Facilitators to Successful Service Engagement of people with Disabilities from Culturally and Linguistically Diverse Backgrounds

by

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Facilitators to Successful Service Engagement of people with disabilities from Culturally and Linguistically Diverse background

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Equitable service engagement and access for people with disabilities from culturally and linguistically diverse background can only be achieved when policies and service provision become inclusive of this population and taking into consideration the cultural needs of this group.

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Abstract

Australia is one of the most multicultural countries in the world with approximately 28 percent of the population constituting people from culturally and linguistically diverse background (CALD) (Henderson & Kendall, 2011). Yet, studies report that access rate of disability services by people from CALD background with disability is exceedingly disproportionate to their presence in the community (Zhou, 2016). The aim of this study is to establish what the academic literature informs about the facilitating factors that promote successful service engagement of CALD people with disability. To inform policy and service delivery in the disability sector, facilitators to service engagement by CALD populations must be understood.

A systematic review was conducted to capture themes emerging on evidence regarding facilitators to successful engagement of CALD people in disability services. Five academic literature databases were searched, revealing 6549 studies of which 10 articles met the criteria for inclusion. Eligible studies included studies published in English between January 2008 to September 2018.

Two major themes emerged from the literature including facilitators and barriers to service engagement of CALD populations with disability, with little literature focusing discretely on facilitators. The Intersectionality framework was used to discuss the review findings, this framework takes into consideration broader structural inequities and power imbalances including social class, gender, collective impact on help seeking and disability outcomes.

This review highlights the critical need to undertake further enquiry into broader societal issues that influence engagement and disengagement in disability services in CALD populations.

Acronyms

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
DSS	Department of Social Services
NDIS	National Disability Insurance Scheme
PICO	Population, intervention, comparison and outcome

Terminology

Culturally and Linguistically Diverse (CALD)

This term has been used to define the multicultural diversity in Australia (Sawrikar & Katz, 2009). According to Australian Bureau of Statistics this definition encompasses, country of birth, main language spoken at home (other than English), English proficiency and Aboriginal and Torres Strait Islander status (Australian Bureau of Statistics , 2014). The definition incorporates the previously used terms of None English Speaking Background (NESB) or language Other than English (LOTE) which capture the importance of language and country of origin. However, these terms were dropped from many public and government discourses in favour of the term CALD because country of birth and language were not seen to be adequate alone as indicators of the complexity of cultural identity (Australian Bureau of Statistics, 1999). For the purposes of this study the term CALD has been used but not including Aboriginal and Torres Strait Islander status because the study did not focus on this population.

National Insurance and Disability Scheme (NDIS)

The NDIS is a new and flexible way of providing disability services to Australians over the age of 65 with a permanent and significant disability. The NDIS is a goal-oriented service supporting people to achieve their goals which include; independence, community participation, employment and improved wellbeing (Green & Mears, 2014). The NDIS is guided by the Person-Centred Philosophy which promotes individualised, self-directed funding and supports (Green & Mears, 2014).

Population, intervention, comparison and outcome (PICO)

PICO is a framework used to form the focus of the current literature review, search for relevant evidence in the literature data-set and guide data extraction processes (Santos, Pimenta, & Nobre, 2007).

Declaration

I declare that this thesis is the result of my own research, that it does not incorporate without acknowledgment of any materials previously published, written or work produced by another person except where due reference is made on the text.

Name: Mary Awata

Signature:

Date: 3 December 2018

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Introduction

Numerous studies emphasised the increasing need to improve access to disability services for culturally and linguistically diverse (CALD) populations in western countries. It was recently estimated that one million people from a CALD background in Australia had a disability (Soldatic, van Toorn, Dowse & Muir, 2014). It is more difficult for CALD people to navigate complex welfare and disability systems, and to receive suitable supports. The Productivity Commission (2017) stated that CALD people with disability will be among the 9 out of 10 people predicted to miss out from the benefits of Australia's recently launched National Disability Insurance Scheme (NDIS). To ensure social justice for this marginalised group of people, finding ways to improve their service engagement is critical.

The NDIS is a new model of person-centred care. It is based on a philosophy that individuals who have a disability having greater choice and control over their support services. Evidence on the barriers to engaging people from CALD in disability and other related health services exists, identifying difficulties for people to navigate the health system. However, there is a lack of consolidated information reporting facilitators to successful engagement in disability services by CALD communities (Productivity Commission, 2017). While it is important to understand barriers preventing access to services, often no solutions are offered in the literature. Understanding why people engage in disability services, particularly the facilitators can inform practice design and diffusion of promising or evidenced service models accordingly.

The objective of this study is to examine what the literature reports on the facilitators to successful service engagement of CALD populations in disability services in Australian and similar western countries. The literature review focused on relevant studies from the United Kingdom, Canada, United States and New Zealand. The study aimed to critically appraise and synthesise the findings of published peer-reviewed literature on this topic. Thematic analysis was undertaken to identify emerging themes from the literature in relation to engagement of CALD populations with disability in services.

A systematic literature search of electronic databases; Medline, PsychINFO, Scopus, ProQuest, PubMed and search engine google scholar was performed. Peer reviewed articles published between January 2008 to September 2018 in English language were included in this review. The search revealed a total of 6549 studies from these databases, 10 articles met the eligibility criteria for inclusion. Two major themes emerged from the literature including facilitators and barriers to service engagement of CALD populations with disability. Few articles focussed discretely on facilitators.

Many theoretical frameworks explaining the engagement of CALD people in services have been proposed. For example, the intersectionality framework which has been applied to this study in reviewing and critiquing the existing literature. This framework emphasises the importance of taking into consideration broader structural inequities and power imbalances including social class, gender, collective impact on help seeking and disability outcomes (Baker, Procter, & Ferguson, 2016). This review highlights the critical need to undertake further enquiry for strengthening understanding into personal, political and broader societal issues that influence engagement in disability services among CALD populations.

Disproportionate access rate of specialist disability services by CALD people with disability who were born overseas has been reported in the Australian Institute of Health and Welfare (AIHW) (AIHW, 2014). The report identified that the access rate of CALD communities in disability services has consistently been below 13 percent of the total service user population. This is despite half of the Australia population having been born overseas (Zhou, 2016). In a study by Zhou (2016), people with disability born overseas were compared with Australian born, finding that 5.6 percent of people born overseas needed assistance in core activities compared to 4.5 percent Australia-born people. Further, people born in a non-English-speaking background who mainly speak a language other than English at home presented with the highest rate of disability. This was 6.7 percent compared with other CALD subgroups (Zhou, 2016). In consideration of the study by Zhou (2016), it draws attention to challenges to the equitable implementation of the National Disability Insurance Scheme and equitable access by CALD people with disability. The current review of literature that is aimed to understand what might facilitate service engagement by CALD individuals with a disability is, therefore, timely.

The introduction of the NDIS presents a critical opportunity to consider how its design and delivery could bridge the access gap of CALD and the rest of the Australian population. This involves catering to and considering the level and the nature of the needs of people with disability from CALD backgrounds (Zhou, 2016). It is argued that any service system that cannot equally address the diverse needs of these people is not a fair system (Zhou, 2016). This raises questions regarding how to move forward with service delivery in ways that are ensure equitable access among Australia's diverse population.

With the multicultural mix of Australia, one could expect service engagement of CALD people with disability to be relatively like other populations. However, (Zhou, 2016) pointed out that the access rate of specialist disability services by CALD people with disability is exceedingly disproportionate to their presence in the community. This is consistent with the AIHW report on CALD people's engagement in disability services reported above (AIHW, 2014). The Productivity Commission (2017) highlighted the need in Australia of service engagement among CALD people. following estimations that 1 in 4 people with disability were either first- or second-generation CALD representing approximately 1 million Australians.

CALD people with disabilities are the second largest group of people with disabilities after women (AIHW, 2014). This starling statistics provide reason why service engagement of people with disabilities among this population is critical for further examination. The staggering numbers of low CALD people engaging in disability services drew my interest in conducting this literature review. Understanding the state of knowledge on 'what works' to engage CALD communities is necessary to inform developments in disability service promotion and user engagement.

This thesis is informed by a literature review examining a range of authorships focused on service engagement; facilitators and barriers. The aim is to understand from the body of knowledge the facilitating factors to service engagement of CALD populations with disability. While little literature was identified on facilitating features, the literature focused on barriers was also explored. Despite not being an area of focus of this study, it provides relevant insights about service engagement.

Evidence from the current literature review suggested researchers are often keen to identify barriers to engagement of CALD people in support services. This in turn has led to paucity of research that examines specifically the facilitators to service engagement of this cohort. Factors that may promote service engagement as an important finding for sector developments. The Ethnic Disability Advocacy Centre (2011) reported that despite CALD people presenting with high rates of disability, disability services in Australia has not effectively met the needs of this cohort (The Steering Committee for the Review of Government Service Provision (2009). The aim of this literature therefore was to systematically search for evidences in the existing literature and gain insights into why CALD people do and do not engage in disability services. Knowing this will assist the development and implementation of strategies to support stronger engagement of people in need.

The ten studies reviewed indicated that people from CALD background with disability are underrepresented in disability services. This has predominantly been attributed to socio-cultural barriers located in micro, mezzo and macro level. Similarly, structural and systemic barriers, including services that may not be inviting to CALD populations, have been identified as contributing to CALD underrepresentation (Baker et al., 2016; Colucci, Minas, Szwarc, Paxton, & Guerra, 2012; Henderson & Kendall, 2011; Kenning, Daker-White, Blakemore, Panagioti, & Waheed, 2017; Mirza & Heinemann, 2012; Mortensen, Latimer, & Yusuf, 2014; Smyth, Blaxland, & Cass, 2011; Zhou, 2016). In contrast, few findings from the literature report on facilitators to service engagement. The facilitators identified in the current review included; language considerations, cultural factors such as role of family, friends, religious affiliations, community, cultural sensitivity and understanding, engaging community navigators/ bilingual workers and service users in service design and implementation. These findings were elicited predominantly from the perspectives of service providers and very few focused on the perspectives of CALD people with disability.

Missing from the research literature are perspectives of CALD people with disability, their families or carers regarding factors that might strengthen and increase their engagement in disability services. Mirza and Heinemann (2012) stated that while existing evidence has examined the perspectives of service providers, few research studies have integrated service provider's perspectives with experiential accounts of consumers and their families.

As a result, questions related to interactions between consumers and service systems specifically, why CALD persons with disabilities access formal services systems and why they do not, how they experience service systems and barriers to service access and utilization remain unanswered (Mirza & Heinemann, 2012). This current literature review confirms that no further advancements in the last six years have been achieved in regards to understanding CAD engagement in disability services.

