

SSHP6401: Masters of Community Development Research Project

Community participation of people with disability from Culturally and Linguistically Diverse backgrounds

I declare that this project/dissertation is my own account of my own research. It contains as its main content work which has not been previously submitted for a degree at any university.

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SSHP6401: Masters Project Work

Community participation of people with disability from Culturally and Linguistically Diverse backgrounds

Abstract

The purpose of this literature research is to explore the effectiveness of social inclusion programmes for people with disability from Culturally and Linguistically Backgrounds (CaLD) living in Australia. This is done by exploring definitions of social inclusion and social exclusion and then looking at current issues affecting people with disability from CaLD backgrounds. The research then looks at programmes that facilitate social inclusion to determine if this is an effective way to improve community integration and participation.

The literature highlights that getting people with disability from CaLD backgrounds participating in community activities can lead to very positive outcomes. Participation can lead to better mental and physical well-being, develop new skills and improve lifestyle issues such as meeting new people and finding employment. A common theme from the literature was the importance of involving people with disability from CaLD backgrounds in all planning and decision making in programme development to ensure that cultural needs as well as disability requirements are addressed. Evaluation is also considered crucial to long term effectiveness and sustainability of programmes.

Chapter 1 - Introduction

The United Nations has stated that over one billion people in the world live with a disability of some form. People with disability experience a multitude of barriers to engage in society (<http://www.un.org/disabilities/default.asp?id=1597>). The lack of equal access to social and political participation, services, employment, education, health care and transport is compounded for people living with a disability (<http://www.un.org/disabilities/default.asp?id=1597>). Article 9 in the Convention on the Rights of Persons with Disabilities (CRPD) highlights it is important to enable people with disabilities to live independently and participate fully in society. The CRPD calls state parties across the world to make this a priority to enable improved access, equality and inclusion for all individuals with disability (<http://www.un.org/disabilities/default.asp?id=1597>).

The Australian Productivity Commission report states that inclusion can lead to better outcomes for people with disability and their Carers in relation to health, housing, employment and other life satisfaction areas. It can also reduce long term care costs and support, especially for people with moderate or low levels of disability (<http://www.ndis.gov.au/community/why-community-participation-important>). An example is the provision of accessible public transport and shopping centres to get around easily, or the development of socially inclusive groups which have the potential to create natural support networks so that people with disability are not always reliant on paid support. Another benefit is the increased awareness and understanding in the broader community as people with disability become more exposed to mainstream community life and workplaces (<http://www.ndis.gov.au/community/why-community-participation-important>). People will learn to see the person and look beyond the disability.

In response to the UN convention, Australia has started to implement programmes that facilitate inclusion for people with disability. National social inclusion agendas such as the National Disability Strategy and state strategies such as *Count Me In in Western Australia and Towards Challenge* in the ACT were developed and 'inclusive' programmes are being rolled out in many Australian states. These programmes aim to facilitate better employment prospects in open employment, advocate for inclusive education in mainstream schools, explore access to the health system or improve social participation in community and recreation contexts (Daley 2007).

However, there are still marginalised groups within disability that require extra support to fully participate in society. People of Culturally and Linguistically Diverse Backgrounds (CaLD) are one set of individuals that experience additional barriers. Settling into a new country is difficult for any new migrant, especially those of CaLD backgrounds. If a person has a disability and is also of CaLD background, then the settlement barriers are multiplied compared to other new migrants and refugees (Taylor 2004). Settlement barriers then lead to participation barriers. This is in relation to ongoing community life and how people are able to contribute, participate and be valued as members of the wider society (Correa-Valez & Mitchell 2010). Migrants and refugees of CaLD backgrounds with disability have to struggle with stigma attached to being both a person with disability and a person of CaLD background. Newer migrants may also struggle to live in a foreign country with different language, culture, expectations and experiences. They may often rely heavily on service delivery agencies and have minimal support from either their own cultural communities or from the wider community to help them engage well in society (Correa-Valez & Mitchell 2010).

Chapter 2 - Research

Research topic and aim

This research will explore literature concerned with concepts of social inclusion and social exclusion. It will then look at two programmes that help facilitate social inclusion and community participation of people with disability, including how the programmes can potentially facilitate inclusion for CaLD people with disability. The aim is to critically explore the effectiveness of the inclusion programmes for people with disability from CaLD backgrounds drawing on two 'living' case studies.

There were limitations to this research through a literature review process. Although there are multiple programmes facilitating community participation and social inclusion for people with disability, the inability to find evaluations of inclusive programmes severely restricted finding exact impact on people with disability from CaLD backgrounds. It was also limiting to gauge the depth of programmes that are currently happening, as they have not been documented.

Not having the ability to talk directly to people to ascertain programmes and practical learning's from projects hindered the findings. A consultative approach to gain feedback of practical programmes currently happening would be the best way to determine effectiveness and impact on people with disability of CaLD background.

Methodology

To explore these attempts it is first important to understand concepts of social inclusion, social exclusion and community participation. These concepts should be subject to some scrutiny as it is important to understand the concepts in order to understand the values behind social inclusion programmes. This will then be followed by an exploration of social and structural barriers to participation for people of CaLD background living with disability in Australia.

The next step is to explore two programmes in Australia that aim to facilitate inclusion by exploring the characteristics of the programmes' effectiveness and where possible challenges to integrate people of CaLD backgrounds with disability.

Chapter 3 – The broader context

Definitions and concepts

For the purpose of this research community participation is defined as the opportunity for a person to contribute and have a valued role in a range of community contexts (Rogers, Stevens & Hough 2008). There are multiple views of what participation entails. Research has shown that many people with disability see community participation as a way of contributing to society meaningfully (Hammel et al 2008). A person should feel a sense of belonging in the community and have opportunities for engaging and connecting with others (Bishop, Fisher & Pretty 2006). Participation is also about having choice and control, having access to services and having social responsibilities in a community context (Hammel et al 2008).

