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Attitudes towards people with intellectual disabilities: A comparison of young people from British South Asian and White British backgrounds

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ABSTRACT

Research with South Asian families of individuals with intellectual disabilities (ID) suggests an increased fear of stigma and isolation from the community. Evidence on attitudes towards ID among the wider community is very limited and was the focus of the present study. Responses were collected from 737 college students aged 16–19 using the Community Living Attitudes Scale – ID version. Results indicated that British South Asians (n = 355) were less in favour of the social inclusion of people with ID than White British young people (n = 382). British South Asian adolescents were more likely to hold the view that people with ID should be sheltered and not empowered. It is proposed that future inclusion policies integrate ethnic minority views whose religious and cultural values do not always conform to the core values of social inclusion policies. It is also proposed that culturally specific school based interventions could be introduced with the aims of decreasing stigma and fostering attitudes in line with the aims of normalisation.

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1. Introduction

Research into public attitudes towards people with intellectual disabilities (ID) has concluded that self-reported attitudes are generally pro-inclusion (Scior, 2011 for a review). A recent Canadian general population study found attitudes towards people with ID to be "remarkably positive" (Ouellette-Kuntz, Burge, Brown, & Arsenault, 2010). However, people with ID continue to report hostile attitudes and discrimination (Jahoda & Markova, 2004) and experience social exclusion, limited social relationships, lower rates of employment, and a reduced likelihood of participating in community based activities (Verdonschot, de Witte, Reichrath, Buntinx, & Curfs, 2009). Furthermore, some studies have reported wariness and hostility to the community integration of people with ID (Myers, Ager, Kerr, & Myles, 1998), and attitudes among the general public are still less positive than among students and staff in disability services (Yazbeck, McVilly, & Parmenter, 2004). Over recent years attention has been drawn to hate crimes committed against people with intellectual disabilities (Mencap, 2012; Quarmby, 2011). This suggests that in the wake of deinstitutionalisation and inclusive education, community integration has increased, but public attitudes continue to pose a potential barrier to the full social inclusion and equal rights of people with ID.

Normalisation, which paved the way for current inclusion policies, suggested that educational integration and deinstitutionalisation are likely to contribute to societal attitudes towards people with ID becoming more pro-inclusion and less stigmatising (Wolfensberger, 1983). Indeed, research indicates that pro-inclusion attitudes towards people with ID are important in facilitating the process of social inclusion (e.g., Henry, Keys, Jopp, & Balcazar, 1996). However, the study of

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stigma has not received the same attention for people with ID, as it has done in psychiatric disability research (Scior, 2011; Werner, Corrigan, Ditchman, & Sokol, 2012).

1.1. Respondent characteristics and attitudes

A number of demographic factors may have a bearing on attitudes towards people with ID. Educational attainment has been found to have a positive correlation with attitudes in support of empowerment and integration (Lau & Cheung, 1999; Yuker, 1994). Findings on the effects of gender, age and prior contact are mixed. Whereas some studies found that females, younger people, and those with prior contact demonstrated more positive attitudes (Gash & Coffey, 1995; Lau & Cheung, 1999; McConkey, McCormack, & Naughton, 1983), others have not supported these findings (Horner-Johnson et al., 2002; Hudson-Allez & Barrett, 1996).

Current policies emphasise the need to empower people with ID, to maximise their choices and their social inclusion. However, the extent to which Wolfensberger's original vision has been fulfilled and just how far the general population subscribes to the values of current policies is unclear.

1.2. The role of culture

Whilst it has been suggested that attitudes and beliefs regarding ID vary in different cultural contexts (e.g., Fatimilehin & Nadirshaw, 1994; Horner-Johnson et al., 2002; Scior, Kan, McLoughlin, & Sheridan, 2010), research has largely focused on Caucasian participants, to the exclusion of ethnic minority groups (Mink, 1997). One of the few studies to focus on an ethic minority community, Gabel (2004) carried out a 2-year ethnographic study involving first-wave North Indian Hindu immigrants (n = 20) residing in the USA. The research team conversed with participants in their first language (Hindi) and used ethnographic methods. Gabel reported three dominant beliefs about people with ID. The first was the belief in the consequence of bad deeds (Karma and Farabala Management Mana

The study of attitudes towards people with ID from the perspectives of different cultural groups is particularly important in the context of multi-cultural societies, such as the UK. One of the largest cultural groups in the UK is the South Asian population. 'South Asian' is a term which refers to people originating from India, Pakistan, Bangladesh and Sri Lanka (Modood et al., 1997). By 2021 it is predicted that 7% of all British people with ID will be of South Asian origin (Hatton, Akram, Shah Robertson, & Emerson, 2003). Research has shown that formal and informal supports received by South Asian families of people with ID are not adequate to meet their needs; they receive less support from extended family networks compared to White families in similar positions (Chamba, Ahmad, Hirst, Lawton, & Beresford, 1999; Hatton et al., 2003) and, contrary to expectations, frequently do not receive much support from community or religious groups (Atkins & Rollings, 1996).

Despite South Asian families reporting a substantial need for formal services (Chamba et al., 1999; Mir et al., 2001), there is a low parental awareness of specialist services for people with ID and a low uptake of services such as respite care for families (Hatton, Azmi, Caine, & Emerson, 1998; Hatton et al., 2003) and family support groups (Chamba et al., 1999). One reason for this low uptake could be that providers have not always done enough to make services accessible, e.g., by addressing South Asians' language and information needs (Chamba et al., 1999; Mir et al., 2001). Attitudes held by South Asian families with a member with ID may also play their part in the poor uptake of services. Fatimilehin and Nadirshaw (1994) compared South Asian (n = 12) and White British (n = 12) families with a child with ID. Among South Asian parents they found evidence of fatalism, search for a cure, increased concern about the stigma of bearing a child with a disability and fears about a possible negative impact on the marriage prospects of siblings. However, it is not known how attitudes towards people with ID in the general population differ between South Asians and the majority white culture.

1.3. The current study

Adolescents' attitudes are useful to consider as they represent the new generation of adults whose attitudes will impact on the community in which people with ID live (Krajewski & Flaherty, 2000). They were the focus of the current study which set out to assess attitudes towards people with ID among British South Asians (BSA) and compare these with a White British (WB) sample. The specific purposes of the study were to (a) establish whether the attitudes of BSA adolescents are in line with efforts aimed at the greater integration and empowerment of people with ID, (b) to compare their attitudes with a WB sample, and (c) to examine the effects of demographics on attitudes, namely age, gender, and prior contact with someone

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