This thesis systematically searched the literature and explored the reported views and experiences of CALD people with disability, their families, carers and community. The findings from reviewing and consolidating the existing body of knowledge will help identify potential avenues for further research, inform policy and practice, and drive more equitable CALD engagement in disability services.

Research rationale and objectives

My rationale for this literature review is to discern from the evidence 'what works' in successfully engaging CALD populations in disability services. This is in response to current observations from my own practice as a service manager in the disability sector in South Australia of the low engagement and inequities between CALD people and other populations with disability. However, research and publication has not kept up with the changing demographic trends. Despite large scale immigration in Australia, UK, USA, Canada and New Zealand, the numbers of relevant research publications focusing on CALD engagement is relatively low (Claassen, Ascoli, Berhe, & Priebe, 2005; Mirza & Heinemann, 2012). A recent disability audit in Australia revealed the startlingly absence of data analysis of disability and service access among people CALD background (King, Desmarais, Lindsay, Piérart, & Tétreault, 2015). The current literature review confirms that little has changed.

According to (Zhou, 2016) there are yet no reliable statistical data in Australia on the number of people from CALD background with disabilities. Also, attitudes to disability and barriers related to help-seeking in these communities are poorly understood. While (Zhou, 2016) reiterated that the experiences of CALD people in successfully accessing disability services in Australia is under studied. According to (Fox, Aabe, Turner, Redwood, & Rai, 2017) people of non-English speaking background with disability continue to experience

discrimination based on their ethnicity, religion and their disability. More needs to be done, however, when considering the changing cultural face of the Australian community.

Reports revealed that many western countries, including Australia, are facing challenges in dealing with issues and tensions raised by the growing numbers of minority ethnic populations and increasing ethnic diversity (Craig, Atkin, Chattoo, & Flynn, 2012). The current trends of increased multiculturalism in most developed countries poses policy and service delivery challenges. Most of these countries are yet to respond to these demographic changes. Craig et al. (2012) raised concerns about the failure to address the issues of minority ethnic populations, locating this as a form of institutional racism through denying services to ethnic minority groups. Therefore, the evidence bases to guide the development of disability and other health carer services for CALD population with disability is inevitable particularly in the roll-out of Australia's National Disability Insurance Scheme (NDIS).

Impact of National Insurance Scheme on culturally and linguistically diverse people with disability

The NDIS was recently launched with the aim of promoting flexible supports across an individual's lifespan. This supports mainly focuses on early intervention and investment for those who have permanent and significant disability (Productivity Commission, 2017). Additionally, this scheme has radically altered the way in which people with disability access disability support services.

According to Soldatic et al. (2014) the new NDIS approach requires people with disability and their families or carers to self-advocate to receive support packages to enable them to receive the services they need. This self-advocacy requires individuals with disability and their carers to have the capability to self-advocate for their needs to be met. However, Purcal, Fisher, and Meltzer (2016) argued that the reliance on self-activation does not allow for recognition and response to the specific needs of CALD populations as part of the systemic process. These raises concerns on the appropriateness of NDIS for CALD people. On the other hand, Purcal et al. (2016) argued that there's a greater likelihood that already marginalised groups will not have the skills and ability to initiate their packages and fail to

adequately advocate for their needs. There's a risk that the inability of certain groups to self-advocate will result in their exclusion in accessing available services. No specific recommendations are provided by the Productivity Commission (2017) to target engagement and service improvements for people with disability from a CALD background despite several unmet needs and barriers that impact the service engagement of this population.

According to King et al. (2015) CALD people particularly people from refugee backgrounds living in Australia experience significant and compounding barriers to service access. Most refugees have several unmet needs, including limited voice in the current policy context, lacking knowledge and support to facilitate interactions with the current system (King et al., 2015). Conversely, the Productivity Commission (2017) report found that CALD people with disability are one of several key cohorts that may not be getting the full benefits of the NDIS or may have fewer positive experiences when they do engage with the scheme. A large proportion of CALD populations with disability are predicted to miss out from benefits of NDIS. This number is predicted to be about 9 out of 10 people. (Productivity Commission, 2017).

With this startling information, more detailed understanding of CALD issues and the development of knowledge to improve service engagement for this group is critical (Baker et al., 2016; King et al., 2015; Mirza & Heinemann, 2012). Developing nuances on CALD issues that promote engagement will inform advocacy, influence policy changes and development of models that are responsive to this population. As well, developing competencies in service providers to genuinely involve CALD people in articulating their needs and enhancing their capacity by involving them in matters that concern them. This is important when it is generally known from studies across disciplines that consumer informed and consumer-led approaches are critical for ensuring the suitability of intervention design and validity (Baker et al., 2016; Colucci et al., 2012; de Brún et al., 2015; Flanagan & Hancock, 2010; Henderson & Kendall, 2011; Mirza & Heinemann, 2012), and service uptake. When programs and interventions are perceived by target groups as being relevant to them, as Kenning (2017) wrote, their engagment is more likely to increase. With

these considerations, the method for the current literature review seeking to explore the

existing evidence on CALD communities engagement in disability servics is provided next.

Method

A systematic search of literature was conducted to identify studies focusing on facilitators to successful disability service engagement of people from CALD background with disability, their families and carers. Firstly, the systematic review began by defining and framing the research question using the population, intervention, comparison and outcome (PICO) framework. The process of defining and framing the research question is a vital step of a systematic review (Jesson, Matheson, & Lacey, 2011). The articles included in the study had to explicitly state the key words adopted through concepts developed using the PICO framework.

The research question informing the current review is:

What variables, factors and/or contexts are responsible for successful disability service engagement by CALD people with a disability, their families and communities, in Australian and other developed countries? The use of PICO helps in the selection of relevant information as it orientates the construction of the research question as well as guiding the researcher in judging the literature to include or exclude from the review (Santos et al., 2007). The PICO framework is important to researchers and other clinical professionals to rapidly and accurately locate the best scientific information available especially when in doubt of the information available (Santos et al., 2007). In addition, Santos et al. (2007) noted the use of PICO in literature search can eliminate some of the barriers of time and access to resources for answering questions. In this review, the population was people from CALD background with disability, intervention is disability/mental health services, and the context is facilitators to service engagement

 The PICO concepts used for the search are listed in Table 1 below:

Table 1: PICO framework concepts

Concept 1	Concept 2	Concept 3
Culturally and linguistically diverse	Disability	Engagement
CALD	Disability Services	Facilitators to Service engagement
Migrants	Mental health services	
Refugees		
Asylum seekers		
Ethnic minorities		

Search strategy

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The PRISMA guideline comprises of a set of evidence-based items that guide the researcher to report systematic review and meta-analyses (Liberati et al., 2009). A search of five electronic databases Medline, PsychINFO, Scopus, ProQuest, PubMed and search engine google was conducted between 8th September 2018 and 9th September 2018.

All search findings were extracted on the 9th September 2018. To capture current and relevant literature, limits were applied to capture studies undertaken from January 2008 to September 2018. The study included articles published in English predominantly from Australia and countries which share similar systems as Australia, including New Zealand, United Kingdom, United States and Canada. Key words were used to search the databases and the Boolean operator 'AND' and 'OR' were used.

The key words included; culturally and linguistically diverse* OR CALD* OR migrants* OR refugees* OR asylum seekers* OR ethnic minorities* AND disability* AND mental health services* AND service engagement* AND facilitators to service engagement*. The systematic search process was organised using a table to include: name of the database, date searched, search type, years covered by the search, results, refinement process, refined results, notes documenting additional refinement process and finally the number of papers used. Databases searched, and results are provided in Table 2.

Table 2: Databases searched and results

Resource	Data search conducted	Search Type	Search Type	Years covered by search	Refinements	Results	Search Results Refinement	Refined Results	Notes	Papers used
ProQuest	8/10/18	Advance	(Ethnic minorities*) OR (culturally AND linguistically diverse) OR refugees* AND (disability services*) AND service* AND engagement*	Last 10 years from 2008-to present	Full text; peer reviewed English	2749	Subject area Location Language and publication	95	Added location to include relevant countries	0
PubMed	8/10/18	Advance	(disability OR mental health AND culturally and linguistically diverse OR migrants OR refugees AND service engagement)	Last 10 years	Abstract Free full text Full text	48	Subject Systematic reviews English Humans Age 0- 65+	30		1 based on relev-ance
SCOPUs	9/10/18	Advance	disability* OR mental AND health AND ethnic AND minorities* OR migrants* OR refugees* OR culturally AND linguistically AND diverse* AND disability AND service AND engagement*	Last 10 years	Full text; peer reviewed English	129	Subject area: Disability and Rehabilitation Included: United States, Australia, Canada United Kingdom, Finland, New Zealand, Germany, Switzerland, Belgium Key words included: Human, Female, Male, Adult, child, children, Cultural Competence, Health Care Delivery, Ethnology, Cultural Competency, Delivery Of Health Care, Attitude To Health, communication, Cross-Cultural Comparison, Cross-cultural Services, Cultural Factor, Culturally Competent Care, Culturally Sensitive Care, Disabled Children, Disabled Person, Disparities, Emigrants And Immigrants, Engagement, Families, Family-centered Care, Focus Groups, Handicapped Child, Health Disparity Health Knowledge, Attitudes, Practice, Health Personnel, Health Service, Health Services, Health Services Accessibility, Health Services Needs And Demand, Health Status Disparities, Healthcare Disparities, Interpersonal Communication, Migrant, Qualitative Research, Refugee, Refugees, Rehabilitation,	2		2

Database	Date	Search type	Search terms	Date range	Journal type	No.	Key words / notes	No.	Refined	No.
							Somalia" Transcultural Care			
Psych-Info	9/9/18	Advance	Disability* and culturally diverse population) or migrants or refugees *) and service engagement*) title, abstract, heading word, table of contents, key concepts, original title, tests & measures	2008 to current	Journal Peer Reviewed Journal	1	Key words: culturally disability* diverse engagement* migrants population refugees service	1	Refined subject to: Depression (Emotion) Immigration Mental Disorders Mental Health Services Refugees	0
Medline	9/9/18	Basic search		2003 to current		3241	Advanced search 2003 to current limit to (abstracts and English language and full text and "review articles" and humans)	74	Narrowed to 2008 to current 46 Further screening based on relevance	2
Google Scholar	9/9.18				Include patent and citation	381	Select manually by relevance	19	Added relevant articles prior found on google scholar Screened for relevance 19	6
						TOTAL		TOTAL		TOTAL
						6549		221	124	10

Traditionally, systematic reviews follow strict inclusionary criteria. However, due to limited literature on this subject less strict criteria were applied. Studies were included in the review if they directly addressed disability in general or a specific disability phenomenon such as mental health or related health issues. This included qualitative and quantitative studies, peer reviewed academic articles. However, all the included studies were qualitative except one by Zhou (2016) which used existing statistics to address the phenomena.

