Understanding Our Diverse Community

CALD DISABILITY RESPITE PROJECT

YOORALLA - EASTERN METROPOLITAN REGION

August 2007 to August 2008

A project report by Susan Marryatt

20 July 2008
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Todd Keating  Childrens Respite Co-ordinator, DHS
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Zoe Bell  Respite Consumer
Emily Lam  Carer and Co-ordinator of Chinese Parents Special Net.
Sujatha Vipulananda  Respite Consumer

My sincere thanks and appreciation go to these people who supported and contributed to the project over the past 12 months – Susan Marryatt.
1. **Executive Summary.**

In early 2007, Yooralla’s RIDE program gained funding from Department of Human Services (DHS) to continue development work with CALD communities in Eastern Region, and to review and recommend to respite service providers, strategies that strengthen respite services to be more CALD responsive. The five aims identified for this 12 month project were:

1. To strengthen and resource disability respite services in Eastern Region to be more CALD responsive.
2. Identify best practice models & strategies for enhancing access by CALD clients and delivering culturally inclusive respite services.
3. Identify agency & staff needs (e.g. staff training) to implement best practice model. Inform respite agencies on CALD training opportunities.
4. To develop a tool, such as a CALD Service Guide, to be used by respite staff to assist them in delivering culturally inclusive services.
5. Produce a report informing on project findings.

A CALD Project Steering Committee was formed and met bi-monthly from September 2007 to July 2008. The committee comprised of staff from EMR disability respite programs, DHS, Migrant Information Centre (MIC), Action on Disability within Ethnic Communities (ADEC) and respite consumers.

The multicultural profile of the Eastern region of Melbourne has changed significantly in the past 10 years with some new, emerging cultural groups such as the Arabic, Sudanese and Burmese communities. The top five (non-English speaking) countries of origin are China, Malaysia, Italy, Greece and India, whilst the top five languages other than English are Greek, Cantonese, Mandarin, Italian and Vietnamese (2006 ABS Census). Accurate data on the percentage of CALD residents who have a core disability is scarce, however, a commonly used estimate is between 15.95 to 20%.

The current project ran a survey of 22 EMR disability respite service providers who reported that on average 15.95% of their client group would identify as being from a CALD background. Approximately half of the service providers identified a range of best practice CALD services strategies already in use within their respite programs such as, a CALD service policy, regular staff cultural training, use of language services and knowledge of local CALD demographics.

Service staff surveyed recognised a range of potential barriers that may deter CALD clients from accessing respite services, including language differences and lack of translated service information; the cultural relevancy of respite to some groups, inflexible care models and practices, limited staff knowledge and confidence, and waiting list issues.

Cultural awareness training was identified as being a positive factor in raising awareness and understanding in respite staff of the needs of CALD clients, and confidence in using language services. Staff stated that their organisations could better cater to the needs of CALD persons by employing a range of strategies such as consulting with a CALD support organisation, networking with CALD communities, translation of service information, service forums for specific language groups, and funding for bi-lingual workers or to support projects with specific CALD groups.
As a best practice strategy for marketing to a significant CALD community in Eastern region, Yooralla hosted a Chinese Carers Forum in June 2008 at Box Hill. This successful event was attended by 79 carers who gave very positive feedback about the day and reported that they felt more confident to contact respite services, with the most popular programs being recreation, overnight respite, in-home respite and family group activities. Several EMR respite providers reported an increase in referrals from Chinese families following the event. Other best practice service examples are described in section 6 of this report.

One of the aims of the CALD Respite Project was to develop a written resource for respite service staff with useful information to assist their work with CALD families. Originally, the project brief suggested a CALD service guide be developed for respite staff, but after consultation with staff across the sector, the feedback clearly indicated that brief information sheets on relevant topics would be most useful. Six CALD Service Info Sheets were developed on the following topics:

♦ Intake of a Client – Things to Consider
♦ Using Interpreting and Translation Services
♦ Multicultural Resources for Working with CALD Clients
♦ Developing a CALD Service Plan or Policy
♦ Working with Refugee Families
♦ CALD Support Organisations in Eastern Region & Metro.

These Info Sheets will be available on the RIDE website [www.respiteeast.com.au](http://www.respiteeast.com.au) from September 2008, or by calling RIDE on 1300 886 798.

Another aspect of the project was to investigate the needs of service organisations for staff CALD training and other resources that enhance CALD competency within a respite program. Following discussions with various program co-ordinators and MIC staff, it was concluded that MIC currently provide excellent, ongoing training sessions, that cover a range of CALD topics and are free of charge. These sessions are specifically tailored to staff working within HACC and Disability Services. ADEC and the Centre for Ethnicity and Health are also providers of quality CALD training for staff.

With regard to resources that support CALD responsive service practices, there are many different resources outlined on the CALD Service Info Sheets, and issues such as the use of the DHS Languages Credit Line, CALD consultation and service imagery are discussed at the end of Section 6 in this report.

Based on all the information gathered and discussed in this project report, the following recommendations are made:

**Recommendation 1:**
That all disability-funded service providers develop and implement a CALD service plan/policy for their organisation, and, if needed, a more specific CALD service plan for their program area, outlining strategies for engaging and supporting CALD clients with respect to their cultural and language needs.

**Recommendation 2:**
That all respite staff attend CALD training as part of the induction process for new staff, and as part of a professional development process for existing staff to increase
their knowledge, skills and confidence in working with CALD families. At the
minimum, this training should cover an introduction to cultural awareness and issues
in working with interpreter and translation services.

This training is currently provided with EMR by the Migrant Information Centre, and is
free to disability and HACC funded service staff.

**Recommendation 3:**
That, as a component of their CALD service plan, respite programs network with
CALD community groups and ethnic-specific organisations within their catchment
area, to build positive relationships with these groups and facilitate client referral.

**Recommendation 4:**
That respite service providers continue to attend quarterly RIDE Network Meetings for
updates and information sharing on CALD initiatives, best practice strategies and
funding support. In addition, it is recommended that service providers participate in
the Carers Forums co-ordinated by RIDE as an opportunity for meeting and
engaging CALD families who are caring for a person with a disability.

**Recommendation 5:**
That disability service providers give strong consideration to the translation of key
service documents into either the top 5 community languages in their catchment, or
on an as needed basis with new and existing clients. That service providers discuss
with DHS any additional funding they require to meet the costs of translation.

**Recommendation 6:**
That DHS undertake annual reviews of the utilisation of the Languages Credit Line
funding and increase the funding as needed to support disability organisations in
achieving best practice with regard to the use of interpreting and translation
services.
2. Definition of Terms.

Respite Services are defined as services within EMR provided to persons aged between 6-64yrs who have a physical, intellectual or sensory disability. The services are designed to give primary carers a break, whilst providing meaningful activity for the person with the disability. Respite services may take the form of in-home respite, facility-based respite, respite planning and brokerage, recreation activities and school holiday programs.

Culturally and Linguistically Diverse (CALD) refers to people who are born overseas in a non-English speaking country; or who have a parent born in a non-English speaking country, and/or speak a language other than English as their preferred language. This definition, in relation to service delivery, also includes Australia’s Indigenous Community and members of the Deaf Community.