There are a range of community contexts and each community culture is different and enables people to contribute and belong in different ways. One example is in relation to social engagement where participation happens in community groups and social activities outside of the family home. It also incorporates engaging in civil society such as volunteering and contributing to planning and governance processes (Bishop, Fisher & Pretty 2006 p5). From a service delivery point of view, participation is about having appropriate access to services such as child care, welfare or information (Rogers, Stevens & Hough 2008). Community is often considered as a supportive and positive space where people can have meaningful ongoing interaction with others (Bishop, Fisher & Pretty 2006 p3). However it is important to consider processes within a community in terms of inclusion and exclusion, and positive and negative impacts for people. For example, one person may feel included in a community, but just as easily another person can feel excluded within the same context due to a characteristic they have that may not be considered the norm within that community context (Bishop, Fisher & Pretty 2006).

Furthermore, for the purpose of this research, the word disability means people with psychological, intellectual, physical, sensory and neurological disability. It also encompasses mental health and psychiatric illnesses that might limit a person's ability to engage and participate in society and feel a sense of belonging and inclusion. Critical to any discussion of disability in the lives of migrants and refugees is the impact of post-traumatic stress. The Centre for Multicultural Youth

Sports in Melbourne have established that people from refugee backgrounds are at higher risk of having mental health problems due to past torture and trauma (<http://www.cmy.net.au/assets>). If these mental health issues are left untreated then they are at higher risk of having long term mental health problems (Selvamanickam et al 2001 in <http://www.cmy.net.au/assets>). It is evident that there are people from many CaLD communities, especially from humanitarian backgrounds, that will fall under this category due to past torture and trauma experienced in their homelands and secondary trauma adjusting to a new country when settling in Australia (Murray, Davidson & Schweitzer 2008).

Post traumatic stress disorder (PTSD) has neurological affects that can change people's brain chemistry which impacts daily functioning or ability to participate in the community (Laurence 2013). This may classify them as having a disability in terms of mental health disorder. Unfortunately, the level of trauma experienced by individuals to fully function in society is not always recognised in services provided for refugees and this has a dire impact on effective service delivery to people that may need support to integrate into society (Taylor 2004). If appropriate support is not provided there is risk that individuals experiencing post traumatic stress may not be able to fully participate in a range of community contexts such as gaining employment or integrating in social groups, which then has flow on affects for lifestyle and well-being (Disability Care and Support paper 2010 p6). Low participation is mainly attributed to increased mental health disorders such as anxiety, depression and sometimes behavioural disorders. People may also experience physical health problems such as eating disorders, diabetes and heart conditions which limit their participation rates. Sleep deprivation is another major issue affecting people with PTSD, which will impact people's mental state and well-being (Tull 2011).

The term Culturally and Linguistically Diverse (CaLD) in the context of this research entail people from new and emerging communities living in Australia such as Sudan, Somalia, Iraq, Bosnia as well as people of countries that have been in Australia longer such as the Dutch, Greek, Vietnamese and Italians. The reason to also explore the experiences of more established communities is to highlight that there are still gaps in the provision of community inclusion programmes and service delivery and some of the common issues the established communities experience with those of newer and emerging communities.

Social inclusion and Social exclusion

To effectively develop social inclusion strategies it is crucial to understand the concept of social inclusion. The concept of social inclusion is still under scrutiny (Hall 2010). It is often associated with the participation of people within the social, economic and cultural life of a community (Ferrie 2008). Long et al (2002) describes social inclusion in relation to achieving specific outcomes in areas such as health, employment and education and at the same time trying to address broader issues that create social exclusion in specific spheres. It is therefore an active process where personal and structural impacts are explored (Barraket 2005). Hall (2010) describes social inclusion as a set of normative practices which becomes more about lifestyle, consumption and identity. Social inclusion is a process to provide people opportunities for meaningful participation and feel a sense of belonging in the community. Cappel (2002) describes social inclusion as a society where all people feel valued, respected and have their basic needs met so they can live a life of dignity (www.healthyspaces.org.au).

Many Australian state government bodies have also attempted to define social inclusion. For example, the Department of Planning and Community Development in Victoria outlines social inclusion as a process to help build people's capacity by improving access and opportunities to better services such as transport, housing and income. This is in order to increase participation in civic society, and economic participation by finding work (Department of Planning and Community Development Victoria 2008 p2). The Victorian government recognises that it is not only income that should be taken into consideration for low participation rates but a wide range of living standards. People are part of a household, family and community which impacts their quality of life. Government, the economy and wider society can adversely contribute to social exclusion. Building people's capacity is therefore central to help people advocate for themselves and have a voice (Department of Planning and Community Development Victoria 2008).

Other Australia state government departments have similar definitions. In Western Australia, the Disability Services Commission launched the *Count Me In* strategy in 2009. *Count Me In* aims to improve access and inclusion for people with disability in a range of different contexts. The vision of *Count Me In* is for all people to live in welcoming communities which actively promote friendship,

citizenship and a fair go for everyone (Disability Services Commission 2009). The strategy is a long term plan with eighty pathways under thirteen priority areas which fall under three complementary areas; economic and community foundations, participation and contribution in community life, and personalised supports and services. Each area aims to address inclusive practices in social, economic, cultural and service delivery spheres. The priority areas and pathways are used as a guide for West Australians in their work with people with disability (Disability Services Commission 2009).