Given the heterogenicity of CALD populations in Australia and the studied Western countries, it was necessary to look at literature surrounding different CALD groups. Similarly, all categories of CALD populations were included such as migrants, refugees, asylum seekers.

As the experience of migrants has been found to be remarkably similar around the world, relevant studies on CALD people in Australia, United Kingdom, Canada, United States of America and New Zealand were particularly relevant. Relevant studies on CALD populations were pursued with no specific age of participants to widen the scope of the literature. Some exclusion criteria were applied. For example, searches were restricted to English language literature and studies with no direct reference to disability related mental health or general health were excluded.

Eligibility criteria for inclusion

The studies identified as eligible for inclusion in this review met the following criteria:

Population: Culturally and linguistically diverse people with disability, mental health or related health domains, their families, carers, community members and health professionals working with this CALD populations.

Outcomes: The qualitative analysis described enablers' service engagement of CALD people with disability, their families or carers in accessing disability, mental health or other related general health services. Professionals' views of enablers and barriers in CALD people accessing disability/mental health services were also considered.

Setting/context: Mainly Western countries with similar systems as Australia including New Zealand, Canada, UK, US, with restriction to articles published between January 2008 to September 2018 and only those published in English. This was mainly for purposes of obtaining the most recent and relevant studies.

Study design: Empirical studies published as peer-reviewed journal articles were considered.

Titles and abstracts were screened for preliminary relevance and full papers of potentially relevant abstracts were obtained. I was aware of the limited literature on this topic therefore articles focusing on single domains of disability such as dementia, depression, anxiety and related general health were included to broaden insights on successful engagement strategies for this group.

In recognition of the imprecision in the use of the term 'service engagement' a decision on whether a study was interested in disability, general health or mental health was determined by examining the study title, abstract and introduction. However, research reports based on general health were not excluded because I was interested in describing the entire corpus of literature available on service engagement. Excluding such research reports would limit insights from other related fields. Contribution from such reports are invaluable given the limited information and data focusing on CALD populations within disability.

Selected articles were subjected to a rigorous scrutiny of the full text to confirm relevance and identification of emerging themes. Almost all the studies identified were qualitative studies. The selected articles clearly described their aims and study design, including sufficient detail to determine their relevance and significance for inclusion. Due to the limited literature in this area it was necessary to broaden the eligible group to include terminologies for migrant populations such as first generation, second generation, refugees, asylum seekers, skilled or other categories and all age groups and genders.
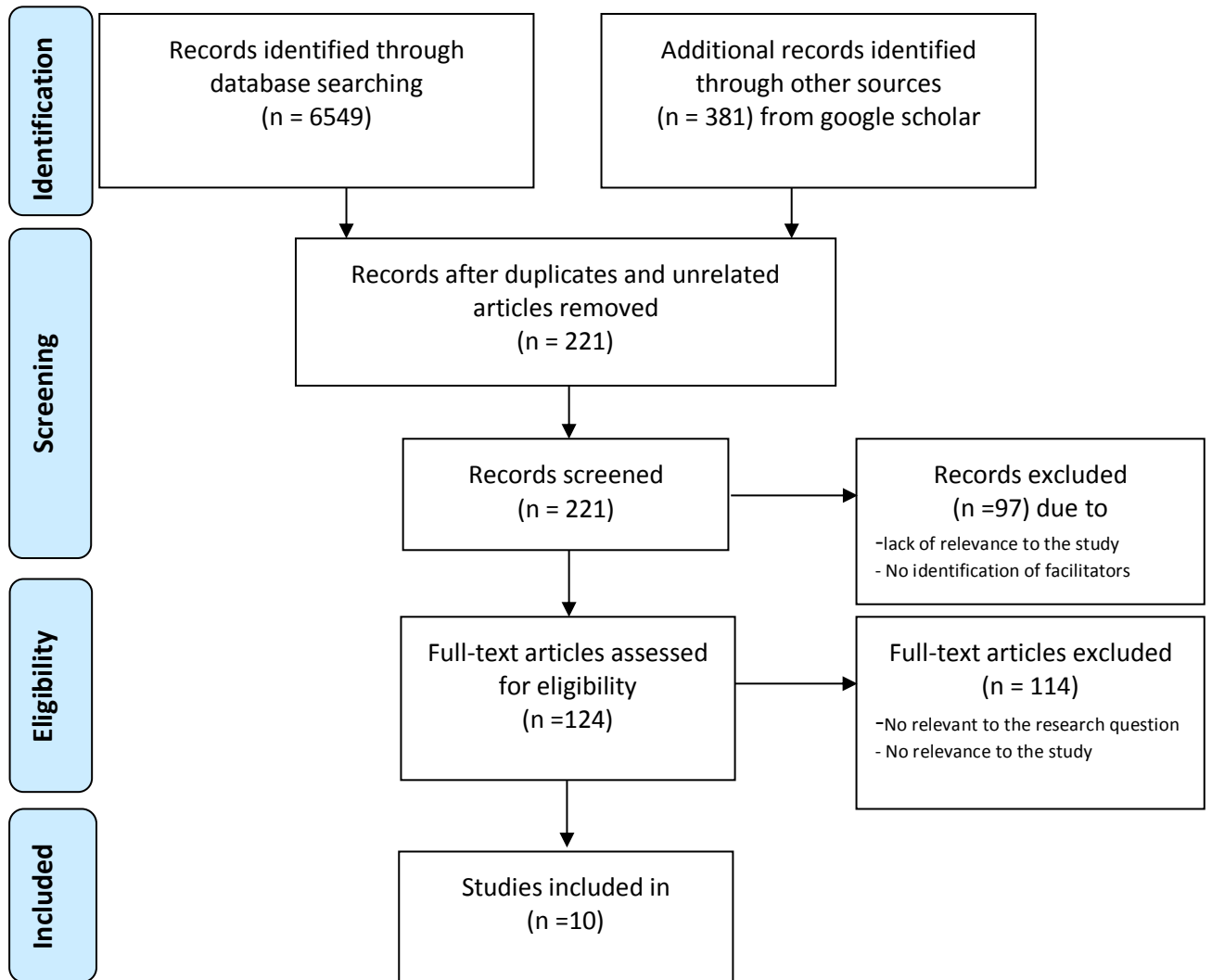
Exclusion criteria

The following types of studies were excluded: studies undertaken in countries whose health, welfare and disability support systems are not comparable to those of Australia, including studies from most African and Asian countries. Excluded were studies that did not have any focus on facilitators of service engagement in relevant field of study and non-peer-reviewed articles. Research that exclusively examined other specific and exclusive health services such as HIV, Hepatitis were excluded. Exclusion criteria were also applied to studies written in languages other than English.

Summarising and interpreting the results

Critical to a literature review is the summarising of the evidence. Zhou (2016) stated the data collected from each article provides the raw material for synthesising and summarising the findings. To summarise the study characteristics of the literature reviewed, a matrix was created detailing the author and country, title, study aim, participants and method and the study findings. Emerging themes across the different studies were similarly identified. Khan, Kunz, Kleijnen, and Antes (2003) advised that tabulation of data helps to discover the similarities and differences between studies such as study design, sample characteristics, and outcomes. Study details extracted from each paper included study and country, title, study aim, participants and methods, findings and theory used. In addition, themes and subthemes identified as facilitators and barriers or facilitators to service engagement were identified. A narrative synthesis of the findings was then performed using a thematic analysis.

Results

 A PRISMA flow diagram was used to show the processes of selection. The initial search identified 6549 records with a further 381 identified through other sources such as search engine Google scholar. Titles, authorship and keywords informed removal of duplicates and unrelated articles. Abstracts were read for the remaining 221 records to identify relevant papers and introductions read of potentially included items. A total of 97 records were excluded at this stage. Finally, 124 papers were read in full and assessed for eligibility, 114 were then excluded based on their irrelevance to the research question, 10 studies were

Identification	Records identified through database searching (n = 6549)	Additional records identified through other sources (n = 381) from google scholar

Screening	Records after duplicates and unrelated articles removed (n = 221)	

Screening	Records screened (n = 221)	Records excluded (n =97) due to −lack of relevance to the study - No identification of facilitators

Eligibility	Full-text articles assessed for eligibility (n =124)	Full-text articles excluded (n = 114) −No relevant to the research question - No relevance to the study

Included	Studies included in (n =10)	

included in the final review.

Figure 1: Prisma flow diagram

Data synthesis

As illustrated in the PRISMA chart (Figure 1), 10 out of the 6549 studies met the inclusion criteria following the application of the inclusion and exclusion criteria. As shown in Figure 2 below there were more barriers to CALD engagement in disability services identified in the study compared to the facilitators. Most studies tended to focus on complex and deep-seated barriers. The studies found that more vulnerable groups including refugees, asylum seekers, children and women faced more compounding challenges to accessing disability and other health services.

Study characteristics

Among the studies selected only one study from the US specifically included CALD participants with disability (Mirza & Heinemann, 2012). The participants comprised refugees from Cambodian and Somali backgrounds respectively. The participants represented people across a wide range of impairment categories including mobility, sensory, intellectual and mental health impairments and chronic health conditions (Mirza & Heinemann, 2012).

Another study in New Zealand by Mortensen et al. (2014) aimed to assess the impact of cultural case workers roles in improving the engagement of refugees and other migrant groups in health and other related services. The study participants included representatives from CALD communities targeted by the service, cultural case workers and management and staff from the service provider (Mortensen et al., 2014). While the rest of the eight studies focused on service providers with some including bilingual workers.

No study was found in the searching of literature, focused in Australia that exclusively considered the experiences of people from CALD background with a disability in respect to factors facilitating engagement with disability services. One Australian study by Henderson & Kendall (2011) focused on the experiences of service providers in Queensland area of

Logan, reporting on the experiences of bilingual workers in a study which aimed at promoting access to health services in CALD communities.

Due to limited studies focusing specifically on disability, other related areas of health were examined. This included mental health. The lack of information on this phenomenon indicates a knowledge gap on the facilitators that may promote successful engagement of CALD people with disability, their families and carers to successfully engage in services.

Most of the studies clearly identified the theoretical approach used. As illustrated in Table 3, the commonly used theories included: phenomenological approach intersectionality framework and Grounded Theory approach.

