



**ethnic  
communities'  
council of  
victoria**

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# Talking Disability

**Under-representation of  
culturally diverse communities  
in disability support**

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**Project Report**

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Ethnic Communities' Council of Victoria Inc. (ECCV) is the *Voice of Multicultural Victoria*. As the peak body for ethnic and multicultural organisations in Victoria, we are proud to have been the key advocate for culturally diverse communities in Victoria since 1974. For 40 years we have been the link between multicultural communities, government and the wider community.

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# Abbreviations

ADEC	Action on Disability in Ethnic Communities
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
DCA	Disability Care Australia
DSR	Disability Services Register
DHS	Department of Human Services
ECCV	Ethnic Communities' Council of Victoria
HRSS	Housing Resource and Support Services (Independent Disability Services)
LGA	Local Government Area
MAV	Municipal Association of Victoria
MRC	Migrant Resource Centre
NDIS	National Disability Insurance Scheme
NESB	Non-English speaking background
PWD	People with disabilities
RTO	Registered Training Authority
VDAC	Victorian Disability Advisory Council
VMC	Victorian Multicultural Commission



## Foreword

Workers in the disability services throughout Victoria have a wide range of highly valued expertise. They are often challenged by the complex needs of people from culturally diverse backgrounds. Extensive diversity and human rights policies are in place. The *Carers Recognition Act 2012*, was a major breakthrough in acknowledging the needs of people in care relationships. The new National Disability Insurance Scheme (NDIS) is receiving wide media coverage. Government funded service delivery models increasingly focus on helping people with a disability stay involved in everyday activities.

Why then, do so many older people with a disability from a non-English speaking background end up in a crisis situation before they access services? Why are the needs of many younger people with disabilities in culturally diverse families not being recognised and met? Why is it that too many families in ethnic communities are struggling to provide adequate support for their relatives with a disability and do not even know how to find support services? Eligible people from culturally diverse backgrounds are missing out on services.

Ethnic Communities' Council of Victoria (ECCV), as the voice of multicultural Victoria, is pleased to present the *Talking Disability* report with its valuable insights into these challenges. The strength of the *Talking Disability* project is that it brought together a wide range of experts in the areas of disability services, health provision and ethnic community organisations, and others, in a series of Stakeholder Consultations. They unpacked the complexity of issues with passion and much goodwill. The outcome is a highly practical report with extensive suggested strategies and recommendations. I would like to express my sincere appreciation to Nikki Marshall, the ECCV *Talking Disability* Project Coordinator for her dedication and hard work in preparing this report.

Strengthening partnerships across governments, disability service providers and ethnic and multicultural organisations emerged as a key priority. The project has already established a good foundation for those connections. It is therefore imperative that the ground work provided in this report is taken up by decision makers in the disability sector and taken forward. My message is let us all keep talking about those vital issues.

The *Talking Disability* report presents a community-based framework for action to improve the lives of Victorians with a disability from culturally diverse backgrounds. They deserve to live active and healthy lives and to have their voices heard.

It is with pleasure that I commend this report to you.



Eddie Micallef  
Chairperson

## Executive summary

The Productivity Commission's (2009) findings quantified and brought to public attention the significant under-representation of people with disabilities from culturally diverse communities within community support service systems.

ECCV worked in partnership with the Department of Human Services (DHS) to improve access, cultural relevance and participation in disability support services for Victoria's culturally diverse communities, through the *Talking Disability* project. In addition to documenting factors contributing to under-representation, the project has identified strategic solutions to increase the uptake of support. It also proposes a new policy advisory mechanism to provide strategic advice at the disability sector, government and ministerial levels. The *Talking Disability* project followed on from the State-wide CALD (culturally and linguistically diverse) Disability Advisory Committee established by the DHS and hosted by ECCV.

Data was predominantly gathered via three community consultations, supplemented by research, and culminating in a Stakeholder Roundtable. Consultations were well attended. They provided breadth across relevant sectors, depth and qualitative insights into the nature of the problem, and also focussed on strategic solutions.

Existing policy and legislative frameworks, enshrined at state, federal and local government levels reinforce both the right to access services for culturally diverse communities as well as the responsibilities of service providers to be culturally competent, sensitive and relevant to Australia's diversity. The implementation of those policies, however, has significant limitations.

Project findings confirmed that barriers to accessing disability support services for culturally diverse communities are a complex mix of factors. They include the challenges of navigating a complex service system, insufficient focus on families and shared care, ineffective outreach, not adequately addressing shame and stigma in culturally diverse communities and visa anomalies for newly arrived people with a disability.

The Stakeholder Roundtable affirmed that CALD community take up of Disability Care Australia (DCA) in the pilot regions is also under-representative of our culturally diverse populations. Consultations identified a range of strategic responses to improve access. Eleven key recommendations are presented around partnership development, priority access for high risk groups, greater flexibility of support services, a culturally responsive workforce development and community education.

The project showed that culturally diverse communities living in rural areas face additional barriers. Flexible options in localities as well as transport support are essential. The Project Steering Committee proposed several initiatives to address under-representation such as a greater focus on no wrong door protocols, co-location of disability services with multi-ethnic agencies, and innovative pilot programs in both metropolitan Melbourne and regional Victoria.

Existing policy advisory mechanisms tend to operate within specific categories, for example multiculturalism, or disability or rural and remote health. The *Talking Disability* project proposed a three tiered policy advisory mechanism to bridge those sectors more effectively.

Through an additional project offshoot relating to implementation of the Carers Recognition Act 2012, the *Talking Disability* project articulated principles and strategies for effective communication of the Act with culturally diverse communities.

# Recommendations

A combination of strategies is recommended by the *Talking Disability* project group to redress under-representation of people with a disability from culturally diverse communities within community support services. The following recommendations are grouped within eleven strategic areas that require action.

## Navigating the system

### **Recommendation 1**

That disability services implement a combination of mechanisms to assist with navigation into and through the complex disability service system. These mechanisms should include the:

- Allocation of advocacy resources within all disability services;
- Adoption of no wrong door protocols to access services;
- Provision of bi-lingual Supported Access Workers for new arrivals;
- Co-location of disability services with ethnic community agencies in places frequented by the general public.