In theory these definitions are sound, but are often quite broad and lack meaning when attempted to be implemented. In a practical sense, theoretical ideas about social inclusion may not always be easy to apply due to varying ideas of what social inclusion actually entails from funding bodies and people in the community. For example, some CaLD communities consider only their familial or cultural ethnic group as their community and are oblivious to the range of other communities in a wider context (www.misceastmelb.org/chap5). Another factor is funding agendas that constantly change their criteria which impacts programme delivery for those services and groups that rely on government funding. In addition to this, the actual concept of community, which is integral to social inclusion, is such an indistinct concept in today's society as people's lifestyles are very transient (Ife 2012). People often may not have time to actively become involved in a collective group due to having a range of different interests or lifestyle activities that prevent them from being active participants in one community context alone. There are also so many types of community that having one definition of community alone becomes almost meaningless (Ife 2012).

There is significant focus on excluded individuals, but broader structural factors are not addressed (Hall 2010). If social inclusion is not understood properly, there is risk that people with disability will become more ostracised and marginalised. For example, people with disability may find work, but depending on the type of disability, a person may not be able to hold down employment that is permanent or higher paying and may experience abuse or neglect in the workplace (Hall 2010). Although employment is considered as economic and spatial inclusion, employment could also potentially cause social exclusion if people experience discrimination in the workplace. The same scenario applies for housing. A person with an intellectual disability may secure independent

housing, but then experience difficulties to maintain the home or look after their personal care and needs without support. Again, this potentially leads to social exclusion as others in society judge the individual relative to an average person without disability in the community. They consider the person as odd because they struggle to look after themselves properly (Hall 2010).

To facilitate better social inclusion it is important to understand and acknowledge the direct processes of social exclusion such as barriers to participation (Hall 2010). In past definitions of social exclusion, the concept was characterised as being quite multifaceted as it looked beyond material poverty to other barriers stemming from cultural, social, economic and political contexts (Hall 2010 p3). Causes of social exclusion were generalised as lack of employment and education opportunities, discrimination and prejudice, having no access to services and experiencing structural barriers. According to the Tasmanian State government, social exclusion, as opposed to social inclusion, is an extensive process that is multi-dimensional (Tasmanian State Government 2008). When people are socially excluded this usually means that the individual's rights, resources, goods and services are limited or denied. They are not able to easily participate in what is considered normal activities and have healthy relationships with others (Tasmanian State Government 2008). Social exclusion characterises areas such as disengagement when people participate restrictively in community based activities. Sometimes a person with disability may experience communication and behavioural difficulties that adversely influence social interaction with others which puts them at risk of being excluded (Tasmanian state government 2008).

There are also economic and financial barriers which prevent people from gaining employment, education or developing skills. This at times is attributed to not having access to assets such as property or not having the ability to manage finances and understand the value of money. Information barriers are also important to consider. People with limited literacy or have limited access to information portals such as the internet will find it difficult to integrate because they cannot find out about groups or services they can access (Hall 2010). Complex issues in one aspect of life can then flow on to other problems which then continue to manifest into further social barriers. For example, someone who has a disability and a language barrier may find it difficult to get employment. This will then mean limited finances, which leads to problems finding long term housing, which then can make someone experience mental illness through

depression or other mental health issues. Potentially all these factors can contribute towards making a person 'excluded' in the wider community (Tasmanian state government 2008).

Critiques of social inclusion and social exclusion

Social inclusion agendas have only really started to roll out in Australia within the past decade through the introduction of the social inclusion board and other similar federal government agendas (Kenny 2009). Inclusion is something that is done to people by the state itself, where the state identifies and labels who are the most disadvantaged and marginalised groups (Kenny 2011). A thorough analysis of what constitutes exclusion is required for social inclusion to adequately occur. However, the social exclusion concept in itself is problematic as it draws a line between people who are included and those who are excluded (Hall 2010). People are only excluded relative to others, however the question remains as to what types of people are actually excluded. In Australia, social inclusion agendas often have a top-down approach. It is often government bodies who determine what needs to happen in order for others to be socially included (Kenny 2011). Government bodies also have to ensure that public policies are developed within the parameters of a society driven by capitalism. This means that neo-liberal ideology becomes a background force in developing social policy and these views contradict human rights ideology and hence the values behind social inclusion (Kenny 2011).

Solojee (2011) outlines a number of things to be considered in combination to address social exclusion. These entail exploring social cohesion and the concept of citizenship including analysing democracy, looking at rights and responsibilities, exploring the accommodation of differences and thinking innovatively about injustice, inequalities and overall exclusion to remove barriers. A contemporary and reflexive process needs to be adopted in order to develop a social citizenship framework that is practical and considerate of all people (Buckmaster & Thomas 2009). The concept of citizenship itself can be problematic for those who are from CaLD backgrounds and have different religious groups or social practices. A universal framework of citizenship cannot be applied in this context as it does not properly take into account the differences of people, and is potentially discriminatory if one rule should apply to everyone.

Instead it is better to accept the differential and cultural rights of citizenship for certain groups (Buckmaster & Thomas 2009).

There also needs to be many efforts across human service sectors to make service providers understand how to effectively create and develop inclusive services and programmes for all, including those from culturally diverse backgrounds with disability. Questioning whose definition of social inclusion is being applied when programmes are implemented is important. There is an assumed view that all people want to belong to a group, community or any dominant space. A lot of criteria surrounding these viewpoints are hegemonic and often implicit (Daly & Silver 2008). There are different interpretations of what is meant by being included, for example someone with disability may want to only associate with another person with disability and it would be condescending to think that inclusion means they can only associate with others without disability (Department of Human Services 2012). Rather than only discussing inclusion, it is important to explore whether there is need for a more diverse definition about giving people choice or how they want to live a good life (Department of Human Services 2012).

