted that the caring role is predominantly fulfilled by female carers. For some, this can in turn intersect with unmet disability and caring support needs of carers as well as the family members they

care for. For example, a female carer with disability caring for other family members with disability, may experience a different cultural calculation in seeking support for herself than the individualised model of the Scheme assumes.

> My mother was a woman with an intellectual disability, but she refused to go into the NDIS because she felt like she didn't need it. In most cultures there's a very high emphasis on women being the caretaker. That usually equates to fewer female culturally and linguistically diverse folks being on the NDIS, but that also means there's more burden placed on them. **— Participant 3, Lived Experience Group**

Gendered caring norms were also reported to reduce women's independent engagement with the Scheme while increasing their unpaid caregiving. Religious expectations about the gender of care workers added a further constraint. This dynamic illustrates a tension between the NDIS's individualised model of choice and control and collectivist family structures common in many CALD communities.

Family acceptance was described as sometimes operating as a gate in its own right. Some stakeholders described examples where families may reject a diagnosis and refuse the supports offered, even where the person's need is clearly evident. Eligibility was therefore described not simply as a clinical threshold, but one that can be socially mediated, shaped by whether a family is willing to name a disability and to allow outside services in.

> It is heartbreaking to a point when you are talking to somebody who clearly needs support and their families do not actually acknowledge it, nor will they support the supports that are coming in to provide the support for the person that needs it. So that is quite a significant barrier as well. **— Participant 1, Stakeholders Group**

Accessibility in understanding NDIS terminology

In both roundtables, lived experience participants and stakeholders highlighted an inconsistent understanding of the Scheme among people from CALD backgrounds. Some participants described the NDIS documents and communications as not very accessible (even when they are translated). This was particularly relevant to some concepts embedded in the Scheme's design, which were described as having no ready equivalent in other languages or cultural frameworks, so translating documents does not automatically reduce access barriers.

> Everything still comes in English. How long has the NDIS been around? Over a decade, and people are still quite confused as to what they can be provided with and what they're supposed to be doing **— Participant 3, Lived Experience Group**

> The legislation and the terminology used within those types of documents is absolutely heinous for somebody who is a native English speaker, let alone bringing the culturally and linguistically diverse perspective as well **— Participant 1, Stakeholders Group**

There are advocacy organisations that support people with disability from CALD backgrounds. Representatives from these organisations said they spend considerable time navigating the paperwork

and much less time on actual advocacy for the participant. If the paperwork were easier to navigate for people from culturally diverse backgrounds, much of that time could be used on what is important for a person with disability and on how best to deliver services to them.

Distrust is common, and trusted intermediaries can engage to bridge this

Lived experience participants described deep distrust of government institutions, particularly among people who may have fled authoritarian states, which could have affected their engagement with the Scheme. They described some communities as often 'closed' to outsiders, so trust is extended within the community and withheld from services considered 'outsiders'. This trust deficit, often stemming from prior migration experiences, can be exacerbated by complex eligibility criteria, difficulties accessing diagnostic evidence, and unfavourable decisions. Lived experience participants stated that CALD people prefer services delivered by workers who share their background, and that such services are scarce even in the most multicultural areas of New South Wales.

> There is a deep-seated distrust of institutions across multiple cultures. These are individuals who've come from all over the world to escape, maybe, a dictatorship. That's probably one of the many factors stopping people from actively engaging with a resource like the NDIA.**— Participant 3, Lived Experience Group**

> They want people who look like them, who talk like them. And we just donot have enough of those. Even in the most multicultural area of New South Wales, we still don't have those culturally safe environments. I do not feel like the NDIA or the services involved are fully equipped to deal with culturally and linguistically diverse communities. **— Participant 3, Lived Experience Group**

Stakeholders noted that while sharing a cultural background would be a preference for some, while engaging with disability services, many people just want quality workers who respect and can provide culturally responsive supports. For the NDIA, stakeholders raised that this implies two things. First, gaining access to some communities may require working through intermediaries who already hold the community's trust; therefore, more investment is still needed to build the capacity of multicultural services to enable that access. Another implication is the need to invest in building capacity for cultural responsiveness among workers across the NDIS service system and enabling supervision and feedback processes within the system.