Table 3: Key authors and findings

Study and Country	Title	Study Aim	Participants & Methods	Findings	Theory
Saras Henderson A, C and Elizabeth Kendal 2011 Australia	Community navigators': making a difference by promoting health in culturally and linguistically diverse (CALD) communities in Logan, Queensland	To improve access to quality health services for CALD communities.	A qualitative in-depth interview using semi-structured and open -ended question were used. Participants included nine community navigators from Sudanese, Burmese, Afghan and Pacific Islander communities.	Common themes included (1) commitment to an altruistic attitude of servility allowing limitless community access to their services (2) Becoming knowledge brokers, with a focus on the social determinants of health (3) 'walking the walk 'to build capacity and achieving health outcomes for the community.	Phenomeno logical approach
Baker, Amy EZ Procter, Nicholas G Ferguson, Monika S, 2016 Australia	Engaging with culturally and linguistically diverse communities to reduce the impact of depression and anxiety: a narrative review	To identify evidence-based, effective ways to engaging with CALD communities to reduce the impact of depression and anxiety	A literature Search of qualitative peer reviewed academic articles. A total of 706 and 689 found in EbscoHost PubMed respectively; 15 articles matched the inclusion criteria.	Themes identified included, setting the scene for engagement; cultural values and preferences; language considerations; 'engagers' in the, therapeutic process; (v) opening out engagement to include others; and engaging using technology and alternative mediums.	Intersection ality Framework

Colucci, Erminia Minas, Harry Szwarc, Jo Paxton, Georgia Guerra, Carmel, 2012 Australia	Barriers to and facilitators of utilisation of mental health services by young people of refugee background	To explore the perspectives of practitioners with working in mental health services about "what works" and "what does not work" in successfully engaging young people from refugee backgrounds with mental health services.	A qualitative study using interviews with 115 mental health and non-mental health service providers. Participants were selected based on their experience working with young people between 13 and 25 years from refugee background	Barriers and facilitators to service engagement including; cultural competence and sensitivity among workers and organisation. absence of respect and understanding were thought to negatively affect engagement with that service as well as other services.	
Kenning, C. Daker-White, G. Blakemore, A. Panagioti, M. Waheed, W., 2017 UK	Barriers and facilitators in accessing dementia care by ethnic minority groups: a meta-synthesis of qualitative studies	To undertake a systematic review of qualitative studies and to perform a meta-synthesis around barriers and facilitators to accessing care for dementia in ethnic minorities.	A literature search of qualitative studies focusing on barriers and facilitators in accessing care for dementia in ethnic minorities.	684 papers were identified and screened. 28 studies were included in the meta-synthesis. Two overarching themes emerged: 'inadequacies' and 'cultural habitus'.	Grounded theory, ethnography

King, G. Desmarais, C. Lindsay, S. Piérart, G. Tétreault, S., 2015 US	The roles of effective communication and client engagement in delivering culturally sensitive care to immigrant parents of children with disabilities	1. To examine the perceptions of therapists on the importance of effective communication and engagement in the delivery of pediatric rehabilitation services to immigrant parents of children with disabilities 2. To examine culturally sensitive approach 3. To examine the strategies used by therapists to effectively communicate and engage with immigrant parents in the therapeutic intervention process.	A qualitative study using interviews with 42 therapists (10 social workers, 16 occupational therapists and 16 speech language pathologists) from two locations in Canada (Toronto and Quebec City). Data were analyzed using an inductive content analysis approach.	The themes emerging included • The importance and nature of effective communication and client engagement in service delivery involving immigrant parents. • Strategies used in the discussion included understanding the family situation, building a collaborative relationship, tailoring practice to the client's situation and ensuring parents' understanding of therapy procedures.	
Mirza, M. Heinemann, A. W United States	Service needs and service gaps among refugees with disabilities resettled in the United States	To study the competence of existing service systems in addressing the needs of refugees with disabilities resettled in the USA.	A qualitative in-depth interview, focus groups, participant observations and social network surveys with disabled refugees from refugee communities; eight from Cambodian and seven Somali refugees and ten disability/refugee service providers and key experts on refugee resettlement. Data were analyzed using coding procedures.	Thematic themes emerging included; • unmet disability-related needs • limited access to resettlement resources by the participants from refugee background with disability because of their disability • Disconnection between refugee and disability service systems resulting from resource limitations within agencies, mistrust between the different service entities • lack of cross-cultural nuance among disability service organizations.	Grounded theory approach

Mortensen, A Latimer, S Yusuf, I, 2014 New Zealand	Cultural case workers in child disability services: an evidence-based model of cultural responsiveness for refugee families	To assess the impact of the Cultural Case Workers roles in improving care for refugee and other CALD families, and to inform managers and decision-makers about progress in establishing the CCW service and to provide recommendations for future planning.	In-depth qualitative interviews using semi-structured interview with participating families in their homes to explore topics such as: what life was like before coming to New Zealand; what life was like when the family arrived in New Zealand; when and what it was like when the family found out that their child needed to use the child development service; and the difference in having a cultural case worker and what difference having the CCW made to them. Protocols to guide the conduct of researchers and interpreters during the interviews were set	The study found that using cultural case workers; improved access to health and other services; reduced isolation; increased knowledge about a range of issues such as the New Zealand health and social system, financial and other entitlements and child-specific health issues and an improved living situation due to assistance with accommodation or benefit payments and access to furniture or food parcels.	
O'MAHONY, J. Donnelly, T., 2010 Canada	Immigrant and refugee women's post-partum depression help-seeking experiences and access to care: a review and analysis of the literature	The aim of this study was to raise awareness and understanding of what would be helpful in meeting the mental health needs of the immigrant and refugee women during the post-partum period.	Qualitative critical review of English language peer-reviewed publications from 1988 to 2008 was undertaken by the researchers.	Findings suggest: • Needs, issues and specific risk factors for PPD among immigrant and refugee women have been limited; • Descriptive accounts regarding culture and PPD are found in the literature but impact of cultural factors up on PPPD has not been well investigated; • Few studies examine how social support, gender, institutional and organisational structures present barriers to the women's health seeking behaviors; and • Additional research is required to evaluate immigrant and refugee women's perspectives about their social support needs, the barriers they experience and their preferred support interventions.	

Signorelli, RG Gluckman, NS Hassan, N Coello, M Momartin, S 2017 Australia	Relationship building, collaboration and flexible service delivery: The path to engagement of refugee families and communities in early childhood trauma recovery services	To explores the implementation of a model to address low service utiltisation issues in early childhood work with refugee families and communities, with the intent to increase service uptake	The study involved a community engagement model comprised of five phases which includes participative research and consultation, that leads to collaborative service design, flexible service delivery and community capacity building. The collaboration is between service providers and the refugee community and between other service providers. Better understanding about each service leads to cross-referral.	Findings suggested that community engagement model led to increased access and participation levels of therapeutic and trauma informed developmental early childhood services due to services being provided in a more accessible.	
Zhou, Qingsheng 2016 Australia	Accessing disability services by people from culturally and linguistically diverse backgrounds in Australia	To examine whether differences in access to specialist disability services by people from culturally and linguistically diverse (CALD) backgrounds when compared with those born in Australia represent a service gap or the healthy migrant effect	The study used the latest disability statistics from Australian Burau of statistics collections and the Census to measure the different rates of people with disability, and the rates of people with profound and severe disability of people born in Australia and those born abroad; to compare the difference between those who mainly speak English with those who primarily speak a language other than English at home (LOTE); and examine the age-specific and standardised disability rates of these subgroups.	Findings suggested that the rate of access of specialist disability services by people from CALD backgrounds is highly disproportionate to their presence in the community. The study showed that as whole, people from CALD backgrounds have a similar level of disability as Australia-born people with a greater rate of profound and severe disability and a higher level of need for assistance in undertaking core activities. For younger age cohorts targeted by specialist disability services, there is little difference in the level of need for assistance between people from CALD backgrounds and the rest of community. Those people who mainly speak LOTE at home have a relatively higher level of need for assistance than those who speak mainly English at home	

Overview of key themes

Two major themes emerged from this study. One theme focused on facilitators to service engagement of CALD people in disability and other health related service. The second theme focused on barriers. As illustrated by the studies on (Table 3) and the summary of the facilitators and barriers on (Figure 2) below, few of the papers in this review focussed on facilitators to service use by CALD people with disability. As a result, there was much less information on facilitators available.

Facilitators	Barriers
• Language and cultural consideration • Building trusting relationship with CALD families and communities • Building staff and organisations cultural competency	• Language barriers • Cultural barriers • Lack of resources to provide interpreters • Stigma around disability/mental health and service engagement among CALD populations • Incongruency between Western orientation of services and that of CALD communities • Lack of cultural competency among staff and organisations • Lack of knowledge on services • Intersecting issues of power, gender, disability, race

Figure 2: Facilitators and barriers to successful engagement of CALD people with disability, their families/carers and community

Most of the reported facilitators mainly recorded on service level interventions. Only one study focused specifically on CALD population service users, this was the study by Mirza and Heinemann (2012). While the study by Mortensen et al. (2014) focused on a combination of perspectives of service users, their families and cultural workers. The rest of the papers included provided insights from service providers that were relevant for this study.

Facilitators to service engagement

Language and cultural consideration

Themes within this topic that related to facilitators included the critical need to enhance service engagement of CALD people using multilingual facilitators in service intervention. Identified in six of the studies, these facilitating strategies include; using bilingual workers, interpreters and translating material to appropriate languages that are accessible and understood by this group (Baker et al., 2016; Colucci et al., 2012; King et al., 2015; Mirza & Heinemann, 2012; O'Mahony & Donnelly, 2010; Zhou, 2016).

Building trusting relationship with CALD families and communities

Acknowledging the significance of cultural social networks such as the role of family and friends, religious affiliations and community members is essential in engaging and building a good rapport with CALD community members. In a small majority of the studies reviewed, a strong relationship with this population was found to be helpful in facilitating CALD engagement in services (Colucci et al., 2012; Henderson & Kendall, 2011; Kenning et al., 2017; King et al., 2015; Mortensen et al., 2014; O'Mahony & Donnelly, 2010).

Building staff and organisations cultural competency

Culturally competent workforce and services are essential in promoting access and engagement of CALD populations. Patterns were observed across six of the studies reviewed regarding cultural nuances. Understanding of cultural nuances were found to be critical in shaping workers' and organisations' understandings of cultural appropriateness and preferences regarding cultural and religious beliefs, appropriateness of venues, gender preference and other important cultural aspects (Baker et al., 2016; Colucci et al., 2012; Henderson & Kendall, 2011; Kenning et al., 2017; King et al., 2015; Mirza & Heinemann, 2012).

Barriers to service engagement

Language barriers

The literature review identified five studies that discussed the key significant barriers to service engagement among CALD people with disabilities. These barriers included; the lack of access and understanding of the English language among CALD this cohort. The studies included; (Baker et al., 2016; Colucci et al., 2012; Henderson & Kendall, 2011; O'Mahony & Donnelly, 2010; Signorelli et al., 2017). Similarly, limited resources in organisations to

provide interpreting services was also across the same studies as a contributing barrier to service engagement for this cohort. Adopting information and processes including translation of material and using pictorial representations for information sessions for CALD communities was argued to be as essential for overcoming language barriers. Limitations to service engagement of CALD people were associated across these studies with the significant cost of resources required to implement such initiatives (Baker et al., 2016; Colucci et al., 2012; Henderson & Kendall, 2011; O'Mahony & Donnelly, 2010; Signorelli et al., 2017).