Culture refers to the customs, practices, languages, values and world view that define social groups, such as those based on nationality, ethnicity, religion or common interests. Cultural identity is important to our sense of self, how we relate and interact with others, and our overall wellbeing (DHS, Quality Framework Toolkit, 2007).

RIDE stands for Respite Information and Development in the East and refers to a Yooralla program that provides information about respite services for people with a disability who live in Eastern Region; support with referral, coordination of the EMR Disability Respite Network and information to service providers.

EMR Disability Respite Network refers to an Eastern Region network of disability respite service providers who provide respite programs to eligible persons and their families. The network meets four times a year and share information and updates via a weekly email infocast produced by RIDE.

DIMA refers to the Department of Immigration and Multicultural Affairs.

ABS Census refers to the four yearly national census survey conducted by the Australian Bureau of Statistics. The most recent census occurred in 2006.
3. Background and Aims of the EMR CALD Respite Project

2004 Disability Services CALD Strategy (DHS, 2004).
The Disability Services CALD Strategy was developed as a result of the expectation by DHS and disability-funded Community Service Organisations (CSOs) that culturally responsive, equitable support is a core quality measure within disability service programs (DHS Disability Services website, June 2008). The CALD strategy outlines seven key goals and actions to improve the responsiveness of disability service providers to diverse cultural groups. These are illustrated with best practice examples within disability programs around Victoria.

The Quality Framework for Disability Services (QFDS) in Victoria was first implemented in 1997, and was recently revised to better support the goals of the State Disability Plan 2002-2012 and the principles of the Disability Act 2006.

The QFDS 2007 introduced a set of outcome standards to assist disability service providers to determine whether their services are making a difference in the lives of clients, as well as maintaining nine industry standards (implemented in 1997) that enable service providers to measure how they are performing, and whether they are meeting legislative and funding obligations. These nine industry standards relate to:

- Service Access
- Individual Needs
- Decision-making and Choice
- Privacy, Dignity and Confidentiality
- Participation and Integration
- Valued Status
- Complaints and Disputes
- Service Management
- Freedom from abuse & neglect

DHS managed and community service organisations in receipt of funding for Disability Services are expected to comply with the Standards from July 2007, and independent quality monitoring for compliance with the Standards will be introduced from 2009.

The Resource Guide which accompanied the Quality Framework described 16 life areas for service providers to examine with regard to outcomes for clients and how their programs are performing. Life area 10 is Expressing Culture, and outlines a number of outcome measures by which service providers can self-assess their performance.

2006 CALD Respite Information Project
In 2006, the Migrant Information Centre ran a 12 month project in partnership with Yooralla, that sought to increase access to and use of respite services by CALD communities in the EMR. The key outcomes of that project were:

1. Information collected from Chinese, Sri Lankan & Indian communities re: knowledge of and accessibility of respite services for those communities.
2. Two Carers’ Information Forums held targeting these cultural groups.
3. Disability respite service providers were surveyed on their strategies for working with CALD clients, challenges and issues, and staff training needs.
4. Two training workshops provided for respite service staff: Understanding Cultural Differences and Communication with CALD Clients.

Recommendations in the project report suggested further work could be done in Eastern Region including,
  a) continuing to work with the Chinese Community and Chinese Parents Special Net to assist families in accessing respite services,
  b) holding further respite information forums as a vehicle for families to meet service providers and
  c) providing more opportunities for staff CALD training, and resources for respite service staff to develop competencies in CALD service provision.

Aims of the EMR CALD Respite Project 2007/08.

In early 2007, Yooralla’s RIDE program gained funding from DHS to continue development work with CALD communities and respite services and to strengthen respite services to be more CALD responsive. The five aims identified for this 12 month project were:

1. To strengthen and resource disability respite services in Eastern Region to be more CALD responsive.
2. Identify best practice models & strategies for enhancing access by CALD clients and delivering culturally inclusive respite services.
3. Identify agency & staff needs (e.g. staff training) to implement best practice model. Inform respite agencies on CALD training opportunities.
4. To develop a tool, such as a CALD Service Guide, to be used by respite staff to assist them in delivering culturally inclusive services.
5. Produce a report informing on project findings.

A CALD Project Steering Committee was formed and met bi-monthly from September 2007 to July 2008. The committee comprised of:

- Two RIDE project workers
- Representatives from disability respite service providers across EMR, e.g. Yooralla, Villa Maria, DHS Disability Accommodation Services, & Interchange Outer East.
- DHS CALD Program & Service Advisor
- 2 consumer representatives – A parent of child using respite services & an adult service user.
- Staff from Ethno-specific agencies – Migrant Information Centre & ADEC.

The committee members provided information, guidance and practical support to the project with tasks such as trialling the CALD Info Sheets with their staff, and assisting with co-ordination of the Chinese Carers Forum.
4. A Rapidly Changing Picture: Culturally Diverse Communities within the Eastern Region of Melbourne.

Early in the project, a meeting was held with staff from a large disability organisation, and the following questions were posed:

- What information do we have on CALD families in the Eastern Region who have a family member with a disability?
- Which cultural groups should we be targeting?

These were important questions and unfortunately not easily answered, as the statistics on disability within CALD communities are not easy to find. The best data available comes from the 2006 ABS Census and DIMA migration statistics.

In the last seven years, migration of CALD families from overseas to the Eastern Region of Melbourne has increased significantly, and the city of Maroondah was identified as a key settlement area for refugee families originally from Burma and Sudan, due to strong community links and private rental affordability within the EMR. The following table show the top 5 countries of origin for new migrants to Eastern Region from 2001 to 2006.

**Country of Origin of New Migrants Settled in EMR – July 2001 – June 2006:**
(source: DHS EMR Migration Profile, April 2007 – DIMA settlement database)
Total number of new migrants = 35,000

<table>
<thead>
<tr>
<th>EMR</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boroondara</td>
<td>China</td>
<td>India</td>
<td>Malaysia</td>
<td>UK</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Knox</td>
<td>India</td>
<td>Malaysia</td>
<td>UK</td>
<td>China</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>Manningham</td>
<td>China</td>
<td>Malaysia</td>
<td>South Africa</td>
<td>UK</td>
<td>Singapore</td>
</tr>
<tr>
<td>Maroondah</td>
<td>UK</td>
<td>India</td>
<td>China</td>
<td>Burma</td>
<td>Sudan</td>
</tr>
<tr>
<td>Monash</td>
<td>China</td>
<td>India</td>
<td>Malaysia</td>
<td>Sri Lanka</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Whitehorse</td>
<td>China</td>
<td>India</td>
<td>Malaysia</td>
<td>UK</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>Yarra Ranges</td>
<td>UK</td>
<td>South Africa</td>
<td>Philippines</td>
<td>USA</td>
<td>China</td>
</tr>
</tbody>
</table>
The recent 2006 Census has given us an updated profile on CALD communities living in the Eastern Region. The tables below show us the Top 5 Countries of Birth and Top 5 languages other than English spoken by residents.