> What people in the CALD communities are asking for is not someone from my community who works in NDIS, but good quality workers, who understand what cultural responsiveness is and their own unconscious bias. It's about making sure that we have training, supervision, ways of having soft complaints and soft feedback, so that staff are supported to be good workers. **— Participant 5, Stakeholders Group**

Planning records diversity but does not act on it

The planning meeting was identified as a point where CALD participants are disadvantaged by the way the process is conducted. Some of the problems described also affect non-CALD participants, but their

impact was described as greater for people who already face language and system-literacy barriers. This includes how planners ask questions, how they record information, and whether the supports proposed are culturally appropriate. Participants recognised that planners work under considerable time pressure with competing demands. Their concern was that this pressure is also absorbed by the participant, who is left to compensate for what the planner has not done. One participant described how her plan was structured around her secondary disability rather than her primary disability, because the secondary condition had more supporting documentation.

> They (NDIS planner) didn't read my paperwork that was provided to them about the disability. She asked me very graphic questions of how it affects my disability. I had to give her my own disability description when they could have done that. **— Participant 1, Lived Experience Group**

> I have a primary disability [..], but according to my evidence, I get a lot of evidence from the secondary disability, which is vision impairment. They haven't listed it in that particular order. They have listed it according to the evidence provided, which is annoying because you can't change it. **— Participant 1, Lived Experience Group**

Participants also raised how CALD status is recorded during planning. Planners ask whether a participant is from a CALD background, but they do not follow up on what this means for a specific individual, their experiences of disability, or how the plan is informed and supports are delivered. Identifying a participant as CALD does not lead to any adjustment in how the meeting is conducted or in the supports proposed.

> There was a part about whether I was a culturally and linguistically diverse person, but there was no follow-up conversation as to how that interacts with my disability. It's a conversation where they're ticking a box: okay, this person is not a white person, and that's it. **— Participant 3, Lived Experience Group**

Theme 3: Utilisation

The utilisation theme focused on how approved plans and budgets are used once access is achieved. In both groups, discussions centred on why, despite lower disability prevalence and the eligibility and access barriers identified, CALD participants, on average, demonstrate greater utilisation of allocated funds than non-CALD participants.

The utilisation paradox: high utilisation is not necessarily evidence of effective utilisation or improved outcomes

Participants offered several explanations for the higher utilisation of allocated funding observed among CALD participants. The first was that CALD participants who do reach the Scheme are often individually capable of navigating the Scheme, and/or better connected to and supported by knowledgeable family and community supports to navigate access in the first place, with this capability and support in turn facilitating people to start well supported and to use most of their plan funding. High utilisation could therefore partly reflect a selection effect, in which only the more capable and better-supported CALD applicants reach the Scheme.

> My suspicion is its actually advocacy. That means that when you finally get your package, you use it well. Obviously that's not everyone, but there are good experiences, and if the purpose of this research is to inform change, we also need to pick that out. **— Participant 5, Stakeholders Group**

The second was that higher utilisation may reflect greater need: CALD participants may present with more severe or complex disability support needs, in part because access has already been delayed by personal and structural barriers. Without early intervention, the level of support required may be higher by the time a plan is approved. A third explanation, raised anecdotally by some stakeholders, was the possibility of such practice by service providers, with some CALD groups considered more vulnerable to fraudulent practice, including scams targeting plan funds. Stakeholders also noted that their service area is among the country's most exposed to NDIS fraud. Taken together, these accounts suggest that higher utilisation does not necessarily indicate optimal use of funding, nor should it be read as evidence of better outcomes.

> I have heard stories of clients who do not speak English, whose plan is managed by whatever provider they are working with, and because of the language barrier these providers have been able to just use all their money. So, I am curious whether it's being utilised appropriately. **— Participant 2, Lived Experience Group.**

> They may have less access to NDIS, but the fact that there was a high utilisation of plans was a surprise. That either means people are able to navigate the system very well, or there's possibly some other contributing factors, or whether there's some fraud as well. It would be great to see some evidence on that **— Participant 6, Stakeholders Group**

Some stakeholders argued that utilisation data should not be interpreted in isolation from the barriers that determine who enters the Scheme. Utilisation says nothing about participants who were never funded, the population of greatest concern for equity.