## Partnerships and sector integration

### **Recommendation 2**

That DHS encourages and promotes sector partnerships between ethnic communities, disability services and local community organisations such as neighbourhood houses, schools and recreation facilities.

- 2.1 That disability liaison staff be placed in health services, in particular hospitals, in a model similar to disability liaison staff within the education sector.
- 2.2 That DHS supports integration between mental health and disability sectors to assist service access for CALD communities.

## High risk groups

### **Recommendation 3**

That DHS implements priority access to disability support for new arrivals and refugees, older carers of adults with a disability and younger carers. Priority access for these three high risk groups will minimise crisis intervention.

- 3.1 That all regional and sub-regional Settlement Planning Committees invite representation from disability services to facilitate access for new arrivals.

## Cultural relevance

### **Recommendation 4**

That DHS promotes culturally sensitive principles within disability services relating to outreach, advocacy, care planning and service delivery. These principles should include an awareness and respect for:

- collectivist cultures;
- shared care approaches;
- family-centred models of support which keep people in their familiar environments and draw on extended family, neighbours and local/ethnic communities and;
- flexible services designed around individual and family needs.

4.1 That DHS encourages, promotes and rewards culturally sensitive practice via ethnic and mainstream media, and through public awards.

#### Information provision

##### **Recommendation 5**

That DHS and disability services commit to provide information to CALD communities in accessible formats to improve service uptake. Accessible formats include:

- ethnic media;
- word of mouth;
- using repeated messages and stories;
- audio visual rather than written or translated formats;
- via existing distribution networks where culturally diverse people live and congregate.

5.1 That disability services undertake outreach to CALD communities, with language and cultural support from respected community leaders or accredited interpreters.

#### Community education

##### **Recommendation 6**

That DHS, disability services and ethnic community organisations implement community education campaigns to address stigma and shame relating to disability;

- 6.1 That DHS takes a human rights approach in community education incorporating a cross government policy of social inclusion;
- 6.2 That people with disabilities from CALD backgrounds who have improved their quality of life be involved in community education to inspire others.
- 6.3 That community education workshops challenge myths and cultural stereotypes relating to disability, explore support options, and draw on respected community leaders.

#### Workforce

##### **Recommendation 7**

That disability services implement workforce development strategies that focus on recruitment, on-the-job training and retention of disability service staff, reflective of Victoria's diverse community mix.

- 7.1 That disability services utilise existing networks of CALD community groups, to support emerging community leaders, and to skill up and provide jobs and career paths, for culturally diverse personnel especially in advocacy and service delivery.
- 7.2 That disability services collaborate with Registered Training Organisations (RTOs) and CALD communities to develop cultural competency training modules and to increase understanding of access barriers for new communities, refugees and established migrant communities.
- 7.3 That DHS liaises with Medicare Locals to implement training for doctors and other health professionals on navigating the disability service system and assisting CALD communities find pathways to disability support.

### Reviewed visa exclusions

#### **Recommendation 8**

That relevant state and federal government departments undertake a review of visa exclusions to disability support, drawing on case studies to illustrate the impact of this policy on people with disabilities and their families.

### Rural communities

#### **Recommendation 9**

That disability services in rural areas adopt flexible models of service support for CALD communities, in recognition of potential for increased isolation, especially in smaller townships, and provide transport support where necessary.

### Community-based pilots

#### **Recommendation 10**

That DHS supports the piloting and evaluation of a proposal which includes:

- Co-location of disability service and advocacy staff in CALD community organisations;
- Adoption of no wrong door protocols by disability, health, ethnic and community services in specified locations;
- Location of pilots in one rural and one metro local government area or region such as Dandenong or Hume and either Shepparton or La Trobe Valley. These locations include new arrivals, refugees, as well as established migrant communities and;
- Appointment of disability service representatives on Settlement Advisory Councils.

### Mechanism for strategic policy advice

#### **Recommendation 11**

That DHS resources ECCV to coordinate a three tiered policy advisory mechanism that comprises:

- Establishment of a CALD Disability Network, resourced by ECCV, to ensure priority themes and strategic directions are captured and fed back to the Minister, DHS and disability services. The Network would comprise representation from three sectors including disability, cultural diversity and rural/urban service delivery.
- An annual DHS Roundtable bringing together Area, Divisional and Central Office representatives including CALD sector representation, to influence policy development and practice guidelines in disability services.
- An annual meeting between ECCV's Disability Network and the Victorian Disability Advisory Council to present a high level message to the Minister around policy and operational issues including priority proposals identified through the *Talking Disability* project.

## Project background

People with a disability from culturally and linguistically diverse backgrounds are under-represented in community support service systems. The purpose of the *Talking Disability* project 2012-2013 was to find ways to improve access, cultural relevance and participation in disability support services for Victoria's culturally diverse communities. Determining an effective method for strategic policy advice to government and key service providers was a secondary core objective of the project.

The Productivity Commission's findings in of the *Report on Government Services* (2009 Chapter 14 *Services for people with a disability*) quantified the challenge. Data showed significant under-representation of people with a disability from CALD backgrounds within community support service systems compared to those from English speaking countries that were four times less likely to receive accommodation support services; two and a half times less likely to receive community support services and community access services; three times less likely to receive respite services and two times less likely to access employment services.

Given more than one quarter of Victoria's population (26 per cent) was born overseas, with 23 per cent speaking a language other than English at home and 40 per cent with at least one parent born overseas (VMC, 2011 census), this amounts to significant numbers of people with disabilities receiving no support, less support than they may need, or inappropriate support that lacks cultural sensitivity.

## Methodology

The project initiated and facilitated three consultations during 2012 followed by a Stakeholder Roundtable in 2013.

The purpose of the roundtable discussion was to further explore and confirm effective policy advisory mechanisms which enable increased cultural responsiveness of the service system for people with disabilities and their carers from CALD backgrounds.

These forums identified factors contributing to under-representation, developed practical and creative solutions to address under-representation, and proposed a three tier mechanism for ongoing strategic policy advice.

