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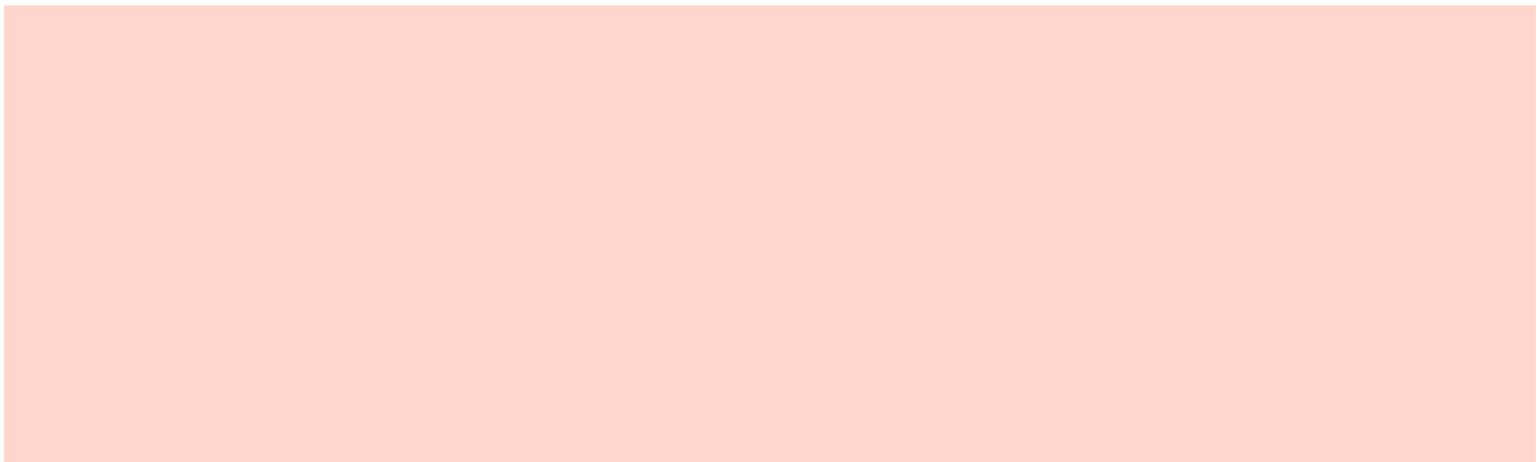
Thinking about stigma, disability and CALD communities

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What will this resource cover?

Stigma and disability within CALD communities has been seen by some disability service providers as a barrier for people with disability and their families in accessing disability support services[1]. However, it is important to consider what stigma actually is, and think about ways to address stigma when working with people with disabilities. The purpose of this tool is to aid the process of rethinking the notion of stigma, by encouraging you to consider how you view stigma when working with your clients. This is important if your organisation is making a clear commitment to incorporating CALD considerations and participation into service planning, embedding this within business and program cycles and successfully communicating with diverse communities on issues around disability.

It is worth considering the following questions:

- What does stigma mean for people with disability in the general Australian community?

- Are disabilities seen differently in diverse communities?

- Is stigma to blame for discriminatory attitudes towards disability in communities, or is it more nuanced than that?

This tool cannot provide the absolute answers to these questions. Every person's situation is different, and that is why it is important to understand the relationship between a person and their own unique community and familial context.

Essential information

The World Health Organisation has defined stigma as "a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society"[2].

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[1] This information has been ascertained from previous consultations within the wider 'Diversity in Disability' project.
[2] World Health Organization (2001). The World Health Report 2001 – Mental Health: New Understanding.: http://www.who.int/whr/2001/en/whr01_en.pdf

This definition is relevant to the experience of people with disability from all cultures, and people with disabilities may have experienced varying degrees of stigma throughout their lives.

Some key points include the following;

- How disability is seen can vary from culture to culture, between individuals and within families. Stigma attached to disability can often be entrenched and intergenerational, and be reinforced by the person's surrounding environment.

- A report from the Australian Human Rights Commission also raises the issue that "people with disabilities from non-English speaking background communities are often further stigmatised and isolated because of attitudes and misconceptions prevalent in the broader community as well as in their own communities"[3]. Here it is important to note that the idea of stigma being more prevalent within CALD communities may not actually be the case, because inclusion issues could have more to do with it or be compounded by the attitudes from the broader community, or other access issues common in CALD communities.