> Utilisation patterns are very important, but there needs to be a stronger focus on the systemic barriers that influence access and participation in the first place. Looking at the utilisation data alone might risk overlooking that intersectionality and the structural barriers and might not give the true scenario of what's actually happening at the ground level. **— Participant 7, Stakeholders Group**

Decisions about plans and funding do not always make sense to participants and are not adequately communicated to them

Participants described changes to their plan funding that came without warning or explanation. The lived experience group reported that the recent introduction of three-monthly funding periods reached participants before any explanation did. Participants discussed that the community did not know why their

funding was being released this way or when they could use it. One participant understood the change only because a friend had explained it, and noted that advocacy agencies, multicultural providers and NDIS providers themselves all needed to be briefed. Explanation of Scheme rules was therefore travelling through personal networks rather than through the Scheme. Provider pricing was raised in the same terms. When a participant learned how much of the hourly rate charged against his plan was retained by the provider rather than paid to the worker, the response was anger that funding regarded as his own was being used in a way he had not agreed to and could not change. Rising travel costs were noted as adding to the share of plans consumed by provider charges. In each case, participants felt they were the last to be told and described the processes for querying changes or seeking a review of plan decisions as difficult to navigate. These accounts predate the passage of the Securing the NDIS for Future Generations Act on 19 August 2026, and the same communication gap can be expected to recur as those changes are rolled out unless the NDIS can more effectively engage with individuals, multicultural and advocacy organisations to better communicate proposed changes and how these may affect individuals and their plans.

> With the new plans and the three-monthly funding periods, a lot of us are confused about when that is being utilised. When is it given to participants, and in what circumstances? I have a very good understanding of that because one of my friends explained it to me. But a lot of the new participants that are now getting the new plans are going, why are we getting this? Can you please explain? That needs to be explained to the advocacy agencies and the other multicultural providers and the other NDIS providers in more detail. **— Participant 1, Lived Experience Group**

> One of our patients I spoke to was extremely distraught when he learned that the nurse that was coming to him was being paid around $80 an hour, but the NDIS provider was charging him $180 per hour. He just went off to say, well, that's his money and why is it being used in that way? And many are finding that due to the high cost now of travel. **— Participant 3, Lived Experience Group**

An untapped CALD workforce could ease the provider shortage

Participants asked whether there are enough skilled and culturally competent health and disability workers to help meet the needs of people with disability from CALD backgrounds, and noted that the shortage of psychologists, counsellors and support workers with both disability and CALD expertise can limit the choice CALD participants have in accessing service providers they feel are competent to understand and address their needs. Where such workers are unavailable, funding is spent on services that are not always experienced as culturally responsive or is not spent at all. One lived experience participant reframed the problem. The shortage is not a lack of skilled CALD people. CALD communities include qualified health and disability professionals whose overseas qualifications and prior learning are not always recognised, and who face substantial registration and employment hurdles. As a result, this workforce is not being utilised in ways that could help meet existing gaps. Participants suggested that workforce capacity in culturally responsive disability services could be addressed, at least in part, by streamlining recognition of prior learning, simplifying registration and creating supported pathways into NDIS service provision for professionals already in the community.

> We do have workforce. But the system in the country discourages CALD people from firstly acknowledging their prior learning, and then you've got major hoops in terms of registration. If some of those barriers are broken down, maybe we will have more people from CALD communities working in these areas.**— Participant 4, Lived Experience Group**

Cross-cutting themes

The pattern is structural, not a community deficit

Stakeholders with long experience of the sector observed that the pattern of findings is not specific to the NDIS. The same barriers are documented for social services, antenatal care, alcohol and drug services, cancer screening and every other health and human service. They emphasised the need to frame the observed disparities as structural rather than a deficit of knowledge or willingness within CALD communities. Such framing shifts the explanation away from the characteristics of applicants and towards the design and administration of the Scheme, and it applies a fundamental test of the Scheme's primary goal to provide equal social and economic participation for all people with disability: whether the supports offered are fit for purpose for people from diverse backgrounds, and whether those who need them can access them on an equal basis.