**Table 2: Top 5 (Non English Speaking) Countries of Birth.**

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>26,337</td>
</tr>
<tr>
<td>Malaysia</td>
<td>15,916</td>
</tr>
<tr>
<td>Italy</td>
<td>14,874</td>
</tr>
<tr>
<td>Greece</td>
<td>14,138</td>
</tr>
<tr>
<td>India</td>
<td>14,052</td>
</tr>
</tbody>
</table>

**Table 3: Top 5 Languages other than English Spoken at Home.**

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greek</td>
<td>33,253</td>
</tr>
<tr>
<td>Cantonese</td>
<td>33,197</td>
</tr>
<tr>
<td>Mandarin</td>
<td>30,311</td>
</tr>
<tr>
<td>Italian</td>
<td>23,223</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>7,070</td>
</tr>
</tbody>
</table>

According to the 2003 ABS Survey of Disability, Ageing and Carers (SDAC), 20% of Victorians reported having a core disability, and of these 5.6% (or 276,100) were born overseas (Prioletti Consultants 2005). The same figure of 20% is the best overall estimate we have for disability within CALD populations to date with some factors to consider (Discussion with ADEC staff, 2008):

- The incidence of disability is generally lower amongst migrant families who have applied for, and are granted permanent residency in Australia, due to health eligibility requirements. Conversely, there is a higher incidence of disability and chronic illness among refugee families who enter Australia under the humanitarian program. Some of these conditions will improve with better living conditions, appropriate treatment and education.
- In some ethnic cultures, marriage between first cousins is a common practice and may result in higher incidence of some conditions in children where disability is a factor.
- Many new migrants take up work that involves heavy physical labour or exposure to hazards, and may result in a higher incidence of work related disabilities (e.g. back & neck injury).

In the 2006 ABS Census, two new questions were introduced that looked at a person’s “Core Activity Need for Assistance” (a measure of severe, long term disability or illness), and whether a person was a carer of a person with a disability.

Across Victoria, 208,233 people identified as having a core activity need for assistance, with over 35,000 (17%) of these living in the Eastern Region (DHS EMR Statistical Profile, March 2008). With this measure identifying the impact of ageing as well as disability, a strong skewing towards those aged 75 and over is evident (43%).
When focusing on the age range eligible for disability funded services (0-64 years), living within Eastern Region, the 2006 Census data showed a total of 13,634 people or 1.7% of all people with a core disability. (DHS EMR Statistical Profile, March 2008).

The disability respite service provider survey undertaken in the current project, identified an average of 15.95% CALD clients across 20 services. If you accept that a reasonable estimate of CALD clients is between 15.95% and 20% of all clients with a core disability in EMR, then the actual number of CALD clients is between 2,174 and 2,726 persons.
5. A Review of Project Methodology and Outcomes:

1. Service Provider Survey.
   During the earlier 2006 CALD project, 24 disability respite service providers were surveyed on strategies they employed to engage and meet the needs of CALD families; any perceived service gaps and how programs could be better supported to work effectively with CALD families. See copy of survey form in Attachment A.

   In the current project, the same survey was utilised with the addition of new questions regarding staff CALD training. Between September 2007 and February 2008, the survey was sent or handed to staff from 40 disability respite programs who service EMR families, and 22 surveys were returned (55% response rate).

   Service Providers (SPs) reported that the percentage of their clientele who came from CALD background ranged from 0 to 90%, with an average of 20.8%. When the two culturally specific programs were removed (Agapi Care and Able Australia), the average percentage of CALD clients dropped to 15.95%. This is similar to the average of 16% of CALD clients reported by service providers in 2006.

   The most common cultures and languages reported amongst service clients after Anglo-Australian were Greek, Italian & Chinese, followed by a smaller number of Arabic, Indian and Sri Lankan clients.

   In terms of staff language skills, 14 of the 22 service providers were aware of staff who spoke languages other than English, and the most common languages were Italian, Greek, Chinese, Spanish and German. Only half of the 14 service providers had these staff language skills formally documented in order that bi-lingual staff could be utilised for communication support.

   Service organisations reported using a range of strategies for enhancing service provision to CALD families. The most common strategies were:
   - CALD service policy - 13 SPs
   - Staff cultural awareness training – 13 SPs
   - Use of language services – 12 SPs
   - Knowledge of regional CALD demographics – 10 SPs

   A smaller number of service providers were using bi-lingual staff, collaboration with CALD groups, and marketing to CALD communities as ways of understanding better the needs of CALD families, and how their service programs could match those needs. Allocation of funding packages to a CALD group for a specific activity, developing language specific carer support groups and person-centred planning were given as examples of how respite services had been particularly successful in attracting and / or servicing CALD families.

   Staff surveyed reported a range of potential barriers that may deter CALD clients from accessing services. These included:
   - Language differences and lack of translated service information
   - Lack of knowledge that services exist
   - Cultural relevancy of respite as many families hope to manage without outside support
   - Inflexible care models (e.g. respite can only be provided in the home)
Lack of a CALD strategy that focuses on CALD clients, and
Waiting list issues where a service is unable to be provided within 1-2 months.

Only six of the 22 service providers had utilised external bi-lingual workers to work with CALD clients.

With regard to cultural awareness training for staff, 12 of the 22 staff surveyed had attended some form of cultural awareness / communication with CALD clients training within the past two years. All these staff reported that the training had been useful in raising their awareness of things to consider when working with CALD families, in giving them a better understanding of various cultures and increased confidence in working with CALD families and using interpreter services. One issue raised by a number of SPs, was that respite staff are often casual and rostered staff who are unable to attend staff training when it falls in their non-working time or when they are rostered on to work with clients.

When asked how their organisation could be better supported to cater for the needs of CALD clients, service providers had a range of responses:
- Funding to recruit bi-lingual workers and support projects with specific CALD clients.
- Training for staff on a range of CALD topics and funding to cover costs.
- To have a contact organisation to refer to for more information and advice.
- Translation of service brochures and information.
- A guide on how to better support people from CALD backgrounds.
- Promotion of service and programs to various cultural communities
- Service information forums with interpreters available.
- More networking with CALD services and links to community groups.

2. Marketing Respite to CALD Communities: An Information Forum for Chinese Carers living in EMR.

During the current project, an information forum was held for Chinese carers and their families on 3 June 2008 at the Box Hill Town Hall (Lower Hall). A working group planned and created the forum over a four month period and comprised of staff from Yooralla RIDE, Migrant Information Centre (MIC), DHS CALD PASA, Centrelink, Metro Access City of Whitehorse, Uniting Community Care Options (UCCO), Chinese Parents Special Net (CPSN) and Villa Maria.

Publicity about the forum included bi-lingual flyers sent to special schools, EMR libraries, the Chinese Workers Network, RIDE Network, CPSN and information sent to local papers, Chinese Melbourne Post and SBS radio & 3CW Chinese radio. The two radio stations ran interviews with Chinese-speaking staff about the forum.

The Chinese Carers forum ran from 10am to 2pm and was attended by 79 carers and their family members. A number of Chinese specific service providers also attended, including a reporter from Chinese radio 3CW.
Service Provider Expo:
The forum was promoted from Feb to June 2008 to respite service providers at the RIDE network and EMR CALD HACC network. In addition, invitations were sent directly to service providers, including local council HACC respite services. Sixteen disability respite and carer service providers attended the forum. Many services brought along bi-lingual workers or interpreters, and had some written information translated into Chinese.