Stigma around disability/mental health and service engagement

The literature established that fear of stigma and lack of validation for mental health form of disability is considered a culturally predetermined barrier among ethnic communities. Nearly half of the studies highlighted the impact of stigma on successful engagement of this population in disability services (Baker et al., 2016; Colucci et al., 2012; Kenning et al., 2017; O'Mahony & Donnelly, 2010).

Incongruency between Western orientation of services and that of CALD communities

Incongruency between the dominant Western conceptual frameworks of disability and mental health services and CALD conceptualisation was identified as a major barrier to service engagement of CALD people in six of the studies reviewed. This mismatch of contexts has immensely contributed to exclusion and low engagement of CALD populations in the disability arena (Colucci et al., 2012; Mirza & Heinemann, 2012; Mortensen et al., 2014; O'Mahony & Donnelly, 2010; Signorelli et al., 2017).

Lack of cultural competency among staff and organisations

A few of the studies showed that lack of respect and cultural competency can negatively impact on service engagement (King et al., 2015; Mirza & Heinemann, 2012; Signorelli et al., 2017). Understanding cultural and linguistic background and appreciating people's experiences and genuine engagement, suggested these studies, was critical in providing responsive and effective services for CALD populations. Developing an understanding of cultural nuances, they found, can greatly influence how Western concepts of health,

disability and wellbeing are understood and how the condition is managed within a mainstream setting (King et al., 2015; Mirza & Heinemann, 2012; Signorelli et al., 2017).

Lack of knowledge on services

Half of the studies identified that lack of knowledge and awareness in navigating the mainstream system adds complexity to the experiences of CALD people (Baker et al., 2016; Henderson & Kendall, 2011; King et al., 2015; Mirza & Heinemann, 2012; O'Mahony & Donnelly, 2010). Similarly, one study found that a lack of understanding of the causes and symptoms of disability greatly impacted on CALD people's engagement in services (Signorelli et al., 2017).

Intersecting issues of power, gender, disability, race

Intersecting barriers was a consistent theme across most of the studies found. Four of the studies, in particular, identified the intersecting barriers experienced by people from CALD background with disability and the impact on their engagement in disability and other health related services. These barriers included: language and cultural challenges, lack of knowledge of host country's health system, issues of power, gender, disability, race and multiple stigmas. Evidence provided in these studies showed interacting issues considerably affect CALD people engagement in disability and other related services (Baker et al., 2016; Mirza & Heinemann, 2012; O'Mahony & Donnelly, 2010; Signorelli et al., 2017).

Discussion

The aim of this study was to establish what the academic literature informs on facilitators to successful service engagement among CALD people with disability. The study findings revealed limited focus across the literature that examined this phenomenon specifically from the perspectives of this group. Instead, most of the literature was saturated with service providers' views and experiences. Most studies concentrated on barriers to service engagement rather than facilitators.

As illustrated in Table 3 above and the PRISMA chart in Figure 1 the literature review identified 10 studies that bore some relevance to the current review study. The themes emerging from these studies were predominantly focused on facilitators and barriers to successful engagement of CALD people in disability and health services.

The few studies that attempted to capture the service engagement patterns of CALD people, their families and/or communities focused more on barriers rather than facilitators. In focusing on barriers, there were usually no solutions offered. Most studies tended to report on health services and little information was offered from the disability services perspective. It is relevant to note that the selection of the literature covered diverse groups by of CALD populations, such as diverse cultural background, migration status, gender and age.

Despite the heterogeneous nature of CALD populations, consistent themes emerged. Common narratives on facilitators and barriers to successful service engagement were found. The facilitators to services engagement included: language and cultural considerations, building trusting relationships with CALD families and communities and building staff and organisations' cultural competency.

Language considerations

Nearly all of the studies listed in Table 3 revealed language being a critical factor in service engagement. They proposed various language considerations to enhance service access (Baker et al., 2016; Colucci et al., 2012; Henderson & Kendall, 2011; Kenning et al., 2017;

King et al., 2015; O'Mahony & Donnelly, 2010; Signorelli et al., 2017; Zhou, 2016). This included the use of multilingual facilitators or bilingual workers for assessment, intervention or research activities. Availability of written material in participants own language or language of choice were considered important (Barrett, Sonderegger, & Sonderegger, 2001). The use of interpreters was similarly identified as a facilitating factor of CALD service engagement.

According to Barrett et al. (2001) interpreters were found to be key in facilitating CALD engagement. As pointed by Lee, Lytle, Yang, & Lum (2010) interpreters are critical in aiding communication during the therapeutic process, especially where phrases for certain types of disabilities do not exist. For instance, the word depression does not exist in many CALD languages. In this case the interpreter can explain using other existing descriptive cultural language (Lee et al., 2010). Barrett et al. (2001) agreed with a general consensus on the importance of using interpreters where language barriers was a problem, but asserted the importance for professionals to also be competent in working with interpreters. Colucci et al. (2012) added that interpreters and commitment towards cultural competence provides people the assurance and feeling that they are being understood and thereby more likely to keep on engaging with a given service.

While there are benefits assoicated with using interpreters to overcome language barriers, Colucci et al. (2012), there are concerns when confidentiality may be compomised. This was reported as problematic, particularly in communities where stigma is attached to having a disability or mental illness and an interpreter may be a member of the same community (Colucci et al., 2012). As well, some interpreters were known to display unprofessional conduct by making their own judgements on matters, and proving their own views on matters as opposed to just translating (Baker et al., 2016; Colucci et al., 2012). In these cases, Colucci et al. (2012) recommended the use of a telephone interpreter could minimise fears related to stigma or misrepresentation and reduce barriers to engagement.

Colucci et al. (2012) stated that in order to address the issue of inappropriateness among interpreters, professionals' need to be skilful in identifying discrepancies in interpreters work. Professionals need to be aware of the inter-cultural complexities in using an

interpreter, including dialect spoken by the interpreter as well as hostility that may exist between some ethnic groups who speak the same language (Colucci et al., 2012). Other than language considerations, other cultural factors such as the role of family and community were also reported.

Cultural factors: role of family/friends/religious affiliations/community

The literature recognised the dual role cultural factors play in either facilitating or posing as barriers to service engagement. According to Colucci et al. (2012) using culturally appropriate terminology enhances service engagement. Other cultural factors to be considered include acknowledging the significance of cultural social networks such as the role of family and friends, religious affiliations, and community members (Colucci et al., 2012; King et al., 2015; Mortensen et al., 2014; O'Mahony & Donnelly, 2010). These social networks were attributed to fostering cultural identity (Kenning et al., 2017). For example, one study focusing on Pakistani immigrants in the UK identified lack of belonging in their community affects the families' wellbeing, and that faith is an integral and most positive aspect of their sense of being (Kramer-Roy, 2012). Hence, approaches considerate of community and faith could therefore enhance service engagement.

The studies identified in this review affirmed the critical role of a family-centred and occupation-centred approach when working with families from diverse ethnic minority (Baker et al., 2016; Colucci et al., 2012; Kramer-Roy, 2012; O'Mahony & Donnelly, 2010). The role of family and friends have been highlighted as critical in assisting individuals to attend and engage in services and supporting in house hold chores (O'Mahony & Donnelly, 2010). One could suggest, therefore, that cultural sensitivity and language appropriateness in engaging family of CALD people with a disabilty would be as important.

Many people from culturally and linguistically diverse backgrounds are described as collectivist cultures. In collectivist cultures the involvement of significant others, such as family members, friends and community members, is vital and acceptable (Baker et al., 2016). Besides this being the case, it is critical to check individual preference and not assume that involvement of others will be perceived as helpful for every CALD person. Baker et al. (2016) advised the importance of acknowledging that each person is different. As

pointed by González-Prendes, Hindo, and Pardo (2011) involvement of others can contribute to barriers to service engagement for this group. This is because of issues of stigma around some types of disabilities, such as mental health, exists in most CALD populations (O'Mahony & Donnelly, 2010). Working from the desires of the person with disability in respect to family and community engagement is, therefore, a potential consideration in seeking to enhance service user engagement in disability services.

As pointed by Soldatic et al. (2014) people's reliance on their community for support may hinder them from identifying forms of disability that are not overtly noticeable. This include intellectual disability in their children. However, the fear of cultural stigmatisation can result in many children with intellectual disabilities being socially isolated from their ethnic community and the wider society due to feelings of shame. Soldatic et al. (2014) warned that the fear of stigma can leave people with few opportunities to develop and build their social capacities with peers with and without disabilities. Authors (Mirza & Heinemann, 2012; Soldatic et al., 2014) advised that building collaboration and rapport with CALD people as a pathway to educate and demystify causes and understanding of disability will enhance the opportunities for service access to this population.

According to Mirza and Heinemann (2012) participatory strategies and collaboration between mainstream service organisations and CALD communities is critical to service engagement. This collaboration is thought to lead to relationships of mutual trust and collaborative social action (Mirza & Heinemann, 2012). As stated by Mirza and Heinemann (2012) the need for disability providers to be open to the cultural explanatory models used by CALD service users is critical. This is because the individual's explanatory model will impact the way feelings and symptoms are presented. Similarly, the nature and scope of distress, behaviour, help- seeking patterns and their perception of a good outcome will also be different to that of mainstream (Baker et al., 2016), highlighting the critical need for participatory and consumer-led approaches. According to Baker et al. (2016) all service users make interpretation of their health and wellbeing in nuanced ways.

The cultural explanatory model is a critical consideration. Baker et al. (2016) explained that people's cultural and linguistic background greatly influence understanding of how Western

concepts of health disability and wellbeing are understood. This influence is similarly mirrored in how services are provided within a mainstream setting (Baker et al., 2016). Ignoring the explanatory model of the consumer may present challenges to service providers (Baker et al., 2016). These challenges can manifest when services seek to deliver services in conflict with the inner emotional or spiritual life of the service user, resulting in a significant mismatch and likely service disengagement.

Many studies identified that pay attention to cultural understanding and sensitivity means being attentive to CALD people's meanings, attitudes and beliefs, and how they impact help seeking behaviours (Baker et al., 2016; Colucci et al., 2012; Henderson & Kendall, 2011; King et al., 2015; Mortensen et al., 2014; O'Mahony & Donnelly, 2010). Exercising a tolerant approach of the different cultural perspectives of the causation of health-related phenomena was offered by one study as a way forward to promote better relationships between service users and service providers (Maneze, DiGiacomo, Salamonson, Descallar, & Davidson, 2015).

