

# Engaging CALD Carers & Communities

## Understanding CALD Carers and CALD Caring

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

For further information, see: [diversityindisability.org](http://diversityindisability.org)

## What will this resource cover?

This resource will cover the fundamental considerations that form the basis of a deeper understanding of the role of a carer in a CALD family.

- CALD Carers are both significant and substantially hidden in the CALD disability space.

### **Implication**

Understating the role of carers will be critical to delivering services to CALD people with disability

- Caring in CALD communities can be categorised as a Shared Care arrangement in which different family members take responsibility for different aspects of the carer role that may include personal or primary carer, information broker, case managers, and family authority figure.

### **Implication**

Shared Care/Composite care = dealing with more than one person with differing and sometimes overlapping roles.

- CALD primary carers are identified as a group at risk of isolation and poor health due to the strain of their care responsibilities, underuse of support services and perceptions of intra-community prejudice and discrimination.

**Implication**

CALD primary carers may be reluctant to accept services and feel both vulnerable and threatened by new services directed at the person they are taking care of.

- Reliance on family members and the prevalence of multigenerational households for CALD people with disability does reduce the seeking of or use of respite services. As such the potential referral opportunities through respite are also reduced.

**Implication**

There is a need to identify more innovative and context specific opportunities to provide service specific information across the array of disability support services

- Family members play a pivotal role in accessing and filtering information about available services as well as in making health and care decisions for CALD people with disability

**Implication**

Communications approaches and promotional materials need to be able to be processed through and validated by family information intermediaries as such materials need to be written with multiple potential readers in mind, be distributed through a wider range of avenues including those specific to second generation adult children; and need to be produced in a bilingual format to increase their relevance and usability.

- The role of CALD family carers is enhanced as CALD people are less likely to have made long term care directives. In fact family carers are often called upon to be part of the decision making process for the person with a disability.

**Implication**

Interacting with potential clients may entail the involvement and negotiation with multiple people in a shared care arrangement. Service providers need to be skilled in successfully negotiating these situation.

## **A Note on Composite/ Shared Care**

One of the key considerations in dealing with CALD people with disability is understanding both their family structure and care relationships. Understanding these elements of the person's context will be instrumental in developing successful service relationships.

Family models that could apply:

- Younger person with disability in a nuclear family situation
- Younger person with disability in a multiple generation household
- Older person with disability living with a spouse carer in a 2 person household
- Older person with disability living with their children or children and grandchildren
- Older person living with spouse/partner in a multi-generational household

## Case Study

### Family 1

The Wek family Anit, Talia and their three children came to Australia as refugees from Sudan five years ago. Their eldest son Mohammad has an intellectual disability. Their humanitarian entry was sponsored by their cousin Tahir who had arrived in Australia three years earlier with his wife and 5 children. The Wek family live with Tahir and his family and Tahir has taken the primary responsibility in the Wek family's settlement in Sydney. Their relationship remains strong and Tahir is the family's ongoing support accompanying them to visits to government offices, providing language support and generally being a trusted family member.

### Family 2

The Palermo family have been in Australia for over 40 years. Felice and his wife Rosa settled in the northern Sydney area amongst other Italian immigrants. They have four Australian born children who have now left home with their spouses and families. The Palermo's are proud that all four children have university educations and are doing well. In their words they would like to see more of their children but accept that they lead busy lives. Felice has recently undergone a leg amputation as a result of diabetes related vasculitis and has returned home after rehab. He has been visited by an array of physio and occupational therapists and insists that his children are present for each of these visits. Rosa is constantly with him but has only rudimentary English.

## Key Questions

As a service provider what are the key issues that you would need to note and consider in attempting to provide services to Mohammad and Felice?

What are some of the linguistic considerations that you would need to prepare for?

How would you go about undertaking assessments, and developing service plans?

What are the potential risks that you would need to guard against in dealing with the person with disability through family members?

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