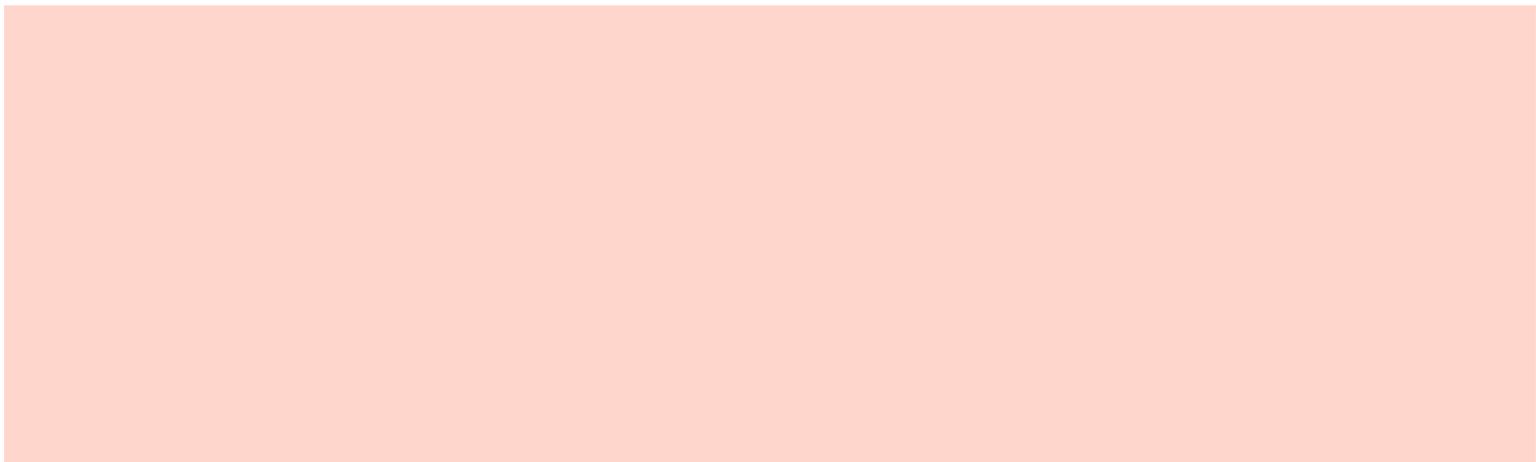




Understanding CALD carers and CALD caring

01 November 2017



What will this resource cover?

This tool covers the important considerations that form the basis of a deeper understanding of the role of a carer in a CALD family. Impacts on your role that relate to certain statements will also be explored.

Issue: CALD Carers are both significant and very hidden in the CALD disability space.

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

Issue: 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.

Issue: CALD primary care 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 prejudice and discrimination in the community.

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

Issue: Reliance on family members and the prevalence of multi-generational 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 new and context specific opportunities to provide service information across the range of disability support services.

Issue: Family members play an important 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 mediators 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.

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

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

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 very important in developing successful service relationships.

Family models that could apply:

- Younger person with disability in an immediate family household;
- 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 Ojetuk family - Zarib, Afika and their three children came to Australia as refugees from Sudan five years ago. Their eldest son Majeed has an intellectual disability.

Their humanitarian entry was sponsored by their cousin Omer who had arrived in Australia three years earlier with his wife and five children. The Ojetuk family live with Omer and his family and Omer has taken the primary responsibility in the Ojetuk family's settlement in Brisbane. Their relationship remains strong and Omer is the family's ongoing support accompanying them to visit government offices, providing language support and generally being a trusted family member.

Family 2

The Russo family have been in Australia for over 40 years. Antonio and his wife Chiara settled in the Mareeba area in QLD among other Italian immigrants working in the sugar industry. They have four Australian born children three of whom have now left home with their spouses and families. The Russo's youngest child, Valentina, was born with Downs Syndrome. She is now 32 years old and Antonio and Chiara remain as her carers. They do not want their other children to take on more care of Valentia as they lead busy lives with their own families and careers, but both Antonio and Chiara are ageing, and Valentina wants to be more independent. Antonio and Chiara are nervous about this and want to remain involved in planning decisions.

The family is considering exploring more independent living for Valentina but Antonio have been ill in recent months and Chiara is trying to liaise with disability services but has only basic 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 Majeed and Valentina?

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?