Cultural sensitivity and understanding (cultural nuances)

Cultural sensitivity in services was associated with several positive health outcomes, including improved satisfaction (Colucci et al., 2012; Henderson & Kendall, 2011; Maneze et al., 2015). Like engagement with any group, micro skills such displaying warmth and empathy was identified as important (King et al., 2015). According to Gater et al. (2010), being open to working in participatory ways with people from culturally and linguistically diverse background is a good starting point to service engagement. Similarly displaying cultural sensitivity and cultural aptitude when working with CALD populations was mentioned as key to meaningful work with this group (O'Mahony & Donnelly, 2010).

From the study findings, scholars suggested the critical need for service providers to develop authentic engagement with CALD communities (Colucci et al., 2012; Mirza & Heinemann, 2012; Mortensen et al., 2014; O'Mahony & Donnelly, 2010). This engagement is particularly important in areas of disability and mental health. Many of the studies suggested that authenticity helps in providing an understanding of cultural appropriateness and preferences regarding cultural and religious beliefs, appropriateness of venues, gender

preference and other important cultural aspects (Baker et al., 2016; Colucci et al., 2012; Mirza & Heinemann, 2012; Mortensen et al., 2014). Authenticity is a foundation for relationships.

A well-established relationship with CALD communities ensures the appropriate sourcing of alternative mediums of communication to manage issues of language barriers. This includes the use of interpreters, family or community members. The significance of building rapport and trust with CALD individuals and their wider community contacts, according to many of the articles, is key to service engagement of this group (Baker et al., 2016; Colucci et al., 2012; Henderson & Kendall, 2011; King et al., 2015; Mortensen et al., 2014). Acknowledging the diversity within CALD communities was identified by one study as being critical to improving engagement of this group (Baker et al., 2016). Recognition of the heterogeneity of CALD people, too, needs to be taken into consideration. This is because different cultures have different explanatory models of disability and mental health. For this reason, the review findings suggest it is critical that practitioners develop nuances in the explanatory models used by the specific CALD service users.

Understanding cultural and linguistic background can greatly influence how Western concepts of health, disability and wellbeing are understood (Colucci et al., 2012). Similarly, how the condition is managed within a mainstream setting will depend on how cultural background of individuals is understood by service providers (Colucci et al., 2012). According to Baker et al. (2016) conflicting service models can fracture opportunities for engagement. It also poses the risk of eroding the inner protective emotional or spiritual values of CALD populations especially when such values are challenged by western values (Colucci et al., 2012). For this reason, one study recommended that service providers and practitioners routinely enquire about the diversity of people's experiences, their histories, world views, service preferences (Colucci et al., 2012). Paying attention to the service user and their own experiences and perspectives is less likely, therefore, to hinder service engagement.

Critical to engaging people from CALD background is the integration of cultural values and preferences during the assessment or planning for the intervention (Lee et al., 2010; Mortensen et al., 2014). This involves professionals having an understanding and

consideration for specific cultural nuances such as cultural practices, needs or beliefs or alternative medicines (Lee et al., 2010). According Mortensen et al. (2014) involving individuals in the intervention process to construct and negotiate appropriate terms to be used for mutual understanding is significant in reaching an agreement about the phenomena and how they experience it. However, Lee et al. (2010) warned that this negotiation of terms and mutual understanding can be a slow process requiring sensitivity by the service professional. These sensitivities can be mitigated by ensuring CALD workforce are part of service delivery, as discussed next.

Engaging community navigators/ bilingual workers/service users

Utilising community development approach was identified as a key factor in enabling access to services to marginalised groups (Furler et al., 2010). This approach involves strengthening community members skills, abilities and leadership in capacity building activities. This approach also involves establishing and engaging community navigators to in service provision (Henderson & Kendall, 2011).

Henderson and Kendall (2011) highlighted the significance of including CALD community members as key stakeholders and service providers. Inclusion of this group in intervention process and service planning is key in enhancing the suitability of interventions in addressing health related issue (de Brún et al., 2015). Half of the studies acknowledged, however, that there were often limited opportunities given to CALD populations to engage in sharing their experiences for the purposes of participating in service design (de Brún et al., 2015; Henderson & Kendall, 2011; King et al., 2015; Mirza & Heinemann, 2012; Mortensen et al., 2014). This means services are not necessarily designed with relevance to the populations they are trying to engage, which is problematic for sustaining engagement.

The lack of migrant engagement in service design reflects a situation where services remain oblivious to migrant needs (Baker et al., 2016). This lack of awareness and knowledge of the needs of this population is a contributing factor to underutilisation of disability services by CALD people (de Brún et al., 2015). According to de Brún et al. (2015) drawing on the existing knowledge of stakeholders such as service users and community groups ensures the suitability of intervention design and validity.

According to Flanagan and Hancock (2010) the use of community navigators as community brokers is critical. This is because they have the history, experience and cultural etiquettes with the cultural groups they service. As confirmed by Henderson and Kendall (2011) the community navigators bring with the them the cultural knowledge and nuances on developing community trust, respect, values, beliefs and health practices of their cultural groups. Other cultural nuances that the community navigators also bring along include understanding of traditional wellness and healing networks within their diverse communities (Henderson & Kendall, 2011). Apart from cultural knowledge, the community navigators also provide advice on strategies for community members to navigate healthcare and other social support systems within communities.

Findings from a study undertaken by Henderson and Kendall (2011) reported that the use of community navigators improved CALD access to health services in Logan Queensland. The improved access was attributed to the navigator's creating a positive perception of mainstream services among their community members. The study also showed health care providers' demonstrated commitment to delivering services in a culturally competent manner. This resulted in increased motivation among CALD communities with disability in Logan to seek healthcare earlier (Henderson & Kendall, 2011).

Improved ability of the community navigators to effectively communicate healthcare needs and communicating the benefits of the service to others in the community was reported as a significant step (Henderson & Kendall, 2011). As well as engaging community navigators in service delivery to increase service use, Henderson and Kendall (2011) advised on the critical need to pay attention to other significant barriers and misunderstandings about reasons for CALD low representation in services. This was identified as being important particularly if health disparities and barriers to service engagement persisted.

Barriers to service engagement

Although this systematic review sought to explore what the academic literature reports on the facilitators to CALD people engagement in disability services, the literature remained largely focused on barriers among this population. The barriers identified in the literature were largely located in CALD population's lack of engagement, and to a small extend

barriers were presented as related to services or other broader systemic and structural issues (Colucci et al., 2012; Flanagan & Hancock, 2010; Henderson & Kendall, 2011; Mirza & Heinemann, 2012; Mortensen et al., 2014; Zhou, 2016).

Henderson and Kendall (2011) proposed that a growing body of research existed to do with CALD communities' reluctance to use services due to language barriers, cultural differences and perceived racism. However, the bewildering experience of migrants in navigating unfamiliar health and social care systems, even for those fluent in English language, was also emphasised. According to Fox et al. (2017) they attributed barriers to service access by CALD people as a lack of knowledge about services and the fragmentation of the services. Kuenzli (2012) argued that some CALD communities fail to engage with mainstream services due to mistrust of mainstream and government organisations. This is particularly an issue raised by some refugee communities from the Horn of Africa (Black, Osborne, & Lindeman, 2004). Black et al. (2004) found that these groups of refugees may have had negative experiences of organisations and governments in their country of origin.

Apart from negaive expererinces from own countries of origin, CALD populations face other barriers to service access. Fox et al. (2017) pointed that this group face structural and systematic barrier that significantly contribute to their low service access. These structural barriers have been acknowledged in various Australian Acts. One, for example, is the Australian Commonwealth Disability Act (1986) which identified the need to design and implement support services and funding programs to match and respond to the needs of people experiencing disadvantages (Carlson & van Kooten Prasad, 2000). This disadvantage may relate to complex intersecting issues such as cultural background, gender or geographical location (Carlson & van Kooten Prasad, 2000). Other broader issues such as discrimination based on ethnicity, religion and disability have also been identified as contributing barriers to accessing disability services by this cohort.

Intersectionality of barriers to accessing disability services for CALD populations: disability, culture, race, gender and power

Almost all the selected articles had congruent findings on intersecting barriers to service access by people with disability from culturally and linguistically diverse background. These

consistent results focused on the challenges this group face in engaging with disability and other health related services (Baker et al., 2016; Black et al., 2004; Colucci et al., 2012; Henderson & Kendall, 2011; Kenning et al., 2017; Mirza & Heinemann, 2012; Mortensen et al., 2014; O'Mahony & Donnelly, 2010; Zhou, 2016). The barriers identified included, among other things: language and cultural challenges, lack of knowledge of host country's health system, and other complex intersecting issues including culture, race and gender, stigma, racial discrimination and structural barriers (Signorelli et al., 2017). Suphanchaimat, Kantamaturapoj, Putthasri, and Prakongsai (2015) argued that the structural bariers can include prejudices towards certain groups of people for example people with disability, racial minorities or people from other marginalised groups. These prejudices can be the treatment of these groups as atypical Suphanchaimat et al. (2015). This negative construction of certain groups has been attributed to low engagement of these groups in disability services (Suphanchaimat et al., 2015). It was identified that being from CALD background and having a disability can be a double disadvantage and can exacerbate difficulties accessing appropriate support services (Carlson & van Kooten Prasad, 2000; Suphanchaimat et al., 2015).

The existing literature supports the notion that low uptake of services by CALD people with disability is complex. A comprehensive understanding of this cohorts' experiences, perspectives and understanding issues of power relations when accessing mainstream services is critical (Baker et al., 2016; Carlson & van Kooten Prasad, 2000; Colucci et al., 2012; Fox et al., 2017; Goggin, Steele, & Cadwallader, 2017; Henderson & Kendall, 2011; Mirza & Heinemann, 2012; Mortensen et al., 2014; Soldatic & Fiske, 2009; Suphanchaimat et al., 2015; Zhou, 2016). According to Kenning et al. (2017) the social construction of locating people from ethnic minority groups as less powerful, and their accepting of this position, is critical in understanding how this may play out in service provision and service engagement. Coupled with social construction of CALD people as disenfranchised group, other complex intersections including social stigma and lack of opportunities play a role in further marginalisation of CALD people with disabilities.

Considering ongoing barriers to service engagement in CALD communities, it is critical to recognise the impact of other societal issues. These issues incorporate social stigma,

disenfranchised status of CALD people and lack of opportunities and capacity to participate in culturally sensitive individualised service design (Grue, 2016; Sawrikar & Katz, 2009). These issues critically impeded effective communication between CALD populations and service providers (Grue, 2016). As pointed by King et al. (2015) complex intersecting issues, such as culture, race, gender and settlement experience, play a role in effective service engagement of this cohort. Intersections are critical for understanding barriers, as well as facilitators, of service engagement.