It is important that individual social barriers and reasons for exclusion are understood in order to develop inclusive models that are effective and sustainable. This also means understanding needs of each subset of groups, their individual experiences, and barriers to participation (Buckmaster & Thomas 2009). The experiences that a general CaLD group has will not always be the same as to what a CaLD individual with disability has. A person with disability may experience not only exclusion from a community context in the wider society but also stigma within their own cultural group or even family (Ethnic Communities Council paper 2009). Another issue is when barriers are addressed for a few individuals, such as improving employment prospects, then the people who are still not able to work due to a range of circumstances are then even more socially isolated. Even if the person is volunteering in non-paid activities, they are compared against those who are in paid work (Buckmaster & Thomas 2009).

Economic participation, such as employment, stems from neo-liberal ideology, where neo-liberal discourses have become a meta-narrative in which all policy decisions must adhere to (Peter et al 2000). Neo-liberalism assumes that social

and economic outcomes are best met with market individualism and it has potential to influence the ideologies of community participation or inclusion (Cheshire & Lawrence 2005). Potentially, there are larger capitalistic factors to be considered when looking at the forces driving social inclusion (Brent 2004). Social inclusion critics suggests that social inclusion concepts are not coherent which impacts its scope and implementation. Buckmaster & Thomas (2009) states that in a social policy context, the concept of social inclusion will not prove to be a useful framework to drive social policy unless it is more clearly defined or measured.

People with disability from CaLD backgrounds in Australia

Australia is a country full of diversity with people from over 232 nations speaking over 190 languages (Thomas 2004 p103-106). Western Australian has a higher proportion of people born overseas compared to other Australian states even though the rate of people from CaLD backgrounds is slightly lower than the national average. According to the 2006 ABS census, in the Perth metropolitan alone there are 31.3 per cent of people born overseas, which is approximately 45,2886. The National Ethnic Disability Alliance (NEDA) data from 2010 estimates that more than 1 million people with a disability are of non English speaking background in Australia (Ethnic Disability Advocacy Centre 2012). In particular, the fastest growing ethnic groups are from East and North Africa, the Middle East, Afghanistan and Bosnia (OMI 2003; website chart 2.2 in Selepak 2008). The Department of Immigration and Citizenship consider the people arriving from these new and emerging communities as highly vulnerable. This is due to their heavy reliance on settlement support services, lack of cultural community support networks and difficulty accessing mainstream services (Selepak 2008). In Western Australia alone, there are 15.4 per cent of people with disability of CaLD background, however only two per cent use disability support services (Disability Services Commission Annual Report 2006 p27).

RATES OF DISABILITY BY STATE AND TERRITORY - 2009

	Total	Total excluding recent migrants	Difference between populations
	%	%	Percentage points
New South Wales	18.6	19.4	0.8
Victoria	18.4	19.3	0.9
Queensland	17.9	18.6	0.7
South Australia	20.9	21.7	0.8
Western Australia	17.4	18.5	1.1
Tasmania	22.7	23.1	0.4
Northern Territory	15.2	15.8	*0.6
Australian Capital Territory	16.1	16.7	0.6
Australia	18.5	19.3	0.8

* estimate has a relative standard error of 25% to 50% and should be used with caution
 Source: Australian Bureau of Statistics (2011) Disability, Australia (cat. no. 4446.0)

This table indicates that the intake of people with disability from overseas countries is quite low or even non-existent. The percentage of people living with disability of migrant background is very low compared to the non overseas born Australian population. This has implications for settlement for migrants with disability, as they become an even more isolated group in comparison to others with disability (Taylor 2004). This also does not take into consideration that some migrants acquire disability or mental and physical health problems as they continue to live in Australia, while still struggling to settle into the country and culture (Taylor 2004). In this scenario the risk of isolation of migrants with disability is increased because there are not as many others with disabilities of migrant backgrounds living in the community who they may be able to connect with and relate to, especially if language barriers are prevalent.

Barriers to settlement for migrants and refugees

When people migrate to Australia they arrive to try and get a better life by finding employment and giving their children opportunities for a good life (Taylor 2004). It

is important that the social, geographical and cultural issues of community are understood for different cultural groups as this helps to understand how to support people to participate in a range of community contexts outside the family sphere (Romeos, McBride & Mansourian 2007).

In Australia, barriers to settlement for CaLD migrants are varied and may include mental illness both from pre-existing conditions and pre and post settlement trauma, limited English preventing access to appropriate information and services, financial limitation, culture shock of adjusting to a new environment and social isolation due to lack of informal networks such as extended family or friends (Daley 2007). These barriers are not just isolated to new immigrants. Migrants from CaLD backgrounds that have settled in Australia for many years also continue experiencing barriers due to limitations experienced during initial settlement. This then created long term impacts such as not getting skilled employment or adequate housing (Daley 2007). CaLD communities that have been in Australia for longer periods include the Italians, Germans, Dutch, Philippines, Vietnamese, Malaysians and Macedonians. Although post traumatic stress may not be as prevalent for people of these nations there are still people who experience language barriers, and discrimination from their own cultural group due to people not understanding the person's disability or family circumstances caring for someone with disability (Selepak 2008). Whole families can get ostracised within their own cultural group due to having a loved one with disability in the family (NEDA 2001; Berrie n.d.).

Discrimination is a critical factor in the settlement process. A case study from Ethnic Disability Advocacy Centre (EDAC) demonstrates how simply discrimination can happen. EDAC was approached by a Muslim mother who has a son with an intellectual disability and autism. The young man with his mother had approached a Manager of a supermarket about seeking a position as a Stock Filler. The Manager then told the mother "they don't employ people like him". The mother expressed to EDAC that this made her wonder whether the discrimination was because of his religious background or his disability (EDAC Productivity commission inquiry 2010).