Services & Programs present were:
Yooralla Respite and Recreation Services
Villa Maria
Chinese Community Social Services
Migrant Information Centre
SCOPE Victoria
Parent Support Network
Uniting Community Care Options & Commonwealth Carers Respite Centre
Extended Families
Care Connect
Carers Victoria
Wesley Mission Eastern Respite
Eastern Access Community Health
Centrelink
Barnabas Counselling & Community Support
Flexi-care Attendant Care Agency
Interact Recreation Unlimited

Program:
The forum program consisted of three speaker presentations and an entertainment item.

Speaker 1: Meagan Ball, Respite Planner with Yooralla’s Information, Assessment & Planning program.
Meagan outlined the types of respite services available in EMR, as well as respite service co-ordination and information through RIDE.

Following this presentation, there was a morning tea break and the opportunity to meet the service providers to find out more about what they can offer families.

Speaker 2: Mirko Obloidzija, Financial Information Officer from Centrelink.
Mirko outlined a range of carer and disability payments available through Centrelink, and the process of applying for a benefit.

Speaker 3: Emily Lam, Co-ordinator of Chinese Parents Special Net.
Emily shared her own story as a parent of a young boy with Autism, and her journey through the respite service system. Emily outlined some important reasons for using respite and how this type of support has strengthened her as a carer, and brought new opportunities for her children.

This was followed by a performance of dance and singing items from the Jasmine Dancers, a traditional Chinese & Taiwanese dance group.
Feedback forms were handed around to the carers and the forum was brought to a close. Carers were invited to enjoy a box of fried rice or noodles for lunch and to continue to visit the service stalls present, meet the staff and ask questions.

Four interpreters who spoke Cantonese and Mandarin were utilised for the main presentations and then took on a “floating” role during break times to assist people with their enquiries with service providers. All presentations were interpretered into the two Chinese languages.

**Evaluation Feedback from Carers:**

A high proportion of the carers who attended the forum were migrants to Australia, originally from countries such as China, Vietnam, Taiwan, Hong Kong, Indonesia, Malaysia and Japan.

Carers appeared very relaxed and happy with the environment and enthusiastically engaged with service staff. Verbal feedback on the day included comments like:

- I really enjoyed the forum – thank you for providing this event for us in Chinese.
- I didn’t know there was so much support for us.
- I received some good information today – thank you.

Sixty-two (62) feedback surveys were completed by carers, with 18 of these in English and the remaining in Chinese. A review of the feedback data indicated:

- 61 carers were pleased with the forum event and said they gained new and helpful information about respite services.
- Where families were not using respite services (N=27), carers indicated that they now felt confident in contacting services.
- Where families were using respite services, recreation and in-home respite were most commonly used.
- Most carers said they now felt confident to contact a respite service with recreation being most nominated, followed by facility-based respite, in home and family group activities. Thirteen carers said they would contact a service for respite planning.
- Three quarters of the carers present were female, with half of these aged between 30-50 years and half aged over 50 years.
- Of the 44 family members with a disability mentioned in the survey, 20 of these were aged between 7-18 years, 13 were aged 19-64 years, and 9 were over the age of 65 years.

When asked what type of support would best suit their needs, Chinese carers gave a range of responses (N= 34):

<table>
<thead>
<tr>
<th>Table 4: Types of Support Requested by Carers:</th>
<th>Number of Responses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being part of a carer support group with social activities</td>
<td>7</td>
</tr>
<tr>
<td>Emergency respite when carer is ill.</td>
<td>4</td>
</tr>
<tr>
<td>Temporary overnight respite ranging from a few days to two weeks stay.</td>
<td>3</td>
</tr>
<tr>
<td>Table 4 Cont: Types of Support Requested by Carers:</td>
<td>Number of Responses:</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>More written service information in Chinese.</td>
<td>3</td>
</tr>
<tr>
<td>School holiday programs with outdoor activities.</td>
<td>3</td>
</tr>
<tr>
<td>Family group outings and activities.</td>
<td>3</td>
</tr>
<tr>
<td>Social and leisure activities where their children can meet other children with similar needs. In particular, a holiday program for children with Autism (who may not have intellectual disability).</td>
<td>2</td>
</tr>
<tr>
<td>A case manager to keep carers updated with services available.</td>
<td>2</td>
</tr>
<tr>
<td>In home respite that offers more hours and flexibility.</td>
<td>2</td>
</tr>
<tr>
<td>Centrelink and financial support.</td>
<td>2</td>
</tr>
</tbody>
</table>

Carers were asked to state which LGA area they lived in, and breakdown of the 51 responses are shown below:

Chart A: LGAs where Carers Resided:
Feedback from Service Providers:

As previously mentioned, 16 service providers attended the forum and set up service stalls to meet carers and discuss their programs. General feedback from service providers was positive and they appreciated the opportunity to promote their services and programs to the Chinese community.

Service providers such as Yooralla, SCOPE, Villa Maria, EACH, Carers Victoria and Chinese Parents Special Net reported an increase in referrals in the month following the forum, from Chinese carers wanting to access respite and other services, and receive information about support. Centrelink gave out many carer information packs and had several requests for information to be mailed out. Other service providers commented that it was great to have such a large attendance of carers, and they were surprised by how many families were unaware of respite services and yet keen to find out what was available. Many staff from services also appreciated the opportunity to network with other services and to work collaboratively at the forum.

3. Identify best practice models & strategies for enhancing access by CALD clients and delivering culturally inclusive respite services.

Throughout the project period, the worker spoke to managers and staff from a range of disability respite service programs to collect information on what work is already being done in Eastern and other regions to meet the needs of CALD clients. Data was gathered via the service provider survey, and other data via literature searches or by speaking to services outside of Eastern Region who have a high percentage of CALD families using their programs.

Best practice examples and information are documented in the next two sections of this report.

4. Identify agency and staff needs to implement best practice approaches.
Inform respite services on CALD training opportunities.

In the service provider survey and in discussions with service staff, people identified a number of factors that would contribute to effective CALD service provision. Some of these factors required small changes within the agency or involved increasing staff skills. Other factors required accessing external resources. These factors are outlined in the report section entitled: Resources for Service Providers to Support Best Practice.


One of the aims of the current project was to develop a written resource for respite staff with useful information to assist their work with CALD families. Consultations with a range of respite service staff occurred at the September and December 2007 RIDE Network meetings, and at individual meetings between September 2007 and February 2008. Service staff were asked what type of CALD information would be useful to them in their work, and what format should the information be in. Originally, the project brief suggested a CALD service guide be
developed for respite staff, but after consultation, the feedback clearly indicated that brief information sheets on relevant topics would be most useful.

Respite staff and project stakeholders were consulted on topics and content was researched. Six CALD Service Info Sheets were developed on the following topics:

- Intake of a Client – Things to Consider
- Using Interpreting and Translation Services
- Multicultural Resources for Working with CALD Clients
- Developing a CALD Service Plan or Policy
- Working with Refugee Families
- CALD Support Organisations in Eastern Region & Metro.

The six CALD service info sheets are attached at the end of this report (unless received electronically), and will be presented to EMR service providers at the RIDE Network meeting on 3rd September 2008. They will be available from September 2008 in electronic form on the RIDE website: www.respiteeast.com.au, or can be emailed upon request by contacting RIDE on 1300 886 798.