> We provide this set of services, and for some reason the people we identify as CALD don't use those services on the same basis as others. Then we come up with theories: the CALD community doesn't know about them, or they're reluctant to use them. We actually need a different way to frame the problem. Structural discrimination is a really useful frame. **— Participant 4, Stakeholders Group**

> You could drop any form of human service into this equation, and we would see similar themes. There are themes that transcend the actual issue of the NDIS, even though the NDIS was created to be the game changer. So it's less of a surprise, but more almost an expectation of, oh, here we go again. **— Participant 2, Stakeholders Group**

This aligns with findings from a review commissioned by the Disability Royal Commission on best practice approaches to accessing services for people with disability from CALD backgrounds. The review highlighted that governments need policy frameworks and systems that explicitly acknowledge and respond to the different intersections of identity and life realities of people with disability (Bates et al., 2023). The review called for more culturally responsive practice at multiple levels – system, organisational, professional and individual – drawing on earlier work on best practice in cultural responsiveness completed by the National Health and Medical Research Council (NHMRC) in relation to health services (Bates et al., 2023; NHMRC, 2006).

CALD is not one group, and NDIS equity cannot be achieved by the NDIS alone

Both groups cautioned against treating CALD people as a single group. Lived experience participants identified many intersecting experiences, including mental illness, minority stress and homelessness. Stakeholders identified migration history, socioeconomic position, health literacy, family dynamics, digital

capability, and stage of settlement, and observed that NDIS data does not adequately capture these experiences or how they may intersect with capabilities to engage effectively with the NDIS. Settlement practitioners were emphatic that the barrier for newly arrived families is not willingness but the competing demands of settlement, which the Scheme was not designed to accommodate. These accounts locate access barriers partly outside the Scheme, in housing, income and settlement systems, and are consistent with scoping review findings on disconnected health, CALD and disability systems (Hancock et al., 2017), suggesting that NDIS equity cannot be achieved by the NDIS alone.

> The biggest challenge is not the willingness to engage with the NDIS. It is navigating a system that was not designed with their settlement journey in mind. Families are managing trauma, learning a new language, understanding an unfamiliar service system, and at the same time have caring responsibilities for their family members with disability. **— Participant 3, Stakeholders Group**

> Looking at cultural identity alone can very much oversimplify the barriers that people actually face in real life. Migration history, socioeconomic circumstances, literacy around not just NDIS but health, the dynamics within the family, and the trust within institutions all overlap and shape how people engage with the supports that are available. **— Participant 7, Stakeholders Group**

Across both roundtables, a consistent picture emerged of compounding barriers along the eligibility, access and utilisation pathway. Difficulties at one stage produced or worsened difficulties at the next. Not all CALD participants had the advocacy and community connections that enabled some to enter and use the Scheme well, and those without them were more likely to face barriers at each stage.

Policy and Practice Implications

The findings point to actions for the NDIA, governments and the community sector. Many align with the navigation supports recommended in the NDIS Review in 2023 (Australian Government, 2023), and at a more granular level with the six priorities of the NDIA's Cultural and Linguistic Diversity Strategy 2024–2028. Because the quantitative analysis is descriptive and the roundtables were small, some are framed as areas for investigation.

Eligibility

- Clearer, translated guidance for applicants and treating professionals on the evidence the NDIA requires.
- A consistent, published approach to assessing overseas diagnoses, particularly for humanitarian entrants.
- Collaboration with state and territory health systems to fund or streamline assessments for applicants who cannot afford them, potentially building on State-funded child development assessments.
- Culturally informed community outreach and early identification to reduce stigma and help people disclose and seek support.
- More resourcing for support to navigate mainstream and NDIS service systems delivered locally with specialist navigators for people with more complex needs and from different communities as flagged in the NDIS Review.
- Investigation of why acceptance rates are lower for CALD applicants with physical and psychosocial disability.

Access

- Ongoing, rather than project-based, funding for multicultural advocacy, settlement and refugee health services, as trusted intermediaries, to support people to apply.
- Cultural responsiveness built into planning practice, so that identifying a participant as CALD changes how planning is conducted, including access to trained interpreters and, where needed, in-person rather than phone or video planning meetings.
- NDIS materials and letters developed in Plain English and tested with communities for comprehension, prior to being translated, with access decisions that explain the reason and the evidence needed.
- Ensuring space for the participant's own voice in family-supported planning, with attention to women who both provide and need care.
- Continuity of contact and accessible advocacy in reviews and appeals.

Utilisation

- Closer examination of what sits behind higher CALD plan utilisation, and of what supports CALD participants need once in the Scheme, before assuming higher use as a measure of success.
- Pricing and market stewardship that account for the costs of interpreting and culturally matched services.
- Streamlined pathways into NDIS work for overseas-qualified health and disability professionals.
- Training, supervision and feedback processes that build cultural responsiveness across the NDIS provider workforce.
- Stronger transparency and oversight for plans managed by third parties.

