

**Migrant Information Centre
(Eastern Melbourne)
Multicultural Equity and Access
Program**

**Consultations on
Disability Services for
Culturally and
Linguistically Diverse
(CALD) Communities**



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED



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Consultations on Disability Services for CALD Communities

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This report is also available on the MIC website.

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1 Introduction

The Eastern Region Home and Community Care (HACC) Cultural and Linguistically Diverse (CALD) Network identified that there was a lack of information/data regarding the needs of CALD people with a disability in accessing and using HACC services. A number of service providers also indicated that they had difficulty locating CALD clients with a disability and in promoting their services to these communities. As a result, the HACC CALD Network sought to identify methods that could be used to meet the needs of the communities within available resources.

Consultations on understanding disability services with CALD communities were initiated to provide opportunities for services providers to make contact with the communities directly and to obtain feedback from the communities to begin a process to understand their needs.

Aims of consultations:

The consultations were initiated to:


- ✚ identify the needs of CALD people with a disability in accessing and using HACC/disability services.
- ✚ provide general information to CALD communities on how to access HACC services in the Eastern region.

The Migrant Information Centre (Eastern Melbourne) (MIC) formed a partnership with Centrelink to develop information/consultation sessions for CALD communities. According to the data collected by MIC and Centrelink, Chinese, Greek and Italian speaking communities and people from Former Yugoslavia have a higher number of people with disabilities across the Eastern Region relative to other CALD communities. As a result, MIC and Centrelink identified that the project should target the Chinese and Greek communities at Monash and Boroondara. The consultations were held in March 2004.

2 Consultation Forums

In partnership, the MIC and Centrelink, organised three consultation forums for people who received the disability allowance and their carers. Working with community service organizations (CSOs), people from CALD backgrounds with disabilities were invited to the forums.

A range of guest speakers talked about disability services and on site interpreters were present to assist the discussions. Three guest speakers were invited to each forum, organisations included:

-  Centrelink
-  Villa Maria Carer Services
-  Moorfields Centre (Hawthorn and Oakleigh Centres)
-  Interchange Inner East

More than seventy people attended in total.

<i>Location</i>	<i>Targeted Community</i>	<i>Number of participants</i>
City of Monash	Chinese	29
City of Monash	Greek	12
City of Boroondara	Greek	31

3 Findings

3.1 A summary of feedback received from the forums

The feedback received from participants was very positive, forty-eight feedback sheets were received from three forums. Over 80% (39 out of 48) of feedback sheets received indicated that they were pleased about the information/consultation sessions (Please see Appendix 1 for Results from Feedback Sheets Received in the Forums). People also indicated that information on disability services is important to them. They would like more information sessions of this kind organised for different communities.

The participants also identified a number of area of interest for future events, they included:

- Disability support
- Home care for disabled people
- Disability work placement
- Respite & community based support programs
- Experimental aids for people with disabilities
- Various disability/diseases
- Healthy diet, exercise
- Podiatry services
- Men's & women's health
- Centrelink services
- Mental Health
- Nursing homes
- Language services and contacting agencies
- Tai Chi
- English conversation classes

3.2 Issues identified in consultations and Discussions

Participants talked about a range of issues that affected their understanding of services and their willingness to access services. A discussion of these issues is presented below.

3.2.1 Lack of information about disability services

The communities identified that existing information about disability services is not sufficient. Most people indicated that they never heard about the services that were introduced at the forums, for example, carer services, rehabilitation services and support groups. Some people also indicated that from their own experiences they thought Centrelink and hospitals were the only services available for people with disabilities. Therefore, after the forum, the communities requested more information sessions on

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different topics regarding care for people with disabilities. The communities also requested information be translated with an English version attached to it so they can take the material home to show their families.

Diagram 1 outlines a framework which provides a structure for agencies to develop their own promotional strategies to CALD communities (see Appendix 2). In terms of preparing printed materials, communities prefer to have printed materials translated with an English version attached so that they can show their families/friends who may not be literate in the clients first language. Ethnic newspaper and bilingual GPs are very effective in disseminating printed materials.

3.2.2 Attitudes towards disability services

Stigma towards people with a disability is still an issue within CALD communities. People might not feel comfortable to disclose their family situation to people outside their family and they are reluctant to seek assistance from people outside their immediate family. Participants felt that due to this that they are more isolated than the wider Australian community. In addition participants spoke of disability services being an alien concept and that people might not have confidence to access the services because they are unsure whether service providers will respect them or label them.

