CHALLENGES & SUCCESSES PROVIDING SERVICES TO CARERS FROM CALD COMMUNITIES

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St. George Migrant Resource Centre provides support & services to CALD communities in the St. George & Sutherland area. The majority of CALD residents are found in the St. George area. 14% are from the Sutherland Shire. This represents 28,000 CALD people in a total population of over 200,000 who reside in the Shire. In the St. George region there are over 64,000 who were born in non-English speaking countries (2001 Census).

In 2001 St. George MRC received $10,000 additional recurrent funding to provide support to carers by telephone contacts & bi monthly outings. Staff hours were approximately 2 hours per week for the Arabic, Chinese, Greek, Italian & Macedonian language groups. This additional funding meant that the Centre was in a position to investigate issues of relevance to carers & to identify the most appropriate way of service provision. Therefore in 2002 they ran consultations with people from the above language groups residing in the Rockdale, Kogarah, Hurstville & Sutherland LGAs & who cared for people with a disability, mental illness, chronic illness or were frail aged. Following the consultation a Carers Support Project was born. Today carers support is part of the CALD Community Care Program that employs full time bilingual workers for the above languages – including Hindi –a Carers Support Officer & a Multicultural Access Program Officer.

In the last few years small scale research & anecdotal evidence from service providers such as St. George Migrant Resource Centre, indicates that any type of service delivery in CALD communities is a challenge. Therefore it could not be any different for the Carers Support Project that commenced in 2003.

During the initial stages, the first challenge Carers Support was faced with, was to explain what a carer IS. Where for everybody else a carer is he or she who looks after a person who needs help with daily living, for the major CALD communities in the areas of St. George & Sutherland, there was lack of identification with the term. Why would a carer seek any support service when what takes place is simply a family responsibility you cannot avoid? To ‘care for’ in some cultural contexts means to simply care for your children, your husband, and your loved ones. “It is the first time I have become aware that I am a carer” an Arabic speaking carer stated at the Carers .
“We have nothing like this back home”, a Spanish carer added.

Step one therefore was to initiate information & education strategies for the communities on the meaning not only of the word but of their needs to their role as carers. These include their rights, their responsibilities, their need for respite, and any assistance available to them both financial & emotional. With the lack of resources in community languages as well as the lack of understanding of new terms how else such a service could be utilised, without the existence of bilingual community workers?
“Respite? What is it?” a Macedonian speaking carer asked. What person to better explain this than a Macedonian speaking worker that has the cultural competence necessary to navigate a complex care system? An area, interpreters are not necessarily trained on, in order to be utilised correctly by service providers.

Succeeding in Step two though & having the opportunity to work with bilingual community workers meant that any support offered in the future had to be provided by fully trained workers. What would their role be? Educators to inform? Social workers to help navigate the system and advocate for? Councillors to offer emotional assistance & support? Trained in mental health issues? In dementia? In issues that concern people with disabilities? – and they are so many… It’s a hard task to ask from what we classify as just a ‘bilingual community worker’ that even today some service providers confuse as interpreters.
Step three therefore, was to provide these workers with adequate training to be able to face different cases.

It is common knowledge through consultations & experience that most of the carers depend on family & friends when it comes to respite care. Migration though, the shift of roles & family dynamics created a new understanding of respite, stress & coping with what till now – in a cultural context – was expected from a carer of CALD background. “I need someone to tell me how to deal with my child’s special needs – am I doing the right thing?” asked an Egyptian carer. Is it a question of inability to cope or a sign of weakness? It’s hard enough to deal with the stigma of having a child with a disability or an elder with dementia in some

cultures, let alone to show weakness on the role of caring & coping with the enormous amounts of stress, the social isolation & the financial burden. These are significant issues that compel us to work harder on them. Although values change, although new generations are born with English being their first language, there is a range of cultural understandings in relation to the responsibility towards the 'sick' & frail that remain the same.

While working on Step three it's time for service provision & respite offered to carers who need to be assessed. According to the findings of the Consultation there was lack of awareness of existing services, shortage of cultural appropriate services & lack of bilingual workers, culturally inappropriate assessments, lack of bilingual counselling services, cost, etc. We still have cases where once dissatisfied with a service the carer refuses to access any more services to avoid additional disappointment.
At this point experience shows that the need for a personalised approach is needed.
Willingness to understand & build rapport – which can take time – is of outmost importance. Partnership with other service providers & assistance in the initiation process of service delivery can be offered & although CALD Community Care Program bilingual workers do not offer case management they are requested by families to assist throughout the entire process. Same applies to religious organisations, ethno specific organisations as well as Migrant Resource Centres. Once though the connection is established between the bilingual worker & the carer the demand sometimes exceeds the boundaries of the workers. Their role throughout the process is only one of support requested by carers. This is why partnerships that referrals can be made where bilingual workers are available, is very important. It is a blessing that the last few years needs of carers from CALD backgrounds are researched – although still the research is of small scale - & they are considered together with indigenous communities in government planning & policy making. But there is still a lot more that needs to be done.

The approach to the groups today is flexible as well as different for each community. Although similarities sometimes amongst cultures are very distinct the differences are the ones that lead the way to failure or success.

Following the initial yearly consultation with each community group & the bilingual worker a plan is drawn according to the needs of the group. Not all seem to be interested in information on dementia or how to deal with challenging behaviour. Not all seem to be interested on stress relief yoga classes or tai chi & definitely no group seems to understand the round table support group setting where people share their experiences & exchange ideas while they debrief.
A quarterly newsletter is sent out in both English & the respective language to share stories of carers & the people they care for, to share recipes, give out tips, and participate in quizzes.
There is a great deal of one to one support & advocacy requested over the phone – when a situation arises. Face to face support most of the times is difficult since emergency respite can be culturally inappropriate & cause guilt & fear of criticism amongst family members.
Bimonthly outings are organised for carers for a maximum of five hours & this is where the need for social support becomes evident in both their language & in broken English. They don't talk about their issues at home. They simply enjoy a day out & socialise.

'Support groups' for carers at St. George MRC offer more of a holistic approach to the needs of CALD carers. There are no strict group rules. There are no round tables as such. There is information on specific topics requested and on how to avoid crisis and plan for the future, there is social support, one to one telephone support during the day and there are informal gatherings for a cup of coffee where social interaction leads to building relationships. As philosophical as it may sound those small groups of carers are re building social values & networks left behind where those people came from. They are offering each other an ear to listen and a helping hand. We only offer the platform for them to create their own network of assistance with people that understand the needs of each other, share the same cultural understandings and offer any knowledge they have on the care system as advocates in their communities.

The flexible care plan & the persistence on being used as cultural aids for our carers that receive any kind of service by providers is for us a way to success. We will continue with the help of such forums to advocate for more bilingual & bicultural workers, for more staff training on carers issues, for culturally appropriate assessments & care plans & for more personalised services while at the same time we will not stop educating the communities on the concept of being a carer & the needs of such a demanding role. Into the future our biggest success would be to assist them in leading their own way into policy & practice frameworks & provide strategic directions for planning that is culturally appropriate for them & their respective communities.