There are a number of ways that the CALD Service Info Sheets can be used: as a quick reference guide for staff; as a tool for discussing issues relating to working with diverse families at team meetings; as part of a staff training session about cultural awareness or during induction of new staff. The brief format of the sheets was used in the hope that respite staff at all levels would be able to access the information which would take around 10 mins to read per sheet.
6. Disability Respite Services: Best Practice Examples in Culturally Inclusive Service Provision

The following scenarios are representative of CALD initiatives that have occurred within the named organisations. Names and details of some staff interviewed and families described have been altered to maintain privacy.

Yooralla: Respite Planning with a newly arrived refugee family:

Maggie is a respite planner with Yooralla’s Information, Assessment & Planning Team. Two months ago, the Zeyar family was referred to Maggie. The Zeyars are a Karen-speaking family with three children, aged 18, 14 and 9 years. The family had arrived in Melbourne six months earlier under the Humanitarian Program for Burmese refugees after living in a refugee camp in Thailand for 23 years. They had settled in Eastern Region and were being supported by a settlement worker from Migrant Information Centre (MIC). Fourteen year old Mai had been assessed as having a mild intellectual disability and was attending the local special school. Mai has well developed daily living skills and her parents would like her to join some recreation activities to meet other girls her age and develop friendships.

Maggie discussed the referral with the family’s MIC worker, Jane, to gain some background on the family. She learns that the parents’ English is limited and a Karen interpreter will be required at all meetings. Jane gives Maggie information about the social background of the family, and discussed some of the Burmese cultural customs. Jane also offered to book a Karen-speaking interpreter for a joint visit to the family.

At the initial visit, the parents are shy and reserved with Maggie, and with the assistance of Jane and the interpreter, Maggie is able to gain information about Mai and to explain what respite services can provide. Mr & Mrs Zeyar don’t see that they need a break from their role as carers so much but are keen for their daughter to develop skills such as making new friends and accessing the local community independently. The couple are very concerned about completing their citizenship process and don’t wish to cause the government “any trouble”. They are also concerned about their family’s safety and security and said that their daughter gets lost very easily in the community and needs to be supervised. It is also important that she has only female support workers.

The service options are explained to the Zeyar family in their own language and they agree to referrals being made to their local council for in-home respite, and to a service that can provide an outreach worker to support Mai in accessing community activities. Both the settlement worker and respite planner will continue to support the family until the process is completed and they are receiving services.

Agapi Care, Oakleigh: A language specific respite centre.

Agapi was established in 1987 as the Australian Greek Association for People with Disabilities, by a group of Greek families who shared a need to meet together for mutual support in caring for their sons and daughters. The original aim of the association was “to represent the interests of people with disabilities as they had the
same rights as other members of the community to access services which would enable them to live a fulfilling life in the community”.

Agapi head office is located in Preston with a 6 bed respite facility, and a second respite facility is located in Oakleigh. The Preston site also provides case management, community support & advocacy and hosts a community radio broadcast in Greek language every Wednesday morning.

The co-ordinator at Agapi explained that the preservation of their own language is very important to the Greek community, and many families speak mainly Greek at home. In addition to Greek clients, Agapi provide services to people from diverse backgrounds such as Maltese, Italian, Turkish, Jugoslav & Japanese. Throughout the year, Agapi celebrate a range of religious and cultural festivals with their client families, including Greek Orthodox Easter and Name Days (days on which a person celebrates their own patron saint).

Impact Leisure Service: A recreation program building links with local CALD communities.

Impact Leisure Service is a small recreation and respite program for adults aged 18-64 yrs who have an intellectual disability or mental illness. They provide services to eligible clients living in Eastern, Northern and Western regions. The cultural demographics of the local community around Impact’s Oakleigh office include a large Greek Community, with smaller communities of Chinese, Vietnamese, Serbian and Lebanese residents.

Impact’s CALD working committee has recently developed a CALD service policy that covers 8 key areas of Access, Language Services, Support, Staff Training and Development, Organisational Processes, Information Provision and Staff Recruitment. One of the strategies within Impact’s CALD policy is to develop partnerships with ethnic-specific agencies and groups within their catchment area and consult with these services around CALD responsive practice as well as identifying potential client referrals. This has involved meeting with staff from the local Migrant Resource Centre, ADEC, Greek community groups and contacting bi-lingual medical practitioners. Another strategy employed by Impact is to keep a CALD resource kit in their office with information on CALD communities and services, best practice strategies and translated information on Impact services.

Yooralla RIDE Program: Flexible service models – using brokerage to meet the needs of a CALD community.

During the 2006 Respite Information Project run by MIC, RIDE staff formed links with the Chinese Parents Special Net, a large parent support group for Chinese families caring for a child with a disability.

Based at Chinese Community Social Services Centre Inc. in Box Hill, the group have a current membership of 80 families who live all throughout metropolitan Melbourne. The group is co-ordinated by a parent volunteer, Emily Lam, who founded the group after her son was diagnosed with Autism. At that time, Emily was unable to find in Australia, informative literature regarding Autism presented in Chinese. The group
currently meet bi-monthly for social activities or to hear a guest speaker, and have access to a small library of Chinese information and books on disability issues.

At a meeting of the support group, RIDE staff discussed various respite options with the parents and offered for the group to develop a respite idea that suited them best, and Yooralla would assist them to source funding for the activity. The Special Net parents said they would like to have a family day out in January, where they could take their children and enjoy each others’ company and support. In particular, the group were keen to visit Geelong Adventure Park (a water fun park).

RIDE staff took the proposal to Yooralla management who gave approval for brokerage to fund the family day and planning began. On 5th January 2008, 49 people from 15 Chinese families enjoyed a fun day out at the Adventure Park in Geelong. The funding covered the hire of a coach to transport everyone from Melbourne and their entry into the park. It was a relatively small investment of funds, but the benefits and gains for the families involved were considerable. Two of the children who attended gave their feedback below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eva</td>
<td>14yrs</td>
<td>It was a wonderful hot sunny day, just the perfect weather for going to the water amusement park in Geelong (Geelong Adventure Park). The ride I probably most enjoyed was the six lane racer. It was also very nice seeing my friend Lily again, as we haven’t seen each other for a semester or so. It is very rare that migrant families meet together in one place in the same situation, as Chinese families aren’t very open to each other, especially if their child has a disability. This can equal to isolation from other people and loss of social life. But on that day every family didn’t worry about their pride, and played to their fullest. On that day all I expected was to get wet, have some fun and meet new people. But when I saw how my brothers were both playing together regardless of what other people thought. When I took the photos for my family, their smiles were very radiant, and when Brian screamed or did something weird, there were no uncomfortable glares because everyone was in the same situation and was understanding.</td>
</tr>
<tr>
<td>Kelvin</td>
<td>11 yrs</td>
<td>My family has 3 people: Mum, Dad &amp; I. Mum looked after me and helped me for all of my life. Mum supported me as well. Life is much harder when you have a disability. I went to Adventure Park with my Mum on Saturday 5th January 2008 by bus. When we got there I went to the Big Bouncer with my new friends, Cory &amp; Jacky. We all played and talked together. I felt very happy making new friends. I enjoyed the trip because I got to play a lot and make new friends. Thank you Yooralla for supporting us and I hope you support us again. Thank you Emily for organising this trip for us and you’ve done a perfect job.</td>
</tr>
</tbody>
</table>
The story of this outing went on to feature in an interview on SBS radio (20.2.08) and highlighted how meaningful respite can make a big difference in the wellbeing of families, and the importance of flexible respite models when working with CALD communities.
Resources for Service Providers to Support Best Practice.