- Early briefing of multicultural and advocacy organisations, and translated explanations, when NDIS processes and rules change.

Data, monitoring and research

- Routine public reporting of access, plan budgets and utilisation by CALD status, age and disability type.
- Consistent recording of country of birth, language, interpreter need, year of arrival and visa pathway.
- Further analysis that accounts for age, disability type and severity, including age-standardised comparisons of access.
- Ongoing monitoring of impact on CALD communities as reforms under the Securing the NDIS for Future Generations Act and the Thriving Kids agenda are implemented.

Crosscutting

- A recent review of best-practice approaches of access to services for people with disability from CALD backgrounds commissioned by the Disability Royal Commission highlighted the need for governments to have policy frameworks and systems in place that explicitly acknowledge and respond to the different intersections of identity and life realities of people with disability and called for culturally responsive practice at multiple levels – system, organisational, professional and individual (Bates et al., 2023) – which accords with the cross-cutting themes identified in this research.
- Coordinate across settlement, health, housing, and disability systems, so support does not depend on which service a person reaches first.

Conclusion

This report brought together a scoping review, analysis of SDAC 2022 and NDIS administrative data, and roundtables with people with lived experience and sector stakeholders to understand how people with disability from CALD backgrounds engage with the NDIS. Although disability is less common among CALD populations, people with disability from CALD backgrounds face barriers in getting into the Scheme. A lower proportion apply and become participants, and CALD applicants are more often deemed to not meet the access criteria, particularly those with physical or psychosocial disability. Much of the overall gap in acceptance reflects the older age profile of CALD applicants, and differences in disability mix may also contribute; because the analysis is descriptive, these comparisons are indicative.

Once inside the Scheme, CALD participants on average hold larger plan budgets and use a higher share of their funding across every disability type and, for Core Supports (social, community and civic participation), in every age group. For some, this may reflect well-supported engagement; for others, it may reflect greater need after delayed access or the higher costs of interpreting and specialised services. What it means for participants' outcomes is not yet clear. This contrasts with scoping review evidence that CALD participants' plans are often under-used, underlining the need to look beyond utilisation rates.

Addressing these barriers requires action beyond the NDIS alone, across the health, settlement and disability systems, and a workforce able to respond to cultural and linguistic diversity rather than simply record it. More research is needed to understand how CALD participants use funding and what supports they need, and better data are needed to track whether the Scheme serves CALD communities equitably as current NDIS reforms are implemented.

Appendix 1 Population Estimate of People with Disability

Table A.1. Population estimate of people with disability by CALD background – demographic profile (SDAC 2022), all ages

Demographic indicator	Non-CALD n (%)	CALD n (%)	CALD (lang. only) n (%)
Total N	**4,604,400**	**884,100**	**456,200**
Prevalence (all ages)	23.3%	15.1%	13.1%
Prevalence (under 65 years)	17.0%	8.6%	7.7%
Age group			
0–8 years	224,700 (4.9%)	14,700 (1.7%)	12,700 (2.8%)
9–14 years	270,100 (5.9%)	17,400 (2.0%)	9,200 (2.0%)
15–24 years	399,900 (8.7%)	36,900 (4.2%)	18,800 (4.1%)
25–44 years	672,300 (14.6%)	122,100 (13.8%)	75,800 (16.6%)
45–64 years	1,210,500 (26.3%)	247,700 (28.0%)	129,100 (28.3%)
65+ years	1,833,600 (39.8%)	453,100 (51.2%)	214,900 (47.1%)
Sex			
Male	2,257,100 (49.0%)	399,700 (45.2%)	208,000 (45.5%)
Female	2,338,000 (50.8%)	481,300 (54.4%)	247,200 (54.1%)
Other	8,600 (0.2%)*	800 (0.1%)	0 (0.0%)
State or Territory of Usual Residence			
New South Wales	1,283,100 (27.9%)	327,600 (37.1%)	212,300 (46.5%)
Victoria	1,098,000 (23.8%)	298,500 (33.8%)	147,900 (32.4%)
Queensland	1,087,000 (23.6%)	109,700 (12.4%)	38,700 (8.5%)
South Australia	420,100 (9.1%)	34,300 (3.9%)	13,400 (2.9%)
Western Australia	451,000 (9.8%)	75,500 (8.5%)	24,500 (5.4%)
Tasmania	158,100 (3.4%)	13,700 (1.5%)	4,200 (0.9%)
Northern Territory	27,600 (0.6%)	7,300 (0.8%)	4,600 (1.0%)
Australian Capital Territory	75,600 (1.6%)	14,700 (1.7%)	10,200 (2.2%)
Year of Arrival			
Arrived before 2001	435,000 (9.4%)	559,200 (63.2%)	254,400 (55.8%)
Arrived 2001–2005	34,000 (0.7%)	45,600 (5.2%)	25,800 (5.7%)
Arrived 2006–2010	31,600 (0.7%)	67,000 (7.6%)	48,000 (10.5%)
Arrived 2011–2015	38,400 (0.8%)	63,000 (7.1%)	40,100 (8.8%)
Arrived after 2015	21,100 (0.5%)	61,100 (6.9%)	45,000 (9.9%)
Born in Australia	3,901,600 (84.7%)	41,700 (4.7%)	41,700 (9.1%)
Migration Characteristics			
Not recent migrant or temporary resident	4,570,100 (99.3%)	799,200 (90.4%)	394,400 (86.5%)
Permanent (Skilled or Family)	Small count**	14,900 (1.7%)	11,900 (2.6%)
Permanent Humanitarian	Small count**	13,900 (1.6%)	13,900 (3.0%)
Temporary (Student or Other)	Small count**	11,900 (1.3%)	7,100 (1.6%)