Consultations explored the following issues:

- cultural attitudes and perceptions of disability
- navigating a complex system
- managing competing settlement priorities
- disability in rural communities
- challenges and opportunities for service providers
- communication, information and outreach
- exploring culturally sensitive support models
- workforce development
- needs of culturally diverse carers

Stage one of the project saw a number of community consultations convened during 2012 to hear from people with disabilities and their carers, service providers and others regarding priority issues in relation to disability and cultural and linguistic diversity. The first consultation, held in July 2012, focused on people with disabilities and their families from refugee and new communities. This forum, attended by 80 people, brought together wide

representation across settlement and health programs, local state and federal government authorities, disability services, refugee and new communities, carer support services, rural communities and education services.

The second stage of the project was the identification of appropriate mechanisms for ongoing strategic advice to DHS and the Minister regarding culturally diverse communities and disability issues. The second consultation, held in August 2012, focused more broadly than new arrivals, incorporating Victoria's culturally diverse communities. A group of 16 specifically invited representatives with expertise in disability service delivery and advocacy, cultural diversity and support to carers, provided greater depth in response to the project's charter. Examples of culturally sensitive models of service provision and support were shared as well as effective methods of communication/outreach between services and CALD communities. Importantly, that second Stakeholder Roundtable group reached agreement on a new three tier policy advice mechanism to enable ongoing strategic thinking and input.

The third consultation, held in September 2012 primarily focused on identifying effective strategies to communicate the newly proclaimed *Carers Recognition Act 2012* to CALD communities. It also provided an opportunity to explore issues pertinent for culturally diverse carers. Expertise was shared by carers and their advocates; a range of service providers and peak bodies; agencies advocating for culturally diverse communities; and ethnic media representatives.

## Policy context

Existing policy and legislative frameworks, enshrined at federal, Victorian state and local government levels reinforce both the right to access services for culturally diverse communities as well as the responsibilities of service providers to be culturally competent, sensitive and relevant to Australia's diversity. Those policies fit within diversity, human rights, multicultural, language services, refugee health and carer frameworks.

Despite the following policies, the findings of this report show that their implementations on the ground are not effectively meeting the needs of people with disabilities from culturally diverse backgrounds.

### Federal

#### Diversity and Human Rights

The *People of Australia: Australia's Multicultural Policy 2011* articulates an access and equity framework where the onus is on government to provide equitable services to Australians from all backgrounds.

#### New Arrivals

The *National Settlement Planning Framework 2006* provides strategic and coordinated approaches to settlement planning at a national level. The *Framework* focuses on improving ability of governments, service providers, community organisations and other settlement stakeholders to plan for arrival and settlement of new entrants.

### Victorian

#### Diversity and Human Rights

The *Victorian Multicultural Act 2011* affirms principles of multiculturalism including equal opportunities to participate in and contribute to social, cultural, economic and political life; and recognition of Victoria's diversity as an asset and valuable resource. It reflects Victoria's diversity in a whole of government approach to policy development, implementation and evaluation in line with the policy paper *Victoria's Advantage* (April 2014).

The *Victorian Charter of Human Rights and Responsibilities Act 2006* ensures fundamental human rights are considered at the earliest stages of policy development.

The *Victorian Language Services Policy* affirms effective communication as essential to the delivery of high quality services.

Planning for diversity, including cultural diversity plans, requires all services, whether delivered directly by DHS or through funded organisations, to be culturally competent, sensitive and relevant to the diversity of people with a disability.

### Disability Legislation and Policy

The *State Disability Plan 2013-2016* provides a whole of government approach which aims to remove barriers in society and the community; support the individual; acknowledge diversity in individual circumstances including culture; challenge barriers to participation; and continue to reform the disability services system. The *Plan* incorporates the DHS's commitment to implementation of the *Services Connect model*, where people with a disability, their families and carers have their full range of needs identified in a single, streamlined process.

*DisabilityCare Australia*, also known as the *National Disability Insurance Scheme (NDIS)* provides a lifelong approach to the provision of care and support with a focus on independence and full potential of its clients. It was launched by the Victorian Government in the Barwon area of Victoria in June 2013. The Victorian Government is working with the Commonwealth Government leading up to the full roll-out of the scheme across Victoria to commence from July 2016.

The *DHS Standards* bring together one set of standards across the Department, rather than a separate set of disability standards.

### Service Delivery Models

Self-directed approaches focus on the needs, aspirations and life choices of the person with a disability. Such models incorporate self-directed or family-centred planning; portable self-directed funding; and flexible support tailored to individual needs.

The *Active Service Model* promotes early intervention and prevention, helping people to stay involved in everyday activities, maintain or rebuild their confidence, and stay active and healthy.

### Refugees and New Arrivals

The *Victorian Refugee Health and Wellbeing Action Plan 2008-2010* responds to short and long term needs of refugees through access to state funded mainstream and specialist services.

Victoria's whole of government activity to support refugees, aims to support the diverse needs of newly settling refugees through coordinated responses.

### Carers

The *Victoria's Carers Recognition Act 2012* recognises, promotes and values the role of carers. Its principles relate to carers, to people being cared for and to care relationships, and recognise that people's views and cultural identity should be taken into account.

# Key findings

## Factors contributing to under-representation

The consultations confirmed that barriers to accessing disability support services for culturally diverse communities are a complex mix of factors. Broadly, these factors fall into five categories:

### Lack of understanding of a complex service system

For culturally diverse communities the service system is experienced as complex and often inflexible. Disability support in most countries of origin, where families and communities are responsible for providing care, is significantly different to Australian service models. Upon seeking support in Australia it is not uncommon for families to be turned away at initial contact, due to sector compartmentalisation and competition especially where a service provides one type of service but the family needs something different.

Additional deterrents to approaching services for people from CALD communities include waiting lists for packages and DSR (Disability Services Register) registration; constantly retelling their story; and the need to relate to different personnel after personnel. Access barriers such as these set up preconditions for crisis intervention, invariably more expensive and less culturally sensitive, which further reduces confidence in the service system's capacity to respond to the diversity needs of people with a disability.