Long waiting list for services is a universal issue for all the communities. However, some ethnic communities do not understand how the priority system works. People often mistakenly concluded that they needed to wait longer for services because of their ethnicity.

Family members are always the first point of call if any assistance needed. From the communities point of view, workers compared to family members, are outsiders and less trust worthy. Putting their loved ones in the hand of workers is emotionally difficult. Therefore, use of respite care workers at home or residential respite services are not currently favoured by the communities.

The communities indicated that misunderstanding of how the system works and also stigma towards disability hinder their willingness to obtain services for themselves or their family members. Effective community education programs on disability issues, the disability service system, resources available for CALD communities and application procedures for services would lessen the misunderstanding of the service system e.g. waiting list, increase acceptance of people with disability and increase confidence in service providers.

3.2.3 Lack of coordination between services

The communities indicated that the acute and post acute sectors did not coordinate very well. The communities mentioned that they received services arranged by the hospital

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after they had been discharged by the hospital. Once the arranged services finished they did not have enough information to find other services that could assist them to live independently at home.

From the community's point of view the service system is fragmented. It is very difficult for the general public to locate services that can be beneficial for them or their family members. For example, the communities indicated that they do not have sufficient information on the assistance available for them after they have been discharged from hospital. Effective coordination between sectors would not only provide better care for particular clients but also effective use of limited resources. Primary Care Partnerships should have a role in facilitating coordination between acute and post acute sectors.

4 Recommendations

It is recommended that:

Recommendation 1:

A working group to be established as a sub-group of the EMR HACC CALD Network to identify and implement actions to respond to the information needs of the CALD people with disabilities.

Recommendation 2:

HACC CALD Network to form partnerships with CSOs, for example Villa Maria, Scope, Yooralla, or Metro Access Projects to develop and implement initiatives to increase the understanding and knowledge of disability services. For example HACC CALD Network to link with Eastern Region Respite Network to identify opportunities to promote the services of network members to CALD communities.

Recommendation 3:

Develop a framework to assist agencies to understand how to target and promote services to people from a CALD background with a disability. *A framework has been developed, please see Appendix 2. The framework will be promoted to service providers through the HACC CALD Network.

Recommendation 4:

Regional Primary Care Partnerships takes a leading role on facilitating coordination between acute and post acute sectors that responds to CALD communities' needs.

5 Conclusion

Throughout the consultation process there was a very strong message from CALD communities - they feel that they have been neglected. They have very limited knowledge of the type of assistance available and how to access it.

Service providers can certainly provide information to the communities. Better coordination between sectors will improve the referral system and enhance access to services. There are a number of organisations that would like to form partnerships with CSOs to develop projects targeting CALD communities. CALD communities are very keen to learn more about services available for them and their families.

Appendix 1

Results from Feedback Sheets Received in the Forum

<i>Feedback</i>	<i>Results</i>
Overall impression of the information session	39 Pleased 9 Neither pleased nor disappointed 0 Disappointed
Overall impression of the speakers	39 Pleased 7 Neither pleased nor disappointed 0 Disappointed 2 No response
How to find out about the session	32 Letter from Centrelink 5 Friends 3 Radio 2 Poster/leaflet 2 Word of month 1 Newspaper 1 Disability Support Group 2 No response
Areas of interest	<ul style="list-style-type: none"> • Disability support • Home care for disabled people • Disability work placement • Respite & community based support programs • Experimental aids for people with disabilities • Various disability/diseases • Healthy diet, exercise • Podiatry services • Men's & women's health • Centrelink services • Mental Health • Nursing homes • Language services and contacting agencies • Tai Chi • English conversation classes

Appendix 2

Diagram 1 outlines a framework which provides a structure for agencies to develop their own promotional strategies to CALD communities. Collect updated demographic data to identify the ethnic communities in the catchments area is the first step to understand the communities in your area. In developing promotional strategies for CALD communities it is important to consider literacy levels e.g. some CALD clients may not be able to read in their own language. If the literacy level of the identified community is low, organising forums/information sessions on disability services and visiting groups by using bilingual workers and interpreters would be the best way to send your message across. Ethnic radio program is another effective approach.

Diagram 1 Framework to develop strategies for information dissemination for CALD communities