Besides the general settlement barriers in relation to housing, employment, finances and language, there are multiple issues that arise for people with disability to prevent participation. Some barriers include, having a sense of guilt

where carers feel like a failure to put their child outside of the family's care, fear of not finding appropriate activities that are accessible as well as suit cultural needs, and low motivation and language barriers related to illiteracy sometimes even in their own language

(http://www.cmy.net.au/assets/1295/1/sportstips13_fairplay.pdf). Some people from CaLD backgrounds also have cultural beliefs about why their family member might have a disability. Some beliefs are that the disability is a gift from god, or the disability is a punishment for past deeds by family members and bad karma. Other cultures believe the person is possessed or the person or family have had a curse placed upon them. There is also the belief that the disability was caused by eating bad food or poison during pregnancy or the person with disability is lazy and self-centred

(http://www.cmy.net.au/assets/1295/1/sportstips13_fairplay.pdf). This combination of factors severely restricts a person's ability to meaningfully participate in a wider community context as family members are reluctant to let the person with disability join community groups and activities.

Issues facing children are also significant. For example, children with disability from CaLD backgrounds experience school bullying at a higher rate than others. In particular, for young people experiencing post traumatic stress, this has dire consequences such as experiencing anxiety, having difficulty trusting others, low self-esteem, emotional and aggressive outbursts or withdrawal, sleeping problems and intrusive thoughts (NSW Department of Community Services 2006). In relation to Carer issues, families have difficulty finding good support staff that understand specific needs to that culture or family situation (Selepak 2008). Other factors include Carer stress in relation to poor health, poverty, lower access to services especially in regional areas and low work participation rates adding to financial stress to get loved ones participating in community activities. People from CaLD backgrounds may also have different cultural beliefs about what types of personal care should be provided to their family member and a reluctance to use services and support available as they either find them inadequate to meet their needs or they do not trust the service (Creative Links paper 2003; Commonwealth of Australia Carer Payment paper 2007 & Standing Committee of Community Affairs paper 2007).

Recent studies by EDAC show a number of issues expressed by CaLD Carers. These include reluctance to acknowledge the disability or requirement of

services, and lack of translated information and interpreters when services are accessed. Carers expressed there needs to be culturally appropriate carer support groups and care plans to address long term issues such as finding housing or seeking employment (EDAC 2003 p7-8). Another important factor was in relation to self-advocacy where carers felt they did not know how to advocate for themselves and if they had this ability then they could achieve better outcomes for the family member with disability (EDAC 2007 p4).

Domestic Violence was another factor seen as a widespread problem for people from some of the newer and emerging communities. Approximately 20% of Australians experience domestic violence and prevalence of women with disability is higher at 20.1% (MDAA 2010). Women with disabilities experiencing violence often faced limitations leaving their domestic situations due to the dependency they have on others for their care, not having insight into the nature of their abusive relationship, not knowing about services or having limited access to services (Cockram 2003; p54). The Multicultural Disability Advocacy Association in Sydney has outlined three major issues that need to be dispelled. The first issue is that there are not many women with disability from CaLD backgrounds entering into Australia and therefore domestic violence incidences are low. However, the fact is that women from CaLD backgrounds experiencing violence is comparable to the rest of the Australian community (MDAA 2010 p13). The second issue is that people assume that domestic violence is experienced in the same way for all CaLD communities, but it is instead better to see how disability is defined in each culture in the context of domestic violence. If a woman was asked if she had a disability, she may respond as no, because culturally she would not be deemed to have a disability. The final assumption is that women from culturally diverse backgrounds prefer to get support from their own community or family to come out of violent situations. However, the reality is that the discrimination against women is very high within their own cultural circles and women tend to often be socially isolated (MDAA 2010).

Other barriers include the experience of shame, fear of marriage breakdown or breaking family loyalty, mistrust of services, lack of familiarity with Australian services and laws, income barriers as many women are not working and if from migrant background cannot receive Disability Support Pension until they have been in the country for ten years (MDAA 2010). Cultural and religious values and beliefs can also work against violence. The Productivity Commission report in

2008 highlights that there is a significant underutilisation of services of women from CaLD backgrounds with disability experiencing violence and this was mainly attributed to current service delivery models (MDAA 2010).

Sometimes the lack of participation in the wider community can be a result of inadequate information provision. A case study from the *Shut Out* report (2009) shows how people from CaLD backgrounds with disability or mental illness can easily be dismissed from social circles. A woman with a mother from a Greek background experiencing psychiatric illness describes how the medication her mother was taking was continually making her tired, drowsy and impacted her ability to communicate in group settings. Growing up in that environment the woman observed how her mother was excluded from cultural activities and group activities, but was unsure what she could do to help her mother. Her father had limited English and only accessed the General Practitioner (GP) as this is the only service he knew of that he thought could help the mother. No information was given to him in Greek about other services the family could access outside of the medical realm. The information was also not available in public spaces such as libraries. As the daughter became an adult she was able to ask for the information required that could help her mother become more sociable. With this information the family were able to find the appropriate supports to help the mother attend social groups and outings like any other person. The woman highlights the importance of having accessible information and resources in different languages and in accessible, public spaces so that others do not have to experience what she and her family experienced for many years (*Shut Out* report 2009, preface 2.8).