### Service models that focus on the individual rather than on family and shared care

The majority of Victoria's culturally diverse communities are from collective cultures and express preference for *shared care*. They require approaches which affirm families as principal carers and flexible support as needed by disability services. They need family-centred, rather than individual-centred models of support; and approaches which support people in their familiar, local environments, including extended family, neighbours and communities.

These approaches are congruent with building resilience, as well as strengthening families and communities. For many, handing over day to day responsibility beyond the family of the person with a disability, runs totally counter to cultural values and behaviours.

### Information and outreach not reaching culturally diverse communities

Evidence confirms that information via word of mouth, in audio visual formats, and utilising ethnic media, are the most effective means of reaching culturally diverse communities. Translated materials are expensive, generally have limited reach due to varying levels of literacy in first languages, and favour numerically large language or cultural groups to the detriment of the remainder of Victoria's 230 spoken languages and dialects. Consultations confirmed the importance of outreach and advocacy for CALD communities as well as the need to allocate time to build rapport and trust with families and to explore and trial models of support.

### Shame and stigma as significant disincentives to seeking support beyond the family

Cultural myths and stereotypes, combined with stigma and shame regarding disability, are pervasive amongst people in ethnic communities and inhibit service uptake. Some cultural myths include connecting parents' sins of the past, as well as the 'evil eye' as causal factors for disability, resulting in a fatalistic approach. Culturally responsive community education campaigns incorporating a human rights approach are required to challenge stigma and shame.

### Exclusion due to migration status and/or competing settlement priorities

Certain migration visa categories prohibit eligibility for disability support packages or access to disability pensions

for a period of ten years. This places significant stress on family members both financially and in their caring role. A review of relevant visa categories is recommended, drawing on case studies to illustrate the impact of this policy on people with disabilities and their families. For new arrivals and refugees, settlement priorities generally place other basic needs before disability support, often resulting in protracted delays to accessing disability support and placing increased pressure on new families. Bi-lingual access workers, from new arrival communities, would play a key role in linking new arrivals with appropriate supports.

## **Strategic solutions to under-representation**

The *Talking Disability* consultations identified the following seven strategic responses to improve access, cultural relevance and participation in disability support for culturally diverse communities. For further detail regarding proposals and strategies, supported by relevant research and evidence see Appendix 1.

### Support and advocacy to navigate a complex system

Preventing people from a non-English speaking background with complex needs, from dropping out of the system without receiving the assistance they need, requires a commitment to work collaboratively across departments and service areas. A No Wrong Door initiative is based on the premise that every door in the service system should be the right door to help people find the support they require. A combination of mechanisms is required to assist navigation into and through the complex disability service system for people from culturally diverse backgrounds. These mechanisms include:

- Allocation of advocacy resources within all disability services aimed towards linking CALD communities to culturally sensitive services as needed and thereby minimising the potential for crisis intervention;
- Adoption of no wrong door protocols to access services amongst relevant community agencies in designated geographical areas;
- Provision of bi-lingual Supported Access Workers especially for new arrival communities and;
- Co-location of disability services with ethnic community agencies in places frequented by the general public.

### Partnership development and sector integration

Service system compartmentalisation, combined with competition between funded disability services tends to undermine the potential for networking and collaboration in the best interests of culturally diverse people. Sector partnerships are encouraged between ethnic communities, disability services and local community organisations such as neighbourhood houses, schools and recreation facilities. People from CALD communities would benefit from the placement of disability liaison staff in health services, in particular hospitals, in a model similar to disability liaison staff within the education sector. In response to confusion caused by the separation between mental health and disability services, increased integration between these two sectors would benefit culturally diverse communities and would support service access.

### Priority access for high risk groups

Consultations confirmed that vulnerable groups in relation to service access were new arrivals and refugees, older carers of adults with a disability, and young carers. New arrivals contend with a range of pressing settlement priorities whilst trying to make sense of different systems and a new language. Many older carers from CALD backgrounds have had little or no contact with the service system and they, along with their children with disabilities, become increasingly vulnerable with the ageing process. Young carers have multiple responsibilities and competing needs, particularly around education and employment, and their requirements for support may not fit neatly into existing service models. Priority of access for these three high risk groups is essential to

minimise crisis intervention. Disability service representation on regional and sub-regional settlement planning committees is also recommended to facilitate access to disability services for new arrival groups.

#### Encourage and promote flexible and culturally sensitive models of service support

Lack of flexibility and cultural sensitivity within the service system was a constant theme presented through the consultations. Principles for culturally sensitive models of disability support, outreach and advocacy need to be encouraged and promoted drawing on good practice examples within the sector. Good practice principles include an awareness and respect for collective cultures; shared care approaches; family-centred models of support that keep people in their familiar, local environments and draw on extended family, neighbours and local communities; and flexible services designed around individual and family needs. Acknowledgment for culturally sensitive practice should be encouraged including promotion of good practice via ethnic and mainstream media and public awards.

#### Information provision and outreach in ways that reach communities

Information provision in accessible formats, combined with outreach to CALD communities, would significantly improve service uptake. Communication principles and strategies (developed through the Carer's Recognition Act component of the project) highlight the value of information delivered via word of mouth, ethnic media, using repeated messages and stories, focussing on audio visual rather than written or translated formats, and utilising distribution networks where people live and congregate. See Appendix 2 for further details.

#### Community education campaigns to address stigma and shame

A culturally responsive, human rights approach is encouraged, incorporating people with disabilities from diverse backgrounds who achieved quality of life as role models, and social inclusion policies in range of government departments. Also beneficial would be engaging respected leaders in community education workshops that challenge myths and cultural stereotypes, and explore support options.

#### A culturally diverse and competent workforce

Lack of bi-lingual and bi-cultural staff across the disability service system, including direct care, case management and service management levels, contributes to lower service uptake. A workforce development strategy, aimed towards recruitment, on-the-job training and retention of disability service staff, reflective of our diverse community mix, would contribute towards increased service usage by CALD communities. Disability services are encouraged to build on existing networks of CALD community groups, to support emerging community leaders, and to skill up and provide jobs and career paths, especially in disability advocacy and service delivery.