**Cultural Awareness Training for Respite Staff:**
Responses from the service provider survey highlighted the importance of access to cultural awareness training for staff to inform their practice and increase their sensitivity to the needs of CALD families. Staff who had attended training within the past two years, reported increased confidence in using interpreter services, in working with culturally diverse families and a better ability to understand their needs.

Service staff advised that they needed short (half day), low cost training sessions within Eastern Region that covered a range of topics such as: cultural awareness, local CALD demographics, understanding specific cultural communities, using interpreting and translation services, exploring cultural festivals.

The project worker met with staff at MIC to discuss the calendar of staff training workshops they offer each year to HACC and disability funded staff in EMR. The MIC workshops are free, run on various days of the week (1-2 per month) and cover the range of topics sought by disability services. RIDE has promoted these excellent training sessions to the sector over the past 12 months and they have been well attended by disability program staff.

When reviewing the MIC training, together with training offered by Action on Disability within Ethnic Communities (ADEC), and the Centre for Ethnicity and Health, it was concluded that no additional training sessions for disability respite staff were required and that these training providers adequately met the need.

One issue raised by respite co-ordinators, was that when staff are casual and training sessions fall on their non-working days, staff are reluctant to use their own time for training and program budgets often don’t provide for these additional staff hours. This may be an area where service providers can negotiate additional funding from funding bodies, or perhaps structure induction training for new staff to include a unit on CALD awareness. Staff can be encouraged to see participation in CALD training as part of their overall career development.

**Use of Interpreting and Translation Services:**

The right of people with a disability to obtain information in an accessible format about services and documents relating to themselves as service recipients, is highlighted within the Disability Act (2006) and the Quality Framework for Disability Services (2007). All Disability & HACC funded services can access the DHS Languages Credit Line for interpreter services through Oncall Interpreters, and telephone and onsite interpreters are available. Each agency has a Personal Identification Number (PIN) in two parts. The first part is an agency specific number, followed by **DSG** for disability services. The agency PIN is quoted when service providers contact Oncall (PH: 9867 3788) to book an interpreter. Many disability service staff within EMR were not aware of the Credit Line and how it could be utilised.

The DHS Credit Line funding is often quickly utilized each month due to competing demands by the sector. Several service providers reported that the Credit Line has often not been available when they have required it, due to the monthly allocation being expended. DHS program staff can access the department’s internal
interpreting and translation service.

Service providers commented on their desire to provide service information translated into the 5 main community languages. Some organisations had already translated some program pamphlets. Other organisations expressed concern about the cost involved, and did not have provision for this in their annual budgets (particularly small CSOs). The project worker suggested that these organisations utilise the DHS Languages Credit Line as much as possible to translate program information. Alternatively, organisations can apply to funding bodies such as the Victorian Multicultural Commission for funding grants that increase access to community services by CALD families / groups.

The Disability Act 2006, under Part 2: Objectives and Principles, states that “Persons with a disability have the same right as other members of the community to – (f) access information and communicate in a manner appropriate to their communication and cultural needs”. For persons from a CALD background, this means having access to key service documentation including their care plan in their preferred language or format. As well as being a best practice strategy, providing these service documents in the client’s preferred format, helps to avoid confusion and misunderstanding on the part of either client or service provider.

Service Imagery and First Point of Contact with CALD Families.

Service imagery refers to the images and messages conveyed when a new client first contacts a service agency. Photos, symbols and languages used in program pamphlets, newsletters and posters can send a message that an agency is a multicultural service provider, and that language services will be utilised to ensure easy communication. A service program office located within an area with a significant Chinese or Greek community could consider putting up images that celebrate key festivals within these communities, as a way of saying “you are welcome here”.

It’s important that agency reception staff and intake workers have a process by which non-English speaking customers can be quickly linked with an interpreter (by phone or in person). Multi-lingual staff within the agency can be utilised initially, however, best practice is to recruit a qualified interpreter. Language maps on the wall at reception can assist in identifying the customer’s preferred language. These are available at no cost from RIDE or Oncall Interpreter Service.

Another need that was raised by service providers is the need for a CALD focussed service they can contact for advice and information on many issues regarding migrant and CALD families. The CALD Service Info Sheet; CALD Support Organisations in Eastern Region & Metro lists a range of CALD-specific service organisations that can assist. The Migrant Information Centre are an information and support service for migrant families in EMR and are available to consult with any EMR service around CALD service issues. ADEC are another key CALD disability organisation with a state wide focus. Staff at ADEC is available for consultation on a wide range of issues relating to persons with a disability from CALD backgrounds.

EMR HACC CALD Network.

This regional network is hosted by MIC at Box Hill and meet bi-monthly for two hours to discuss issues relating to service delivery to CALD families within HACC-funded services. The group share information on new initiatives, upcoming events and
projects and form working groups to work on specific projects. The network meetings are open to staff within disability services and a number of these services currently attend or receive meeting minutes and updates. Many HACC programs also service clients that are eligible for disability services, and this network group is a rich source of information, networking and partnership opportunities, resources and best practice strategies.

Disability program staff can obtain information on HACC CALD network meeting dates and agendas by contacting the Migrant Information Centre on 9285 4888.
7. Writing Your CALD Service Policy: Some tools to guide service providers.

Victorian State Government legislation and policy now requires that all funded disability organisations undertake a range of measures that enhance access to their service programs by CALD Victorians who have a disability, and provide services in such a way that respects the client’s cultural needs. In addition, organisations are required to report to government on the strategies and measures they undertake to provide appropriate service to CALD families. Guiding principles contained in the State Disability Plan (2002-2012), Victoria’s Multicultural Affairs Policy and the DHS Cultural and Linguistic Diversity Strategy (2004) are those of:

- **Equality:** Recognising that people with a disability of all backgrounds have the right to be respected, and to have equal opportunities to participate in the social, economic and political life of society.
- **Dignity and Self-Determination:** Respecting and valuing the knowledge, abilities and experiences that all people possess. This principle means supporting people with a disability from all backgrounds to make choices about their lives.
- **Valuing Diversity:** Promoting acceptance and harmony in the process of building an inclusive society that recognizes and values individual differences.
- **Non-Discrimination:** Recognising that all people have a right to live their lives free of discrimination. This means ensuring that all Victorians can access Government services and programs without too many obstacles.

Developing an organisational CALD policy or service plan, gives service staff a framework for working with CALD families in a responsive way, and strategies to improve their knowledge and cultural diversity skills. This is the starting point for best practice in CALD service provision.

There are many useful policy and planning documents that have been developed to guide service providers in writing their CALD service plan:

**HACC Cultural Planning Tool (1996)** (Currently being updated—due for release in 2008)
This planning tool is a succinct guide to developing a CALD service plan with seven key areas of focus: Access, Cultural Relevance, Consultation, Information, Special Program Needs, Service Co-ordination and Accountability. This tool was developed for HACC service providers but has useful application for disability-funded services. A copy is available at [www.health.vic.gov.au/agedcare/publications](http://www.health.vic.gov.au/agedcare/publications).