Culture has been determined to influence all spheres of human life including how people define phenomena's like disability, health, illness, and the search for relief from disease or distress (Sawrikar & Katz, 2009). Ayonrinde (2003) argued that as people move to other countries, they take with them their own world views, expectations, norms and taboos to the transaction in service provision. According to Ayonrinde (2003) Western countries are experiencing an increasing trend in cultural diversity. This diversity is reflected in the cultural diversity presenting to disability and health services (Ayonrinde, 2003). There's recognition that the interplay of the individual and the service setting can pose significant challenges. These challenges can be experienced against a backdrop of other factors such as language, age, gender, religion and acculturation (Ayonrinde, 2003). Notwithstanding that even when language is shared, it does not guarantee practitioners and service users skilful communication due to different culture codes for interpersonal relationships, disclosure, privacy, and non-verbal communication.

Linguistic difficulties can be partially overcome with the use of an interpreter, as discussed earlier, other challenges that require skill and sensitivity also exist (Ayonrinde, 2003). The cultural matching of practitioner and service user is complex and may be complicated by the advent of other differences that may be equally challenging. Awareness of such barriers can reduce the number of differences (Ayonrinde, 2003). The reluctance of health and other disability providers to investigate into details beyond health presenting issues can result in ineffective and superficial interventions (King et al., 2015). This implies that illnesses that are hidden, such as mental health disorders associated with traumatic experiences in people's country of origin, may be left unresolved and lead to unresponsive services. Examples of the hidden cultural nuances that hinder engagement include stigma around

disability, mental health and intersectionality of gender (King et al., 2015). While some of these variables have already been discussed, the operation of stigma is worthy of further teasing out.

Studies identified stigma as a culturally determined barrier that impact successful engagement of CALD people in disability services. Stigma has been identified as a hinderance to successful initiation of programs aimed to enhance utilisation of services (Conner et al., 2010; King et al., 2015). To achieve successful engagement Signorelli et al. (2017) called for flexible and persistence in relationship building of these communities and establishing new ways of working. However, these new ways challenge the entrenched service providers ways of working. This is because the entrenched ways of working are based on years of research, experience, values and philosophical positions as well as specific funding requirements (Signorelli et al., 2017). This is often informed, however, from times where the cultural mix in any given society was different.

Fear of stigma and lack of validation for mental health form of disability is considered a culturally predetermined barrier among CALD populations (Signorelli et al., 2017). This phenomenon is heavily stigmatised within CALD families and ethnic communities (Prasad-Ildes & Ramirez, 2006). According to O'Mahony and Donnelly (2010) stigma around disability and mental illness exists in CALD communities worldwide. For example, some cultures perceive seeking external help for certain conditions such as depressive symptoms to be inappropriate. This is due to cultural beliefs which subscribes to the notion that it is within the control of the individuals to manage their emotions, thoughts and behaviour (Prasad-Ildes & Ramirez, 2006). Feelings of blame, due to individuals subscribing to the same discourses that oppress them, may prevent seeking help from disability, health or other services.

 Apart from public experience of stigma from within their own communities, CALD people with disability may also experience internalised stigma which relates to how they feel about themselves (Prasad-Ildes & Ramirez, 2006). Internalised stigma has been described as the way an individual with a disability, such as mental issues, co-opts the real or perceived beliefs held by the general public about the condition. The person in turn apply those

negative beliefs to how they feel themselves (Prasad-Ildes & Ramirez, 2006). For example, refugee families may display reluctance to seek help due to shame or feeling of guilt about being unable to protect their children in the past or it may, simply, be because of competing settlement priorities (Prasad-Ildes & Ramirez, 2006). Hence, Inseparable to stigma is various forms of oppression and inequity reinforced by each other as they interact. This include issues of race, ethnicity and disadvantage in playing a major role in determining how CALD communities interact with services.

As argued by Hankivsky and Christoffersen (2008) the interaction of race/ethnicity and disability can intensify existing forms of entrenched disadvantage and disempowerment. To avoid the maintenance of disadvantage and disempowerment of this cohort, sociocultural literacy of the service system is required to effectively stimulate supports to achieve the required outcomes for CALD people with disability (Soldatic, Meekosha, & Somers, 2012). Arguably Soldatic et al. (2012) stated that some CALD communities do not engage with mainstream services. These arguments have contributed to existing health disparities of CALD populations particularly access of services for women (Black et al., 2004).

According to Black et al. (2004) existing assumptions that focus on cultural difference being a barrier to accessing services is taking the centre stage. Social structures that contribute to issues that prevent the full participation of special groups such as women coupled with norms, values and beliefs that are different from those of mainstream need to be scrutinised (Nazroo, 1998). Social environments are also acknowledged to impact on CALD women responses in accessing and using disability related services (Nazroo, 1998). This was reported to be contributed by the perceived expectations of female gender roles with disproportionate amount of domestic work. These gender roles include: rearing of children, attending to family and maintenance of social relations (Nazroo, 1998). These multiple gender roles place CALD women in a vulnerable and high-risk position. A study by Varcoe, Hankivsky, and Morrow (2007) revealed CALD women health care behaviour is largely influenced by their cultural knowledge and values, their social support networks, gender roles and expectations.

Gender roles has been identified to greatly influence immigrant women everyday lives. These multiple changing roles situates them in vulnerable and high-risk positions (O'Mahony & Donnelly, 2010). Due to where immigrant women are positioned in society, there is the need to pay attention to the shifting of the gender roles and the underlying power relations within the family that greatly influence their access to services (Signorelli et al., 2017). The study by Signorelli et al. (2017) draws attention to social policies that create bias against immigrant and refugee women, and which directly affects them. For example, in a study undertaken in Canada (Hankivsky & Christoffersen, 2008), discrimination was identified as being a characteristic of immigration laws in that country. English training programmes are targeted to the labour demand and English classes are often available only within a timeframe (Hankivsky & Christoffersen, 2008). The timeframes limited access by women because of being home raising children; the patriarchal ideology and practices was said to limit their choices (Hankivsky & Christoffersen, 2008). According to Hankivsky and Christoffersen (2008) Canada's immigration laws situated women in a vulnerable and helpless situation creating dependence on their spouses or family and further creating health disparities. Over time these women become 'isolated in a language ghetto' (Canadian Research Institute for the Advancement of Women, cited in Hankivsky & Christoffersen2008, p. 13).

Insufficient income to attend programmes or programmes that fail to provide affordable child care and lack of access to social support has been attributed low engagement of women in services (Hankivsky & Christoffersen, 2008). Arguably, Hankivsky and Christoffersen (2008) pointed out that access to resources for many immigrant and refugee women is greatly influenced by policies that systematically construct and reinforce sexism and racism against women. This discriminative systems place women in a disadvantaged status creating barriers that prevent them from accessing certain social supports and resources (Signorelli et al., 2017). Several other studies indicated that in immigrant-receiving societies, disability disparities are an important analogue to health disparities (Colucci et al., 2012; Mirza & Heinemann, 2012; O'Mahony & Donnelly, 2010; Signorelli et al., 2017; Zhou, 2016). This disparity comprised differential service experiences and outcomes attributed to intersecting barriers of minority race, ethnicity or immigrant status (Mirza & Heinemann, 2012). To clearly understand how the interaction of various intersecting issues affect the

successful engagement of CALD people with disabilities, the use of intersectionality framework is important.

In applying intersectionality framework, most studies attempted to clarify and interpret multiple and intersecting systems of oppression and privilege that further marginalise special groups including women (Baker et al., 2016; Hankivsky & Christoffersen, 2008).The literature attempted to create an understanding of what is created and experienced at the intersection of two or more axis of oppression, including race/ethnicity, class, and gender (Hankivsky & Christoffersen, 2008). The interaction of the intersections aligns with Bourdieu's theory of social relations and insights into the effects of broader socio-cultural structures and circumstances and the role of power (Hankivsky & Christoffersen, 2008).

Intersectionality framework recognise the impact of gender, race, culture and power (Hankivsky & Christoffersen, 2008). The study by Hankivsky and Christoffersen (2008) demonstrated an interplay between social-economics, immigration status and gender roles. The failure of research and bias in policy development in linking these interactions has contributed to limited knowledge to recognise the social position of gender. These intersecting issues can deter women with disability from accessing health services.

According to Harley, Jolivette, McCormick, and Tice (2002) using an intersectional lens helps in viewing links between race, class, gender, ethnicity and disability as social, political, economic, and cultural constructs. These issues construct the social value that is assigned to individuals according to various components. These components include; beliefs, concepts and structures that define social practice (Harley et al., 2002). As Harley et al. (2002) stated, intersectionality framework examines broader contextual and structural factors such as inequalities and power differentials which are reciprocally interdependent and interactive, and which influence health experiences and outcomes for CALD people with disability.

According to Baker et al. (2016) intersectionality is a critical conceptual framework for understanding the help-seeking and help-receiving behaviours of CALD people with disability. The framework examines the interaction and relationships between CALD people and formal helping systems. It provides a lens through which critical questions about help-

seeking and help-receiving can be posed. Apart from intersecting barriers, other forms of barriers identified in the literature reviewed include the mismatch between mainstream approaches and CALD frameworks.

Incongruency of dominant Western conceptual frameworks of services to CALD conceptualisation

Half of the studies revealed incongruency of dominant Western conceptual frameworks of disability and mental health services to CALD conceptualisation (Colucci et al., 2012; Harley et al., 2002; Mirza & Heinemann, 2012; Mortensen et al., 2014; O'Mahony & Donnelly, 2010). Signorelli et al. (2017) proposed that incongruence between frameworks is characterised by different understanding of these concepts by different cultures and the frequent lack of similarity between dominant Western conceptual frameworks that underpin disability and mental health practice (Colucci et al., 2012). According to Signorelli et al. (2017) it is not uncommon for services not seek to understanding of how the service user conceptualises their disability/mental health. Rather, service providers assume the person shares the same concept with others.

 The lack of service providers' initiative to seek cultural understanding of service users who are from diverse background is influenced by their cultural habitus. According to Kenning at el. (2017) the cultural habitus of professionals in both human and health services can influence the way services are delivered. As well the cultural norms of CALD people and their perspectives can determine their access to services. As demonstrated by Bourdieu model, socialised norms guide behaviour and thinking, including deeply ingrained habits, skills, and dispositions people exhibit as a result of life experience (Kenning et al., 2017). Kenning et al. (2017) reiterated that barriers to accessing services reflect strong impact of cultural norms within ethnic minority groups. Consequently, mismatch between service philosophies and CALD conceptionalisation of these services is likely to have a negative impact on both care decisions and CALD perceptions of Western medicine and service access.