The *Shut Out* Report also highlights that although agencies that provide services for people with disability may be good for people of disability from a mainstream context, much more needs to be done to facilitate better service provision towards people with disability of CaLD background. This also applies for services for CaLD people who may provide good services for CaLD individuals but not for those with disability as well. In the disability sector, there needs to be better understanding from disability service providers about issues facing CaLD groups, better use of translation and interpreter services and better ability to help people realise their rights about services and information they can receive (*Shut out* report 2009). Likewise, service providers for migrant groups need to have improved understanding of the types of issues that people with disability

experience in terms of access and marginalisation from their own cultural background and also in wider contexts (Shut out report 2009).

It is often rare for people of CaLD background to make formal complaints or provide constructive feedback to public authorities and organisations about any problems with service provision. The lack of complaints is mainly due to fear of being put to disadvantage from the specific service or concerns that Australians will feel they are being ungrateful for letting them enter the country and still complaining (EDAC Productivity commission inquiry 2010). Not raising issues can then potentially limit the ability of people to properly integrate into society because they do not understand how to get the services or support required to settle into a particular context (EDAC Productivity commission inquiry 2010).

Chapter 4 - Programmes facilitating social inclusion

Disseminate; The Lost Generation project in Western Australia

To address participation barriers, different programmes are set up across Australia to facilitate advocacy skills and social inclusion for people with disability. Projects in the arts and culture sphere are particularly popular. This is because of the many benefits that arts programmes bring for people with disability and mental health conditions (Barraket 2005). The arts can help reduce social isolation and negative behaviours such as self-harming, drug use and gambling. It can reduce crime rate and give a voice to shared problems of people who are experiencing disadvantage. It is a powerful tool for community education around health issues by positively impacting people's health and well-being (Barraket 2005).

In relation to personal development, the arts can help people increase their self-esteem and confidence, improve social and creative skills, develop strong personal networks and build greater capacity for strategic thinking and reflection. Arts and cultural development is a sustainable feature of community development due to their ability to foster collaboration, group ownership and improve creativity. Arts and culture initiatives also provide challenges and risk which helps people's self-growth (Barraket 2005). In addition, arts programmes are enjoyed by participants and audiences alike bringing a sense of connection. The aim of community organisations in many projects lean toward artistic channels and participation. For example, programmes work within a social inclusion vision and tend to focus on increasing participation levels in cultural and artistic activities. They provide staff and volunteers with professional development opportunities and celebrate artistic achievements. Arts and culture programmes also have potential to advocate at a state and national level to raise critical issues affecting marginalised people (Barraket 2005).

In Western Australia one of the leading projects carried out in the arts is the *Disseminate* project. The projects under *Disseminate* aim to achieve the goals stated in the above paragraph. The project began in 2006 and was jointly funded by Western Australia's Disability Services Commission and the Department of Culture and Arts. *Disseminate* is an action-based research, evaluation and publishing project that was developed in response to a gap in both the arts and health sector in relation to evaluation of arts programmes in the community. The publication component of *Disseminate* produces online and print books that

document outcomes of arts programmes. Advocacy papers, case studies and evaluation tools are all published online (www.disseminate.net.au). Projects under Disseminate are still continuing today and are supported by a range of national and international community partners as well as government, university and corporate partners (www.disseminate.net.au).

A number of projects have come out of the Disseminate project strategy. One of these projects is 'The Lost Generation'. The Lost Generation Project was developed to address the social exclusion of adults with disabilities residing in supported accommodation across Perth metropolitan areas. The Disability Services Commission initiated a partnership with an organisation called Disability in the Arts, Disadvantage in the Arts (DADAA) to engage people living in supported accommodation to connect with their communities through the use of film and artworks. Artwork and film making are seen as an excellent tool to develop self-advocacy and self expression, identity and reflective skills. It also helps people become socially visible (Berson & Iscel 2006).

A model was developed over three years to deliver and implement the initiative. This was rolled out in seven local government areas. Consultations were held with families and residents to determine level of involvement and what could be screened in the films. Most people consulted preferred to tell their own personal story and wanted to help with the research and filming phase. These films were then screened in public spaces through commercial cinemas, local government community programmes and at public events to raise disability awareness. The aim was to target a broad public population to educate about people with disability and their personal stories (www.disseminate.net.au). Some key achievements included the participation of 238 participants, 186 films being produced and 155 films being screened at 24 public areas. There was 408 hours of participant involvement in arts workshops, 15 exhibitions and also broad media coverage at state, local and national levels (www.disseminate.net.au).

The screenings of the films had broad impact on the public within the three years. People expressed that it raised their awareness about the lives of people with disability and that they will not stereotype someone with a significant disability anymore (www.disseminate.net.au). Five people with disability who shared their stories were interviewed and the common themes that arose included a discovery of creativity and form of expression within themselves. They enjoyed making and watching their own film as they felt proud and important. Three of the

story tellers found vocational opportunities with arts organisation or with local government to do presentations or present their artwork. They understood that family connections and relationships are important due to shared story telling with family members (www.disseminate.net.au).