**Disability Services CALD Strategy (2004)**
This booklet is available from DHS and outlines seven goals for best practice CALD service provision. It also provides some key strategies for implementing each goal and appendices with CALD statistical data and CALD resource agencies within Victoria. Go to [www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability) and look in Publications Library, or contact your regional DHS Program & Service Advisor for a hard copy.

**Cultural Planning Framework and Resource Kit (2004)**
This cultural planning kit has key objectives and strategies for best practice service
provision to CALD families. It is a helpful guide in developing your CALD Service Plan. This document can be found at www.miceastmelb.com.au/cultural resources


Within this document is a practice guide that outlines 16 Life Areas with practical information on ways to reorient service programs to focus on better outcomes for people with a disability. The guide in each life area provides evidence indicators of the outcome standards expected for disability services, and ways that service providers can work toward these outcomes. Life Area 10 is Expressing Culture and maps out indicators for good organisational practice in working with CALD clients.

An agency’s CALD service policy needs to be congruent with that agency’s mission, goals and service program. An effective way to develop a policy is to engage a group of staff from across the organisation to use their knowledge of services and the client group to discuss strategies that are workable and relevant to the way programs operate. Large organisations may choose to have a general CALD policy which then supports the development of specific CALD strategies for each particular program area.
8. Project Reflections and Recommendations.

Culture refers to the customs, practices, languages, values and world view that define social groups, such as those based on nationality, ethnicity, religion or common interests. Cultural identity is important to our sense of self, how we relate and interact with others, and our overall wellbeing. When we identify with a particular culture we feel we belong and are accepted for who we are. (DHS, Quality Framework Toolkit, 2007).

The picture of cultural communities is Eastern Region is a changing picture with significant growth in the past seven years, particularly in the size of the Chinese and Indian communities, and in new emerging communities such humanitarian migrants arriving from Sudan and Burma. The Greek and Italian communities are long established in the region and are the second and third largest CALD populations. Within the Greek community, language preservation is very important and over 33,000 EMR residents speak Greek at home (ABS, 2006 Census).

The concept of respite is foreign to many diverse cultures where families are not familiar with seeking support for care of their child / adult with a disability outside the family group. Many families have originated from countries where governments provide limited support services or operate as oppressive regimes, and these families may be cautious of government – funded services. In addition, some cultures hold the view that caring for a disabled family member is the family’s responsibility, and to use respite services is a sign of neglect or not coping on the part of the carer. Carers have also reported concerns that their family’s beliefs and cultural practices may not be supported by respite service providers.

EMR respite service providers reported in the service provider survey that on average, 15.95% of their clientele are from CALD background. Just over half of these service providers have a CALD plan or policy in place at their organisation, and this is the starting point for any organisation that wishes to practice effective CALD service provision. In addition, an organisational CALD plan needs to be implemented into specific strategies for each program area, relevant to the services they provide to clients and families.

Fifty-nine percent of the 22 organisations surveyed said staff had participated in cultural awareness training within the past two years, and half of the service providers made use of professional language services. Discussions with service staff found that many were not aware of the DHS Languages Credit Line funding available for language support; and several staff advised that they have never used interpreters and were not confident in doing so. This is an area that can be easily addressed by staff training around communicating with CALD families, and it is recommended that respite staff learn these skills early in their employment.

CALD carers and community groups have identified lack of respite information in their preferred language as a major barrier to carers understanding how services may benefit their family, and how to access a service (CALD Respite Information Project, 2006). In order to reach CALD families, it is essential have translated service information and contact details available in brochure form, on agency websites and other promotional material. In addition, it is important to have key intake documents
such as privacy statements, service agreement and a client’s care plan or respite plan translated into the client and carer’s preferred languages. As well as being a best practice strategy, providing these service documents in the client’s preferred format, helps to avoid confusion and misunderstanding on the part of either client or service provider.

The service provider survey identified a number of areas where organisations stated that they needed resources and support to become more CALD responsive. These areas included staff training, funding for interpreters and translation of documents, access to CALD focussed organisations for consultation and service development, funding to recruit bi-lingual staff and support projects with specific CALD groups. Some of these resources are currently available to EMR disability organisations at no cost, but do involve worker time to facilitate. CALD specific funding can be sought through DHS and other government funding bodies.

The DHS Languages Credit Line is a resource available to funded disability organisations, however many service providers reported not being able to access the limited monthly funding for language services when the services were required. To engage professional interpreters for assessments and meetings is costly and beyond the budget of many respite programs. The amount of funding made available via the Credit Line needs to be reviewed with regard to the growing demand for language services.

There is much good will and interest by EMR disability service providers in engaging CALD families who have a person with a disability, and in providing a service that fully meets their needs. A significant challenge expressed by many service providers however, is the heavy demand on respite services (in particular facility-based respite) across the region. Services are often struggling to meet the needs of their existing families, and service staff expressed their concern about promoting respite programs to new families when the current waiting period would be 6 to 12 months to begin a program. This issue highlights the need for government growth funding within the disability respite sector to respond to the ongoing need for families to have regular respite.

Based on the information collected during the EMR CALD Respite Project (2007/08) and documented in this report, the following recommendations are made:

**Recommendation 1:**
That all disability-funded service providers develop and implement a CALD service plan/policy for their organisation, and, if needed, a more specific CALD service plan for their program area, outlining strategies for engaging and supporting CALD clients with respect to their cultural and language needs.

**Recommendation 2:**
That all respite staff attend CALD training as part of the induction process for new staff, and as part of a professional development process for existing staff to increase their knowledge, skills and confidence in working with CALD families. At the minimum, this training should cover an introduction to cultural awareness and issues in working with interpreter and translation services.
This training is currently provided with EMR by the Migrant Information Centre, and is free to disability and HACC funded service staff.

**Recommendation 3:**
That, as a component of their CALD service plan, respite programs network with CALD community groups and ethnic-specific organisations within their catchment area, to build positive relationships with these groups and facilitate client referral.

**Recommendation 4:**
That respite service providers continue to attend quarterly RIDE Network Meetings for updates and information sharing on CALD initiatives, best practice strategies and funding support. In addition, it is recommended that service providers participate in the Carers Forums co-ordinated by RIDE as an opportunity for meeting and engaging CALD families who are caring for a person with a disability.

**Recommendation 5:**
That disability service providers give strong consideration to the translation of key service documents into either the top 5 community languages in their catchment area, or on an as needed basis with new and existing clients. That service providers discuss with DHS any additional funding they require to meet the costs of translation.

**Recommendation 6:**
That DHS undertake annual reviews of the utilisation of the Languages Credit Line funding and increase the funding as needed to support disability organisations in achieving best practice with regard to the use of interpreting and translation services.
References:


**Attachment A: Respite Service Provider Survey**

**Questionnaire: RIDE CALD Disability Respite Project**

Name of Contact Person: ______________________ Date:______________________

Organisation: ________________________________Phone No:_____________________

Please indicate which respite services are provided by your organisation (tick boxes):

- [ ] In Home
- [ ] Facility Based
- [ ] Emergency
- [ ] Community Based
- [ ] Recreation
- [ ] Alternative Family Care
- [ ] Flexible
- [ ] Brokerage
- [ ] Other: ________________________

1. Please indicate a general estimate of the percentage of clients who access respite services that are from a Culturally and Linguistically Diverse (CALD) background.