Training partnerships between disability services, CALD communities and RTO's would facilitate valuable input into training course content. Cultural competency training is recommended for generic disability services to assist them to develop rapport and respond to the needs of people from new and emerging communities, refugees and established migrant communities. Training for doctors and other health professionals on navigating the disability service system would assist CALD communities find pathways into the service system.

### **Disability in rural communities**

Consultations also invited perspectives from rural Victoria. Culturally diverse communities living in rural areas face additional barriers related to isolation and transport. The centralisation of services in larger regional towns impacts adversely on service access for communities scattered across rural regions or located in smaller townships. Rural communities and small ethnic communities share similar concerns about confidentiality, privacy

and the limited choice of interpreters. Flexible options in localities as well as transport support are essential.

## **Community-based pilots to address under-representation**

The *Talking Disability* Project Steering Committee prioritised the following combined proposal to be piloted and evaluated:

- Co-location of disability service and advocacy staff in CALD community organisations;
- Adoption of no wrong door protocols by disability, health, ethnic and community services in specified locations;
- Focus pilot in one rural and one metro local government area or region such as Dandenong or Hume and either Shepparton or La Trobe Valley. These locations include new arrivals, refugees, as well as established migrant communities and;
- Appointment of disability service representatives on Settlement Advisory Councils.

The pilot has the potential to include Australia's First People, in recognition of access and cultural relevance barriers experienced by both indigenous and CALD communities. This would require exploration with First Nation community organisations. Evidence to support this combination of proposals is provided in Appendix 1.

## **Ongoing strategic policy advice**

### **Existing policy advisory mechanisms**

Current policy advisory mechanisms, outlined below, tend to operate predominantly in silos and focus on one particular area, for example disability or cultural diversity.

The *VMC Regional Advisory Councils* provide advice to the Victorian Multicultural Commission (VMC) on settlement, multicultural affairs, service delivery and citizenship issues; advocate on behalf of culturally and linguistically diverse communities; and promote the benefits of cultural and religious diversity at the local level.

The *Victorian Disability Advisory Council* advises the Minister on policies and strategies to increase participation of people with a disability in the Victorian community.

The *Disability Care Australia Advisory (DCA) Group* helps steer the development of DCA by providing advice on foundation reforms required to improve the system of care and support for Australians with disability and their carers. Consultations noted that there appears to be no specific representation from CALD communities nor principles for CALD access to that scheme.

*Disability Advocacy Victoria* is the peak body for independent disability advocacy organisations and groups in Victoria.

The *Refugee Resettlement Advisory Council* provides advice to the government on refugee and humanitarian settlement.

The *Refugee Council of Australia* promotes the adoption of flexible, humane and practical policies towards refugees and asylum seekers both within Australia and internationally through conducting research, advocacy, policy analysis and community education.

The *National Ethnic Disability Alliance* is a community based non-government peak organisation representing the rights and interests of people from non-English speaking background with disability, their families and carers

throughout Australia.

The *National People with Disabilities and Carer Council* provides advice and information to the Minister and Parliamentary Secretary on issues affecting people with disability, their families and carers in Australia.

## **New advisory mechanisms – a three-tiered approach**

Following the project's consultation phase a number of planning processes were undertaken in preparation for a roundtable. These included discussions with Chair of the Victorian Disability Advisory Council, with DHS regional and state-wide representatives and with *Talking Disability* project Steering Committee partners. These planning discussions focussed on formulating a three tiered policy advisory mechanism designed to provide ongoing strategic advice to state government and to the Minister with the clear aim of addressing under-representation in disability support services by people with disabilities and their carers from culturally diverse communities.

The roundtable, held in August 2013, brought together representation and expertise from the following sectors: disability support; multicultural services; statutory bodies, government and non-government bodies, peak organisations, and strategic policy advice. The purpose of the roundtable discussion was to further explore and confirm an effective policy advisory mechanism; one that facilitates increased cultural responsiveness of the service system for people with disabilities and their carers from CALD backgrounds.

The project proposes a three tiered policy advisory mechanism as follows:

### Tier 1 - CALD Disability Network

The first tier involves the establishment of a CALD Disability Network, resourced by ECCV to ensure priority themes and strategic directions are captured and fed back to the Minister, DHS and disability services. It is envisaged that the Network would meet quarterly and provide feedback to policy advisory mechanisms as required, in addition to annual presentations to DHS roundtable discussions and to the Victorian Disability Advisory Council.

### Tier 2 - Annual DHS Roundtable

The second tier involves an annual DHS roundtable bringing together Area, Divisional and Central Office representatives, including CALD sector representation, to influence policy development and practice guidelines in keeping with the needs of Victoria's culturally diverse communities.

### Tier 3 - Annual presentation to VDAC

The third tier involves an annual presentation by ECCV's Disability Network to the Victorian Disability Advisory Council. This provides an opportunity to present a high level message to the Minister around policy and operational issues pertinent to access and cultural relevance of the service system for culturally diverse communities including priority and other proposals emerging from the *Talking Disability* project outlined in Appendix 1.

# Communication of Carers Recognition Act

## Additional Project Offshoot

ECCV's *Talking Disability* project also agreed, at the request of DHS, to support effective implementation of the *Carers Recognition Act 2012* (the Act) amongst culturally and linguistically diverse communities through facilitation of consultations with people in care relationships, carer groups and community service organisations.

Consultations, followed by a Stakeholder Roundtable informed the development of CALD specific materials and resources, identified effective strategies to promote and distribute resources, and articulated communication principles and strategies essential to reaching culturally diverse carers and communities. Stakeholders committed to assist in communication of the Act and ECCV delivered a project report to DHS in March 2013. Communication principles and strategies are detailed in Appendix 2.

## Conclusion

This paper provides detailed insights around the under-representation in disability services and policy related areas of people with disability from culturally diverse and refugee backgrounds and their families. The key findings are based on extensive and broad-based community consultations. They examine the barriers to accessing disability support services for culturally diverse communities that include a complex mix of factors.

The *Talking Disability* consultations identified practical strategic responses to improving access, cultural relevance and participation in disability support for culturally diverse communities. Key recommendations include a three tiered approach to strategic policy advisory mechanisms to improve support systems for culturally diverse people with disabilities and their carers and provide the quality of life they deserve.