Demographic indicator	Non-CALD n (%)	CALD n (%)	CALD (lang. only) n (%)
Australian citizen arrived in last 10 years	14,500 (0.3%)	32,500 (3.7%)	18,600 (4.1%)
Disability type (multiple response)			
Sensory and speech	1,583,500 (34.4%)	334,800 (37.9%)	173,100 (37.9%)
Learning and understanding	1,003,300 (21.8%)	131,300 (14.9%)	73,200 (16.0%)
Physical restriction	3,061,100 (66.5%)	649,600 (73.5%)	333,400 (73.1%)
Psychosocial	1,415,500 (30.7%)	243,500 (27.5%)	123,700 (27.1%)
Head injury, stroke or ABI	285,900 (6.2%)	67,700 (7.7%)	32,000 (7.0%)
Other	1,881,000 (40.9%)	427,300 (48.3%)	226,900 (49.7%)
Disability status			
Profoundly limited	820,300 (17.8%)	235,800 (26.7%)	138,600 (30.4%)
Severely limited	813,500 (17.7%)	167,600 (19.0%)	86,800 (19.0%)
Moderately limited	679,500 (14.8%)	97,900 (11.1%)	46,200 (10.1%)
Mildly limited	1,342,000 (29.1%)	223,900 (25.3%)	102,800 (22.5%)
Not limited, but restricted in schooling or employment	362,700 (7.9%)	39,100 (4.4%)	28,900 (6.3%)
Not limited in core activities or restricted in schooling or employment	586,000 (12.7%)	105,600 (11.9%)	40,900 (9.0%)

Note: Percentages are calculated within each CALD group (column) and may not sum to exactly 100 due to rounding and TableBuilder confidentialisation. Given smaller underlying sample sizes for the CALD and CALD (language only) groups, several subgroup estimates carry a high relative standard error and should be treated as indicative rather than precise.

Table A.2. Plan utilisation, last completed plan, all participants

Group / measure	N	Median $ (Q1, Q3)
Non-CALD		
Planned annual cost for last plan	469,783	35,100 (18,100, 87,100)
Actual annual cost for last plan	455,884	22,600 (10,500, 63,100)
Utilisation (% of budget spent)	455,884	72.7 (47.9, 90.7)
CALD		
Planned annual cost for last plan	52,025	44,800 (21,100, 105,000)
Actual annual cost for last plan	50,813	31,800 (13,800, 84,100)
Utilisation (% of budget spent)	50,813	81.5 (56.3, 95.0)
CALD (Language only)		
Planned annual cost for last plan	31,482	36,800 (19,900, 88,900)
Actual annual cost for last plan	30,673	26,700 (12,900, 72,500)
Utilisation (% of budget spent)	30,673	82.6 (57.5, 95.6)

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