- Other barriers to services could include language barriers, past trauma from migration experiences, the combination of other cultural and community taboos that may impact on the person's identity such as gender, and sexuality issues for example.

- Societal stigma may also be developed or reinforced by the way services are structured in a person's country of origin, and this may translate to a lack of recognition of disability in service provision and essential services. For example, in some countries a person with disability may not have had any access to special education within the school system in their country of origin, and as a result, their disability may not have been noticed or addressed until later in life.

- Due to the stigma experienced by the person with disability, they may feel:

  - Isolated from their community;

  - Unable to express their true opinions and desires;

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[3] https://www.humanrights.gov.au/sites/default/files/content/pdf/race_discrim/on_the_sidelines.pdf

- Unwilling to access support services for fear that someone may find out about their disability;

- Feel feelings of shame and humiliation about their disability, and these feelings could also be reinforced by family members and the wider community.

Family members may also feel as though it is their duty to care for their son, daughter, husband or wife with disability instead of engaging with support services. For more information on understanding the needs of CALD carers, please refer to the Partnering with CALD Carers tool in this Resources Toolkit under Community Engagement and Participation.

The implications of community stigma regarding disability can result in:

• The person with disability and their family eventually accessing disability support services when they are at crisis point. This could mean that the person and family may be experiencing issues such as mental health concerns, financial hardship, relationship issues, possible child protection concerns etc.

• The person or family could endeavour to access services away from where they are living to hide the issue of disability away from their surrounding community. This could lead to the person and family travelling long distances to access support. This could also mean that the community near home is not viewed as a support network for that person or family.

Essential good practice tips

Addressing stigma from a human rights framework and person-centred approach will help to provide a solid foundation for any techniques you may employ within your role. It is important to be reminded of the aim and purpose of the UN Convention of the Rights of Persons with Disabilities: that is to;
'Promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'[4].

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[4] http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Practically speaking, the following guidance may be of assistance in translating principles of human rights into practice:

- When working with CALD people with disability, as with non CALD people with disability, it is important to be aware of cues that may suggest that stigma could be playing a part in their decision making. For example, open questions may help to unpack whether a person feels that stigma is serving as a barrier;

- In order to remove what some may deem as stigma, from a service perspective it is important to work with the person with disabilities and family members to continue to provide opportunities for your client to engage with activities that ensure inclusion within society and also aid the person and family in guiding them through the maze of access issues they may be experiencing;

- There may be times where a more all-inclusive approach to service delivery is considered. For example, you may need to raise awareness of disability for the whole family not just the person with disability. Removing stigma around disability may be a long-term process that involves incremental goals, and building trust with the person and family;

- Moving towards a more CALD community targeted approach, it would also be important to consider different strategies to start engaging with diverse communities to reduce stigma against disability more widely;

- Making connections within communities is also important. As a first step, it could be beneficial to contact community based organisations to explore best approaches and people to contact within communities to try and change the conversation around disability in communities.

Case study

Client 1

While in a routine appointment, Yolla (a person with vision impairment) tells Claire (her disability support worker) that she fell over while crossing the road the other week and had to be taken to hospital to make sure that her injuries were not too severe. She mentions that she had decided to go out of the house to buy some groceries from the local fruit market when the accident occurred. She also mentions that she decided to go out without her walking stick that day, and that she normally doesn't go to the shops with the walking stick just in case the neighbours are watching.

Client 2

A young client Lì Húa mentions that she would like to start English lessons to improve her language skills in a routine appointment with care worker Hana. Within the same conversation she also mentions that she has been feeling very down lately as she recently had some exciting ideas about going on a long hike with some friends, but some people in her local community church group rejected the idea and mentioned that she would never be able to complete the hike with her physical disability. Other people in the group were also ridiculing her about her plans as they didn't think she would be able to go on the hike with her physical disability. Lì Húa also feels like she doesn't want to go to the local English classes at her local library, and would prefer to go to lessons at TAFE in the next suburb.

Key questions

How would you approach the topic of community stigma with Yolla and Lì Húa? What methods would you employ to make sure that Yolla and Lì Húa are able to achieve their goals without being worried about the opinions of those in their community?