# Appendices

## Appendix 1 Proposals and evidence base to improve service uptake

Key Themes arising from consultation	Suggested proposals/strategies to improve service access	Supporting Evidence/Research and policy contexts
<p><b>Client services- access</b></p> <p>1. Assistance with navigating complex service system including referral pathways and advocacy</p>	<p>1.1 Develop '<b>No wrong door</b>' access <b>policy</b> across health, welfare, ethnic community and disability services (medium term)</p> <p>1.2. <b>Advocacy</b> for culturally diverse pwd's and carers as component within all funded disability services (short term)</p> <p>1.3. Expand and evaluate '<b>supported access/advocacy worker</b>' models targeting new arrivals and CALD communities with low service access: 3 different models: a) skilling CALD community leaders/workers re disability and services b) placing CALD access workers in local or regional area, c) placing CALD access workers within disability services. (short term)</p> <p>1.4 <b>Disability liaison staff in health services</b>, in particular hospitals and community health- similar model to education sector (medium term)</p> <p>1.5 <b>Train health professionals</b> to support CALD communities navigate disability service system- via Medicare Locals (medium term)</p> <p>1.6 Develop <b>principles for CALD access to Disability Care Australia</b> via pilots (short term)</p>	<p><i>Paving the way to a 'No Wrong Door' service system- an Integrated protocol</i> (2006, Central Hume Primary Care partnership) - principle that every door in health care system should be the 'right' door. Protocol clarifies roles and responsibilities within referral processes and pathways. Cultural shift embedded through ongoing staff support, interagency forums and professional development (p.7)</p> <p><i>'No Wrong Door' program</i> (Clarity Human Services USA, 2012)- designed to help navigate a complex social services system and prevent dropping out of the system without receiving assistance needed. Evaluation revealed: model successfully lowered rate of homelessness; reduced cost through increased efficiency; increased knowledge and skills of employees in all systems involved; and stabilized homeless individuals.</p> <p><i>Multicultural Equity and Access Program</i> report (Migrant Information Centre Eastern Melbourne, 2004) confirmed that existing information about disability services is not sufficient, difficulty in locating services and insufficient information on available assistance.</p> <p>UK Hackney Council's <i>Equality and Cohesion Policy</i> (2011) includes Equal Outcomes/ Fairness as a value, moving beyond treating 'like for like', acknowledging need to respond differently in order to meet needs or address differing levels of disadvantage and discrimination in an essentially unequal society.</p> <p><i>Ideas for Effective Information Exchange report: A Resource to address barriers experienced by people with a Disability from the Refugee Community</i> (Spectrum MRC and DHS North West metro region, 2011) promoted model of information sharing based on identifying current places where families are already linked and working in partnership with these services, including education, health, settlement support and social, religious and cultural programs. Project used inclusive development and rights based approach, recognising reality of diversity, ensuring society adjusts to accommodate differences, address discrimination experienced by marginalised, promote equality and participation with largest possible section of society. A two pronged approach incorporating direct support for people with disabilities (e.g. supported access, navigation of the system, case work) and community development (e.g. addressing the strong cultural attitudes and ideas about disability)</p> <p><i>Evaluation of HACC Supported Access Pilot Project</i> (Keating and Barrow, 2010): Key findings showed range of benefits for clients, carers and families, in terms of assessment or navigation of service system (reducing stress, engendering confidence, providing knowledge) and outcomes (encouraging acceptance of service uptake, advocating for appropriate services, discouraging inappropriate or unrealistic expectations). A single point of contact for information and support developed knowledge of and trust in the system for clients and service providers. Supported Access enabled clients, who would otherwise have</p>

		<p>fallen through the gaps, to receive support. The significance of bi-cultural advocacy and support was reinforced.</p> <p>Medicare Locals are established to coordinate primary health care delivery, tackle local health care needs and service gaps, drive improvements and ensure services are better tailored to meet needs of local communities. (Department of Health and Ageing website 2013)</p>
2. Sector partnerships	<p>2.1 <b>Structured partnerships:</b> between ethnic community organisations, disability services, neighbourhood houses, settlement support, health services and practitioners, recreation facilities, education sector, case managers, community groups etc. (medium term)</p> <p>2.2 <b>Co-location of disability service staff/advocates</b> in ethnic/community based organisations</p> <p>2.3 CALD representation on <b>Disability Care Australia advisory group</b> and in pilot locations and development of <b>access principles</b> for CALD access (short term)</p>	<p><i>Practicing positive partnerships in the ethnic and multicultural community</i> (ECCV 2010) - the future of community aged care service delivery lies in coexistence of mainstream, multicultural and ethno-specific agencies working together and in partnership. Ethnic and multicultural organisations are either missing out on partnership opportunities, or existing partnerships could be more effective.</p> <p><i>Strengthening Partnerships: Response to Home and Community care Assessment Service and Aged Care Assessment Draft protocol</i> (ECCV, 2010) recommends increased collaboration between Assessment Services staff and ethnic and multicultural agencies to ensure early intervention and culturally responsive referral pathways for CALD clients and encourage follow through with assessments and service provision. <i>Refugee Health and Wellbeing Action Plan</i> promotes partnerships to support culturally appropriate assessment and care, to enhance communication, increase level of shared understanding between refugee services, communities and service providers. Barriers can impact on effectiveness and relevance of commonly used assessment and diagnostic tools. Improved cultural awareness will reduce cultural misunderstandings and stereotyping and improve service access and outcomes.</p> <p>A Federation of Ethnic Communities' Council article (<i>The Australian</i>, February 2013) raised concerns that NDIS (Disability Care Australia) is discriminating against culturally diverse people, with its five launch sites in the nation's most Anglo-Saxon areas.</p>
3. Avoiding crisis intervention	<p>3.1 Targeting high priority <b>vulnerable cohorts</b> (young carers, older carers, new arrivals) thru' DHS Intake and Response/ Disability Support Register priority of access (short term)</p> <p>3.2 <b>Planning for future</b> sessions, information, campaign- see 11.1 (medium term)</p> <p>3.3 <b>Recruit CALD Mentors</b> to facilitate access and encourage support and service trials, speak with ethnic communities and media, draw on positive support examples (short term)</p>	<p><i>Comparison of specialist and mainstream programs for older carers of adults with intellectual disability: Considerations for service development</i> (Bigby and Ozanne, 2004): Older carers of adults with intellectual disabilities experience unique challenges. A high number are unknown to support services and need to be proactively engaged to assist in future planning for their adult children.</p> <p>Disability Support Register to explore relevance of UK Hackney Council's <i>Equality and Cohesion Policy</i> (2011) re addressing differing levels of disadvantage and discrimination</p> <p><i>Who Will Look After Her When I Die? Report on the Ageing Carers of People with a Disability Project</i> (Commonwealth Carer Respite Centre/Carer Links West, 2005): Strategies focussed on information, emotional support and planning for the future.</p>

