



Engaging CALD Carers & Communities

Thinking about stigma, disability and CALD communities

This resource is part of a series of resources in the online Diversity in Disability Toolkit.

For further information, see: diversityindisability.org

What will this resource cover?

Stigma and disability within CALD communities has been perceived by some disability service providers as a barrier for people with disability and their families in accessing disability support services¹. However, it is worth drilling down into what stigma actually is, and thinking about ways to address stigma when working with people with disabilities. This guide is positioned in such a way as to aid the process of rethinking the notion of stigma, by encouraging you to consider how you view stigma when working with your clients.

It is worth thinking about; what does stigma actually mean for people with disability in the general Australian community? Are disabilities perceived any differently in diverse communities? Is stigma actually to blame for discriminatory attitudes towards disability in communities, or is it more nuanced than that? This guide won't provide the absolute answers to this. 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

Even in the most represented countries of origin that make up our population, the range of cultural values, beliefs and perspectives is vast. Consider the level of diversity if you included all the other countries and cultures represented in Australia.

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.

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;

- The perception of disability can vary from culture to culture, and also 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 perception of stigma being more prevalent within CALD communities may

² World Health Organization (2001). The World Health Report 2001 – Mental Health: New Understanding.: http://www.who.int/whr/2001/en/whr01_en.pdf

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



actually not be the case, whereby inclusion issues could have more to do with or be compounded by generalist attitudes from the broader community, or other access issues prevalent in CALD communities.

- Other barriers to services could include language barriers, past trauma from migration experiences, the intersection 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;
 - Reticent 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.



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, so as 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 lens 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.

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 attuned to cues that may suggest that stigma could be playing a part in their decision making. For example, open and unobtrusive questions may help to unpack whether a person feels that stigma is serving as a barrier;
- In order to dispel 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 holistic 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. Dispelling 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 in order to start engaging with diverse communities to reduce stigma and disability more widely;

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

Case Studies

Client 1

While in a routine appointment, Sahar (a person with vision impairment) tells Anna (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 Mei Li mentions that she would like to start English lessons to improve her language skills in a routine appointment with care worker Leigh. Within the same conversation she also mentions that she has been feeling very down lately as she had recently had some exciting ideas about going on a long hike with some friends, but some people in her local community church group rebuffed 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. Mei Li 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 Sahar and Mei Li?

What methods would you employ to make sure that Sahar and Mei Li are able to achieve their goals without being worried about the opinions of those in their community?



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