There is little evidence in the literature to show the actual impact of the *Lost Generation* project on people with disability from CaLD backgrounds. However, there is great potential for people from CaLD backgrounds to be able to participate in the film-making process and achieve the benefits that others have experienced. Due to the project's encouragement of self expression and sharing of personal stories, people of CaLD background can feel safe and supported to express themselves. At the 'Cultural Competence in Practice' international conference in Sydney, Systemic Advocates Amy Berson & Zeliha Iscel (2006) from EDAC describes *The Vicinity* film project carried out in Western Australia. The *Vicinity* film project was developed by EDAC in partnership with Disability in the Arts, Disadvantage in the Arts (DADAA) and had two components, the first being a training course in filmmaking for people with disability irrespective of cultural background, and the second component was for people to produce or be part of the films. Similar to the Lost Generation project, films were aired for public viewing at independent cinemas. The findings showed that film making was an excellent tool for self expression as people were able to be creative in their film making, some people even using animation as a way of expressing their life experiences (Berson & Iscel 2006). The films helped participants improve self confidence, developed connections with others of non CaLD background and also helped the wider community understand issues faced by people with disability from CaLD backgrounds when films were aired (<http://www.edac.org.au/vicinityfc.php>)

Although there are many benefits to arts programmes, there are also some critiques (Hall 2010). There is still not enough evidence to suggest that arts and culture projects draw in the most isolated people. Although arts projects increase overall participation by more than 30%, it did not necessarily increase participation of the most isolated groups (Hall 2010). Evaluating arts programmes in general is also a challenge because programmes tend not to determine the social objectives at the onset (Cultural Ministers Council p 10). Programme evaluation is an important aspect of sustaining projects and securing funding. Evaluation should be embedded into arts programme designs to measure

effectiveness (Hall 2010). The methods of evaluation should be relevant and meaningful for all involved within the resources that are available. Outcomes and not just outputs should be measured (Hall 2010). Through effective evaluation techniques, a better idea of the demographics of individual participants could be discovered and then impact of programmes on individuals can be measured.

In Victoria, an analysis was done of inclusion programmes in the arts sector (<http://www.multiculturalarts.com.au/pdfs/mav-cald-e-report.pdf>). The report highlights the importance of developing strategies and indicators specific to cultural groups to ensure increased participation of CaLD people in all areas of the arts sector including service delivery, products, projects and audience development. There also needs to be innovative ways to link policy into action and involve the multicultural sector more in the arts sector to develop programmes that facilitate better cultural inclusion and increase participation rates (<http://www.multiculturalarts.com.au/pdfs/mav-cald-e-report.pdf>). There is an increased trend in partnership development where government departments are working together to link policies in a range of fields. For example, arts policy makers link in with health policy makers. The partnership work also encompasses development of evaluation tools to use in the joint fields (Cultural Minister's Council 2004 p42). Partnership development in policy making will prove to be a useful way to initiate inclusive practices for people with disability from CaLD backgrounds.

Leadership Plus programme

Another area where social inclusion is being facilitated is through leadership programmes. The aim is to encourage leadership and self advocacy so that people can contribute and gain confidence building skills to advocate for themselves in the community (Deans et al 2006). In Victoria, a number of leadership programmes have been set up to facilitate leadership of young people of African communities (<http://leadershipplus.com/programmes/srv>). Youth leadership and development programmes are known to help all young people develop a range of skills such as decision making, strong communication and team work. Involvement in youth leadership programmes helps young people try different roles and gain responsibility (<http://www.ncwd-youth.info/information-brief-11>). Leadership Plus Victoria run several leadership initiatives with the aim of providing people opportunities to reach their full potential and be valued members of the community. Leadership Plus is funded by a range of government

bodies to provide systemic and individual advocacy across Victoria. They also provide leadership and capacity building programmes for disability and CaLD groups to encourage people to influence across government, business and community centres (<http://leadershipplus.com/>).

One leadership programme currently done under Leadership Plus is called Stepping Up. This project is done in partnership with Sport and Recreation Victoria and other sporting associations across the state. The six week initiative is designed to specifically increase more opportunities for participation through creating a leadership development programme. Each sport club is expected to choose ten participants that have disability, inclusive of individuals of culturally diverse backgrounds. The project has several aims which include developing a training course that provides people with disability space to increase participation in sports committees or in coaching and mentoring in sports clubs. It also raises the awareness of issues experienced by people with disability and the disability sector in relation to leadership roles within a sport and recreation context. Another goal is to build on partnerships between stakeholders such as state and local government, community organisations and disability services (<http://leadershipplus.com/programmes/srv/>).

Similar to Stepping Up, another leadership programme is the Leaders Program for young African Australians. This programme aims to build social cohesion and leadership by raising awareness of participants' strengths regarding their leadership potential within their own communities. Another component is to get participants to connect with local government and community organisations to encourage partnership work and encourage participants to identify community projects and initiatives that they feel are important (<http://leadershipplus.com/programs/srv/>).

There is very little literature focusing on the impact of these programmes on CaLD individuals. A summary of the *Leadership Plus* initiatives shows three participants of CaLD backgrounds have reaped benefits by being able to pursue their goals in either public speaking, further studies or gaining employment in human services (<http://wrsa.org.au/documents/news/090911LeadershipProgram.pdf>). However, it is evident that the people selected into programmes tend to already be high achievers and demonstrate leadership qualities. Potentially this then restricts

opportunities for people who are more isolated, or experience language and other barriers, to participate in this type of leadership initiative.

The programs set up by *Leadership Plus* in principle are very beneficial. For example, the coaching and mentoring components of the *Stepping Up* initiative is backed by research to show that these are tools used frequently in leadership development and is increasingly practiced in civil society. However, the terms tend to be misused and not implemented well as people are unclear of what coaching and mentoring actually involves. Research shows that coaching and mentoring help build people's capacity and it is an ongoing process (Deans et al 2006). Mentoring has been in practice for hundreds of years in many different cultures. In recent years it has been rediscovered in organisational development and civil society sector to enhance leadership development (Deans et al 2006). In many African cultures especially, mentoring is very common. For example having a non-family member assigned to guide a young child from infancy is very common practice. In Swahili this is called *Habari gani menta* which translates into "the person who asks: What is happening?" (Deans et al 2006 p4). Different cultures pass on messages in different ways. In Asian countries, the mentor/mentee relationship is akin to a dance where there is interaction between two actors, the two people move around together, while in western cultures it tends to be an older person passing down knowledge to a younger one (Whitmore 2006).