<p>4. Increasing cultural relevance and accessibility</p>	<p>4.1 Promote <b>best practice models and principles</b> to disability service sector which demonstrate cultural fit including:  *collective cultural/family centred approach and shared care;  * culturally diverse social group programs which include carers as well as pwd's, extended family model;  * allow adequate time to develop trust and relationship with family and explore options in planning process;  * localised/neighbourhood support where people live, drawing in local and ethnic networks;  * flexible creative options in conjunction with family and community networks which encourage service uptake; (medium term)</p> <p>4.2 Increase emphasis on supporting refugee/CALD clients in the <b>Disability Act</b> and in <b>State Disability Plan</b>. (medium term)</p> <p>4.3 Establish <b>Regional Community Advisory mechanisms</b>, partnerships b/w disability services, advocates and ethnic communities (short term)</p> <p>4.4 Encourage <b>Family options program</b> and other alternatives to relinquishment of children in residential services (short term)</p> <p>4.5 Increase <b>inclusion of CALD carers</b> in planning and service delivery, shared care approach (short term)</p>	<p><a href="https://mail.eccv.org.au/owa/redir.aspx?C=57de943e0b074ce38037bb12596627af&amp;URL=http%3a%2f%2feccv.org.au%2flibrary%2ffile%2fpolicy%2fAdditional_ECCV_submission_to_the_Social_Support_and_Respite_Review_Sept_2010.pdf">Additional submission to the Social Support and Respite Review (ECCV 2010) at weblinks:</a>  <a href="https://mail.eccv.org.au/owa/redir.aspx?C=57de943e0b074ce38037bb12596627af&amp;URL=http%3a%2f%2feccv.org.au%2flibrary%2ffile%2fpolicy%2fAdditional_ECCV_submission_to_the_Social_Support_and_Respite_Review_Sept_2010.pdf">"https://mail.eccv.org.au/owa/redir.aspx?C=57de943e0b074ce38037bb12596627af&amp;URL=http%3a%2f%2feccv.org.au%2flibrary%2ffile%2fpolicy%2fAdditional_ECCV_submission_to_the_Social_Support_and_Respite_Review_Sept_2010.pdf"</a> weblink:  <a href="https://mail.eccv.org.au/owa/redir.aspx?C=57de943e0b074ce38037bb12596627af&amp;URL=http%3a%2f%2feccv.org.au%2flibrary%2ffile%2fpolicy%2fAdditional_ECCV_submission_to_the_Social_Support_and_Respite_Review_Sept_2010.pdf">"https://mail.eccv.org.au/owa/redir.aspx?C=57de943e0b074ce38037bb12596627af&amp;URL=http%3a%2f%2feccv.org.au%2flibrary%2ffile%2fpolicy%2fAdditional_ECCV_submission_to_the_Social_Support_and_Respite_Review_Sept_2010.pdf"</a> : Correlation between culturally sensitive model of support in aged care and consequent high uptake. Components of model include bi-lingual staff, cultural activities and food, and social connection with those who speak the same language.</p> <p><i>Refugee Health and Wellbeing Action Plan:</i> Newly arrived refugees often experience difficulties in accessing health and community services in a timely and effective way. Seeking assistance is exacerbated by lack of familiarity with Victoria's service systems. Refugees may find it difficult to prioritise their health against other settlement tasks such as finding housing and employment and schools for their children. Need for culturally appropriate assessment and service provision in particular family centred flexible service approaches and assessment and care and in more familiar community-based settings such as homes, schools and community centres.</p> <p>DHS/local government partnership: <i>Metro Access workers and Rural Access workers</i> – existing model designed to progress access and inclusion for people with a disability in the vast majority of councils and particularly in smaller rural councils; LGA disability planners and diversity managers have similar roles.</p> <p><i>Multi-layered social resilience: a new approach in mitigation research-</i> (Article, Obrist, Pfeiffer and Henley 2010): proposes shift the emphasis from vulnerability to resilience; a multi-layered social resilience framework emphasizing interactions between enabling factors and capacities operating at different levels of society. Approach redirects attention from managing risk to building resilience.</p>
<p><b>Language, information and cultural responsiveness</b></p> <p>5. Accessible and culturally sensitive information and communication</p>	<p>5.1 Trial and evaluate <b>ethnic media</b> stories, interviews with mentors, and promote service options via word of mouth (Short term)</p> <p>5.2 Develop plain English, <b>audio-visual material</b></p> <p>5.3 Distribute service/support information in <b>local community settings</b> where people gather (Short term)</p>	<p><i>The Carers Recognition Act 2012 Informing Diverse Communities Report</i> (ECCV 2013): Word of mouth is most effective means of information distribution to CALD communities. Information is best delivered in audio visual formats, using plain English and eliminating jargon, through ethnic media. Many CALD carers listen to ethnic radio or read ethnic newspapers so this is an excellent way to reach people. Effective strategies include: interviews with carers and families to complement information, stories and examples; talk back questions and comments; repeat key messages and bombard of all media at once. Information is best distributed where people live and congregate e.g. religious and spiritual gathering places, ethnic doctors, shops, festivals, libraries, groups, community language schools, ethnic community associations and neighbourhood houses.</p>
<p>6. Language service budgets</p>	<p>6.1 Increase <b>interpreter budgets</b> within disability services for information provision, service planning and review. Determine budget allocations via</p>	<p>Note: this is critical as DCA trials are implemented and program is rolled out</p>