   Estimate of CALD Respite Clients: _______%

2. Please list the main culture groups that access your services? *(Eg. Italian, Chinese, Greek)*

3. A) Are you aware of languages (other than English) spoken among your respite workers?
   
   Yes / No

   B) Is this information formally documented?
   
   Yes / No

   C) From your general understanding, please list the different languages spoken among respite workers.

4. Tick the box/es that best describe how your organisation caters for the needs of culturally diverse clients?

   - [ ] CALD policy/procedure
   - [ ] Use of language services *(interpreters/translations)*
   - [ ] Use/recruitment of bilingual staff/volunteer
   - [ ] Marketing to CALD communities
   - [ ] Staff cultural awareness training
   - [ ] Other: ________________________
   - [ ] Knowledge of regional demographics
   - [ ] Collaboration with CALD community groups

5. Can you give examples of 2-3 strategies that have been particularly successful in attracting and/or servicing CALD communities?
6. List potential barriers that may deter CALD clients from accessing/using your services?

7. Do you contract out or purchase external workers (eg. with bilingual skills) to work with non-English speaking clients? If ‘Yes’ please list the organisations from which you purchase.

8. Have you attended any cultural awareness training in the past 2 years?
   Yes / No

   If yes, please write the type of training and date completed (e.g. Communication with CALD clients, 1 day workshop on 12.6.06)

   Did you find the training useful? Please describe how this training assisted your work with clients from culturally diverse backgrounds:

9. In what ways could your organisation be better supported to cater for the needs of CALD clients?

10. Do you have any other comments?

Thank you for your participation. Please email survey to susan.marryatt@yooralla.com.au or fax: 9830 0003.
PH: 9831 5643
CARING FOR CARERS: CHINESE CARERS FORUM
BOX HILL TOWN HALL – 3.6.08

Thank you for attending our forum and service expo today. Yooralla and Migrant Information Centre would like your feedback on the event and on respite services. Please complete this form to help us to respond to your needs and plan services that work for all families.

Q1. Please circle the picture that best represents your overall impression of the forum.

😊 Pleased
😊 Neither pleased nor disappointed
😞 Disappointed

Q2. Was the information presented at this forum helpful for you?

😊 Yes
😞 No

Q3. Did you gain new knowledge of disability respite services by attending this forum?

😊 Yes
😞 No

Q4. Please indicate which type of disability respite service you have used in the past? Please tick box.

☐ Recreation & Leisure
☐ In-home Respite
☐ Facility-Based Respite
☐ Host Family
☐ Family Group Activities
☐ Respite Planning
☐ Brokerage Programs e.g. Breakaway
☐ Have not used any service.

Q5. Which type of disability respite service would you now feel confident to contact? Please tick box.

☐ Recreation & Leisure
☐ In-home Respite
☐ Facility-Based Respite
☐ Host Family
☐ Family Group Activities
☐ Respite Planning
☐ Brokerage Programs e.g. Breakaway
As a Carer, what type of support would best suit your needs? Please write in Chinese or English below:


Q6. Please indicate your age range to assist us to plan better services in Eastern Region.
Your age range: Age of family member with a
disability:
☐ 20 – 30 yrs ☐ 0 – 6 yrs
☐ 31 - 40 yrs ☐ 7 – 12 yrs
☐ 41 – 50 yrs ☐ 13 – 18 yrs
☐ 51 – 60 yrs ☐ 19 – 30 yrs
☐ 61 - 70 yrs ☐ 31 – 50 yrs
☐ 70 + yrs ☐ 51 – 64 yrs
☐ 85+ yrs

Are you: Female Are they: Male
☐ Male ☐ Female

Q7. Please tell us which local council area you live in:
☐ City of Whitehorse
☐ City of Booroondara
☐ City of Monash
☐ City of Maroondah
☐ City of Manningham
☐ Shire of Yarra Ranges

Q8. How did you hear about today’s Chinese Carers Forum?
☐ RIDE Network email ☐ My Child’s School
☐ Chinese Radio: SBS, 3CW. ☐ Forum Flyer
☐ Local Newspaper ☐ Chinese Newspaper
☐ Other. Please describe __________________________________________

THANK YOU FOR YOUR TIME AND CONTRIBUTION.
CARING FOR CARERS
FORUM & EXPO FOR CHINESE CARERS

★ For carers, families and people with a disability (aged 6-64 years) living in Eastern region.
★ An expo of disability respite and support services – meet the people who provide the services.

Come and hear speakers from:
★ Yooralla’s RIDE program – what are respite services and how can they benefit your family.
★ Centrelink Information on carer payments and other benefits that may assist you
★ Chinese Parents Special Net – how to become an informed carer.

Date: Tuesday, 3rd June 2008
Place: Lower Hall, Box Hill Town Hall, 1022 Whitehorse Rd, Box Hill
(Melway Ref: 47 E9)
Time: 10am until 2pm

★ Chinese traditional dance performances
★ Cantonese & Mandarin Interpreters Available.
★ Delicious morning tea & hot lunch provided.

To assist us with catering, please register before 26.5.08 by phoning Rayce Coyte on 1300 886 798 or 9831 5665.
Email: ride@yooralla.com.au

Car parking is available in Watts St (opposite the Town Hall).
The Town Hall is close to Box Hill train station and is fully accessible.
关怀照顾者

华裔照顾者讲座及展览

★ 为居住在墨尔本东区的六到六十四岁的残疾或有特殊需要人士，他们的家人，特别是他们的照顾者而举办
★ 残障暂休和支持服务机构展览 - 工作人员面对面回答你的问题

讲座内容

- 东区暂休资讯和发展服务（Yooralla’s RIDE Program） - 介绍什么是暂休服务以及暂休服务如何帮助你和你的家人
- Centrelink - 介绍照顾者津贴及其它福利资讯
- 辅康会 - 介绍如何做一个聪明的照顾者

日期： 星期二，六月三日
时间： 上午十点到下午两点
地点： 白马市市政厅楼下大厅
       Lower Hall, Box Hill Town Hall, 1022 Whitehorse Rd, Box Hill
       (Melway Ref: 47 E9)

★ 精彩中国传统舞蹈表演
★ 讲座及展览提供广东话和普通话翻译
★ 免费并供应早茶及午餐

为了帮助我们预备膳食，请在五月二十六日前登记
电话 Rayce Coyte 1300 886 798 或 98315665 电邮 ride@yooralla.com.au

市政厅对面的Watts St 有停车场，市政厅靠近 Box Hill 火车站并设有轮椅通道
Attachment C: CALD Service Info Sheets.

1. Intake of a Client – Things to Consider
2. Using Interpreting and Translation Services
3. Multicultural Resources for Working with CALD Clients
4. Developing a CALD Service Plan or Policy
5. Working with Refugee Families
6. CALD Support Organisations in Eastern Region & Metro.