Coaching and mentoring help people develop their capacity, encourages creative thinking and reflection, improves judgement and supports independent action (Deans et al 2006). To make programmes work well it is important that there is strong commitment and interest of participants involved. Leadership initiatives cannot be imposed on individuals but needs to come from the individual itself (Deans et al 2006). Having good resources and organisational support, skills and experience of the coaches and mentors is crucial. Programme accessibility and recognising cross-cultural issues is also important. Programmes need to have a holistic approach especially when working with people of culturally diverse backgrounds. A person's circumstances, culture and personal background will affect their behaviour. It is therefore important to recognise these factors, get to know the person and work with the individual to get the best process for the mentee and mentor or coach (Deans et al 2006 p21).

There is also little evaluation evidence regarding impact of youth led programmes. This is because it is a fairly new concept and evaluation processes have not taken precedence in programme planning (Bonnell & Zizys 2005). Youth tend to comment that they are happy to lead initiatives as they can speak out in their own voice, but then sometimes fear putting forward a strong voice as they always feel there is some level of adult intervention (Bonnell & Zizys 2005). For youth from CaLD backgrounds in particular this may be a problem especially in those cultures where respect for adults and authorities is very strong. Language barriers and adjusting to a new culture also has impact for leading initiatives (Bonnell & Zizys 2005). For youth with disability, programmes should ensure that they are easy to participate in and physically accessible. They should ensure that there are staff or leaders who know how to accommodate youth with disability and have resources available. Partnerships and collaborative work with agencies providing support to youth with disability should also be part of initiatives (<http://www.ncwd-youth.info/information-brief-11>). For example, as in the case of Stepping Up, the approach taken in sports leadership is crucial as it can create positive or harmful impact. Sports activities should be driven bottom up rather than top down and imposed on people. The benefits of participation in sport and recreation is influenced where there is strong participation and intense participation over a long period of time. Sports can also help breakdown cultural barriers (Larkin 2008).

Chapter 5 - Conclusion

Summary

Recognising the barriers and challenges to participation for people with disability of CaLD backgrounds is an important consideration for inclusive programme development and service delivery. All people are individuals and have their own needs and issues. It is important to recognise these individual requirements and the broader issues impacting people with disability from CaLD backgrounds. Understanding what social inclusion and exclusion entails from both the perspectives of CaLD individuals and the mainstream community and government bodies significantly shapes how programmes are implemented.

Evidently there are programmes that help to facilitate inclusion of people with disability, however the question remains whether these programmes also do in

fact cater for people with disability from CaLD backgrounds well, especially where language and cultural barriers are prevalent. When implementing programmes for social participation there are a number of questions that come up and the cultural attitudes in both the mainstream and culturally diverse communities is uncertain. Lack of funding and resources in education, disability services, migrant services all impact on programme development. Again the question of cultural attitudes within these sectors need to be explored and how social inclusion is defined within these contexts.

In all of the literature some common themes were identified. One theme was that participation in community activities brings benefits to people from CaLD backgrounds as it helps people integrate into community life by developing social networks, learning new skills, improving employment prospects, improving health and well-being and developing confidence (Department of Immigration and Citizenship 2012). Similarly, there are multiple benefits for people with disability to participate as it brings about improved outcomes in health, well-being, prospects for employment and financial independence (<http://www.ndis.gov.au/community>). Another theme was that all people with disability need to be included in programme delivery and planning. People need to have a voice in decision making and be empowered to take leading roles. Involving people with disability from CaLD backgrounds and their carers in all levels of planning, including strategic management, is crucial to develop cultural competence and sustainability (Berson & Iscel 2006). Having access to information and appropriate services is also crucial, to both people with disability and CaLD groups, so that services are specifically provided to meet individual needs which are culturally appropriate. This also keeps people informed about a range of services and programmes available to them (Berrie n.d).

When implementing any type of service or community programme it is important that considerations such as interpreter usage and accessible information and resources are available. Developing an understanding of the individual's perception of disability is also crucial including how culture and religion play a part in their life. It is important to ask if the individual has opportunities to participate in their cultural practices and traditions, including the history of their migration rather than jump to assumptions (Berrie n.d.).

Evaluation is another key component to explore the impact of inclusion programmes on CaLD communities. Selepak (2008) suggests qualitative field research is often the best way to evaluate programmes specifically for CaLD groups with disability. Correa-Valez & Mitchell (2010) state it is important to develop a framework to empower CaLD people to speak their own concerns and define their own views about an effective model for evaluation. It is important to have an evaluation framework entailing counselling, whether individually or with families, which is integrated with group work, research, community development, systematic advocacy and education. For people recovering from past torture and trauma this type of framework would help to get a holistic response, by bringing together therapeutic work, community development and advocacy at a systemic level. This will ultimately help inform policy decisions and create practical responses for people with disability (Correa-Valez & Mitchell 2010). For people of CaLD backgrounds who have experienced torture and trauma, data collection is best applied through methods such as art, oral traditional methods, narrative, songs and story-telling and photography (Correa-Valez & Mitchell 2010). Using visual art forms or physical evaluation where people are encouraged to express feelings through not just written or verbal means is also useful especially where there are barriers to writing, comprehension and language (Drew, Kasat & Sonn 2002). Evaluation processes should also be accessible by the use of bi-lingual workers and interpreters (Drew, Kasat & Sonn 2002).

Literature research on its own does not provide a comprehensive overview of how inclusion programmes can best suit people with disability from CaLD backgrounds. More consultative research is required to determine exact impact of disability inclusion programmes on individuals of CaLD background.

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