The western individualistic orientation and the notion of time being viewed as a tangible asset is incompatible with CALD orientation, where a collective interest is emphasised and

relationships are viewed as more important than time. A study in the USA reported that in the US people have no time to build rapport in services (Mirza & Heinemann, 2012). Examples of incongruencies between western societies and CALD orientation is the emphasis on independence in most contemporary disability services in Western countries. An example is the person-centred approach emphasised by the new Australian National Disability Insurance Scheme (Green & Mears, 2014). In non-western societies such as CALD communities, values such as being part of the family, accepting other people's decisions and honouring the family are more important than independence. In most CALD communities' dependence is a respectable choice (Carlson & van Kooten Prasad, 2000). Completely different perceptions about independence, dependence and disability service engagement, therefore, exist.

This concept of independence and individual choice and control has potentially serious consequences for CALD people in Australia in their interaction with the NDIS. The NDIS is guided by the philosophy of Person-Centred Approaches which promote individuals to self-direct how they receive service provided to them (Carlson & van Kooten Prasad, 2000). This disparity might explain the reason why CALD people with disability are one of several key cohorts that may not be engaging equitably with disability services and not getting the full benefits of the NDIS (Productivity Commission, 2017). Future studies seeking to understand how these differing values can be negotiated to increase service access for CALD people with disability are required. This is important given the current increase of CALD population in Australia and similar Western countries. The emergence of models such as the NDIS calls for the urgent need to address access issues of marginalised populations because NDIS is expected to be the gateway to receiving disability services. Advocacy to establish alternative models with less incongruity to CALD contexts is critical if equitable participation in the NDIS and improved wellbeing of this cohort is to be achieved.

It is estimated that 20 per cent of CALD people with disability will be full participants of the NDIS scheme across all regions by 2019 (Productivity Commission, 2017). However, this target appears unrealistic given the NDIS paradigms is not harmonious with CALD people's cultural nuances, abilities and contexts. For example, NDIS is structured in a way that relies on individuals proving their eligibility and how receipt of certain services and support will

eventually allow them to reduce their dependence on formal support. The NDIS model relies on individuals being literate in the concepts of self-activation where people will be expected to self-advocate and make choices and decision for the full benefit of the scheme (Soldatic et al., 2014). This assumed reliance on individual conceptual literacy has led to a critique of equitable access particularly for people who have multiple and complex needs, including CALD people.

Purcal et al. (2016) stated that the ability of marginalised groups without relevant skills, fluency in English, informal support to navigate mainstream systems are limited. Some of this groups including CALD population will require additional resources and support to navigate the complexities of consumer directed care approaches (Purcal et al.,2016). According to Soldatic et al. (2014) the reliance on self-activation does not allow for recognition and response to these specific needs as part of the systemic process and so may not be appropriate for CALD people. As a result, there is greater likelihood that already marginalised groups will not initiate their packages and fail to adequately advocate for their needs, leading to underutilisation of available services (Purcal et al., 2016). Unfortunately, there is no specific recommendations provided Productivity Commission (2017) to target engagement and service improvements for the diverse group of people with disability from a CALD background despite their increasing numbers in Australia.

With the multicultural mix of Australia, one would expect service engagement of CALD people with disability to be relatively like other populations. According to Zhou, 2016) the access rate of specialist disability services by CALD people with disability is exceedingly disproportionate to their presence in the community. The need of service engagement among CALD people is critical following estimations that 1 in 4 people with disability represent either first or second-generation CALD (Productivity Commission, 2017). The Productivity Commission (2017) also reported that CALD people with disabilities are the second largest group of people with disabilities, after women. This starling statistics is the more reason why service engagement among this population is critical.

Research suggests that being from CALD background and having a disability can be a double disadvantage as it can exacerbate difficulties accessing appropriate support services

(Carlson & van Kooten Prasad, 2000; Meekosha, 2006; Soldatic & Fiske, 2009). The way that society constricts CALD people with disability is sometimes replicated in practice and can inhibit service engagement. The existing literature identified in Table 3 above supports the notion that low uptake of services by CALD people with disability is complex, and requires a comprehensive understanding of this cohorts' experiences, perspectives and understanding issues of power relations when accessing mainstream services (Baker et al., 2016; Carlson & van Kooten Prasad, 2000; King et al., 2015; Mirza & Heinemann, 2012; O'Mahony & Donnelly, 2010). Consensus in the literature is that participation of CALD people with disability cannot improve without improving their service engagement (Ottmann, Laragy, & Damonze, 2009; Purcal et al., 2016; Signorelli et al., 2017).

Strengths and limitations

The study focused on peer reviewed published articles, providing high quality and reliable academic data. Firstly, this study focused on under-researched CALD population whose disability problems, behaviours, and disability and health literacy may have gone unnoticed due to perceptions that they are hard to reach population. Secondly, the study highlighted the limited available data on this group. This is particularly critical with the roll out of NDIS which studies suggest will have a major impact on this cohort.

The study only considered articles published in English and other relevant studies published in other languages might have been overlooked. It is likely that most substantial findings have been covered in the review given that European studies of international interest are traditionally published in English. Secondly, the review was limited to studies undertaken in the last ten years with the view to focus on the most recent trends of service engagement.

The review exemplified problems of comparability as categorisations of CALD populations varied greatly between studies due to inconsistencies in terminology practices between and within countries. The focus countries of this study defined the study population differently for instance in Australia the common term used was 'culturally and linguistically diverse' (CALD) or migrants. The United States and the United Kingdom and Canada used the term 'ethnic minorities', immigrants' or migrants. Some studies specifically focused on refugees, and asylum seekers.

Due to limited literature on disability service engagement of CALD populations, the reviewer included studies that focused on relevant health domains such as dementia. As indicated all the studies were conducted in western developed countries and many study participants received various government support and other relevant service providers. The results of this review are not generalizable to different contexts, countries, cultures, or populations.

Conclusions

This literature review has shown that there is currently limited body of research investigating facilitators to successful service engagement of people from CALD background with a disability. Much of the information available has focused more on barriers to service engagement rather than facilitators.

Most of the available studies represent the views of service providers and their staff rather than from CALD people with disability, their families or carers. The lack of consideration directed towards the topic of successful engagement of CALD communities is problematic given their representation in the community and the barriers they face regarding access to and use of disability services.

The themes emerging from the study indicate multiple intersectionality of issues that either facilitate service engagement or pose as barriers. The literature established several multifaceted and interconnected factors that influence the success or barriers to successful service engagement of CALD people with disability.

Facilitating factors to service engagement of this population as identified in the literature included, language and cultural factors, cultural sensitivity and understanding, engaging bilingual/community navigators. While barriers to service engagement included, intersecting factors such as having a disability, language barriers, trust, stigma, confidentiality. Other external barriers included structural and social prejudice, being a racial minority, class, gender, cultural, individual, migration status such as being a refugee or an asylum seekers and social status. Incongruency of Western conceptual frameworks of services to CALD conceptualisation was identified as a major barrier. Consequentially, Soldatic et al. (2014) argued that the interaction of ethnicity and disability can intensify existing forms of entrenched disadvantage and disempowerment.

The literature established the contributing factors to the under-representation of CALD people in disability and other health services to include: differences in language and cultural norms, lack of self-advocacy skills and inappropriate delivery of information and knowledge

(Baker et al., 2016; Colucci et al., 2012; King et al., 2015; O'Mahony & Donnelly, 2010; Selepak, 2008; Soldatic et al., 2014; Zhou, 2016). It appears that over the last couple of decades language and culture has been a persistent barrier to service engagement. However, it is important to acknowledge that people from CALD backgrounds, their families, carers and communities face a combination of significant and intersecting barriers in accessing disability supports and government services. To understand low engagement of CALD populations in disability services, it is important to understand the intersecting barriers that limit their engagement in these services.

According to Goggin et al. (2017) the intersection of disability and ethnicity does not generate layers of disadvantage; rather the impact can generate new barriers to resources, opportunities, and capabilities. While Soldatic et al. (2012) reiterated the need for sociocultural literacy of the service system to avoid the maintenance of disadvantage and disempowerment of this cohorts and to effectively stimulate supports to achieve the required outcomes for CALD people with disability.

To increase engagement of CALD people in disability services and reduce the barriers that impact on engagement, there is a pressing need for further research which explores facilitating factors that may influence successful engagement of this group in disability services. In advancing this body of knowledge, researchers and practitioners should seek to better understand and address the effects of intersecting broader social factors such as structural and systemic barriers, historic and socio-cultural and socio-economic issues, gender, race and age and inequities experienced by people from CALD background. The results indicated that even long-standing CALD communities were unfamiliar with disability and health services and experienced difficulties accessing appropriate disability and health care services.

Analysis of the literature revealed that enabling the participation of marginalised populations requires attention to services being culturally sensitive and attuned to CALD needs. The lack of culturally sensitive practice leads to low access by this group resulting in poor outcomes for this cohort. A key component of the Australian National Health Reform

Council of Australian Governments (2011) is to improve access to quality health services for all Australians including CALD communities (Henderson & Kendall, 2011).

On a conceptual level, the study findings contribute important insights to the nascent literature on disability disparities and highlights directions for future research. Firstly, there is need for developing and implementing more culturally responsive service delivery mechanisms within disability services. Secondly, there is a need for data documenting the numbers of CALD people with disability, the types of impairments their experience in accessing services and to enable targeted services and improved outcomes, quality of life and civic and social participation and equitable access to services. Thirdly an evaluation of outcome for CALD people accessing disability services to assess explanatory factors for service engagement and outcome disparities where they are found to exist.

The findings from the literature review is consistent with previous studies which critiqued disability services for reflecting white, Anglo-Australian values and thus being difficult for people from diverse cultures to understand and access (Harris, 2004). The design and delivery of services and the characteristics of the workforce are also influenced by this Anglo-centric approach (Harris, 2004). According to Soldatic et al. (2014) there has been a historical marginalisation of minority groups including CALD people in the disability support system in Australia. This critique has continued as the NDIS has been rolled out across Australia with the prediction of 9 in 10 people from CALD background missing out on NDIS. (Productivity Commission, 2017).

This review study confirmed an existing disconnection between CALD populations with disabilities and disability services. This has been attributed to services not being accessible and responsive to CALD populations. Lack of cross-cultural nuance among disability service organisations has also been cited. Other factors include service mismatch with CALD cultures, barriers such as language, cultural and social barriers, resource limitations within agencies, mistrust between the different service entities, and lack of effort to seek the perspectives of CALD people of what works, as well as other complex intersecting issues of race, gender, structural and systemic issues.

Addressing existing barriers to service engagement is key to improving disability service engagement of the CALD populations. Addressing these barriers and increasing CALD engagement will require exploring what CALD people with disability, their families and carers perceive as key facilitators to their successful engagement in disability and related services, hence the need to undertake further research to explore this phenomenon.

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