	reference to census and interpreter usage data (short term)	
7. Addressing shame, stigma and cultural beliefs	<p><b>7.1 Community education campaign:</b></p> <ul style="list-style-type: none"> <li>* Focus on disability and mental health;</li> <li>* Promote quality of life and inclusion;</li> <li>* target vulnerable cohorts (new arrivals, older carers, young carers, rural communities, mental health);</li> <li>* human rights approach;</li> <li>* incorporate people with the disabilities/living w mental illness from diverse backgrounds who achieved quality of life as role models;</li> <li>* engage respected ethnic leaders;</li> <li>* challenge myths and cultural stereotypes;</li> <li>* provide positive support examples (medium term)</li> </ul>	<p><i>Elder abuse in culturally and linguistically diverse communities: Developing best practice report</i> (Blundell and Clare 2012)- promotes education strategies in a variety of media that target general population; specific in-depth information as part of mandatory education program linked to the age pension, seniors card or migration education for new arrivals; ensure CALD specific services raise awareness; facilitating information via key individuals in CALD communities (i.e. health workers, GPs, religious leaders) within CALD communities to get message out.</p> <p><i>Vic Health website</i>-offers variety of health promotion campaigns, strategies and partnership approaches</p>
<b>Workforce:</b> 8. Increase bilingual/multicultural workforce	<p><b>8.1 Workforce development strategy:</b></p> <p>Recruitment, training and retention of bilingual and bi-cultural staff</p> <ul style="list-style-type: none"> <li>*Promote recruitment, on job training and career paths for CALD workforce;</li> <li>* Draw on CALD community networks, groups and leaders to assist recruitment;</li> <li>* develop training partnerships between Disability services, CALD communities and RTO's;</li> <li>* Promote continuity of support worker (medium term)</li> </ul>	<p>Hackney Council's (UK) <i>Equality and Cohesion policy</i>: promotes a workforce reflective of diverse community mix as a key contributor towards increased service usage by CALD communities. Employing diverse and representative workforce allows for better engagement and understanding of local community needs; is one of best means of ensuring justice and universal non-discrimination in delivery of services, carrying out statutory functions, ensuring consistently high levels of customer care and mutually beneficial community partnerships. Employment Practices recognise diverse potential and recruitment processes actively encourage applications from all groups in the community, particularly those underrepresented.</p> <p><i>DHS Cultural diversity guide 2004</i> promotes a culturally diverse workforce as good practice.</p> <p>Training partnerships: From 2004 to 2009 Spectrum Migrant Resource Centre and NMIT worked in partnership to deliver industry standard Certificate courses to more than 200 culturally diverse direct care staff, representing 45 languages.</p>
9. Culturally competent workforce	<p><b>9.1 Implement strategies for cultural competency:</b></p> <ul style="list-style-type: none"> <li>* develop training partnerships towards cultural competence targeting mainstream disability services;</li> <li>* develop capability frameworks and identify core capabilities, attitudes, competencies, and values for working with culturally diverse communities;</li> <li>* Access and Inclusion- develop service principles for pwd's and carers from CALD communities- (medium term)</li> <li>* include information about barriers to service access for CALD communities</li> </ul>	<p><i>The National Centre for Cultural Competence (2006)</i> identified the following five key components of cultural competence:</p> <ol style="list-style-type: none"> <li>1. Valuing of cultural diversity- integrating respect for diversity into programs, policies and services; recognising that members of certain cultural groups may have cultural as well as individual needs.</li> <li>2. Conducting a cultural self-assessment- Organisations develop an awareness of their own cultures and communities, assumptions, and biases and identify actions to reduce such barriers.</li> <li>3. Managing dynamics of difference- to improve interactions between different cultures.</li> <li>4. Acquiring and institutionalising cultural knowledge- integrate an understanding of different cultures into service delivery and practices.</li> <li>5. Adapting to diversity and cultural contexts-cultural knowledge is embedded throughout organisational hierarchy and policy, practices, service delivery and behaviours are adapted to fit cultural diversity of the community engaged.</li> </ol> <p><i>The Community Sector Workforce Capability Framework</i> (Victorian Department of Planning and Community Development) assists</p>

		community organisations with recruitment and retention of staff, performance management and career planning by listing the skills, knowledge and attributes needed in a wide range of emerging and current job roles in the sector.
<p><b>Targeting special needs groups</b></p> <p>10. New arrivals and refugees: Integration of disability service system with settlement support and information</p>	<p>10.1 Representation of disability services on <b>regional settlement planning</b> committees (short term)</p> <p>10.2 <b>Train settlement support/refugee health workers</b> regarding disability services (short term)</p> <p>10.3 Increase awareness amongst disability services of <b>settlement priorities</b>, the timing of information provision and outreach to new arrivals. (medium term)</p> <p>10.4 Develop and expand <b>supported access/information exchange</b> models with variety of refugee and new communities, develop systemic knowledge amongst communities and build partnerships between communities and disability services- see 1.3 above (medium term)</p> <p>10.5 DHS to make the following <b>report public</b> to affirm and expand effective practice: <i>Ideas for Effective Information Exchange- A Resource to address barriers experienced by people with a Disability from the Refugee Community</i> (Spectrum MRC 2011) – (short term)</p> <p>10.6 Strengthen focus on disability service access in <b>Refugee Health Nurse Program</b> (short term)</p>	<p><i>Refugee Health and Wellbeing Action Plan</i>: Responding to disability in refugee communities is an action area and includes the following strategies: understanding different cultural beliefs about and responses to disability; creating disability refugee forums and knowledge sharing; supporting and strengthening ability of refugee communities to access disability support; and promoting disability employment and training initiatives. The Plan acknowledges that settlement priorities generally place other basic needs before disability support and this coupled with a variety of factors such as cultural differences in disability support provided in Australia compared to countries of origin, lack of knowledge, limited 6 month window of support (only for selected eligible new arrivals, leaving many others to fend for themselves), results in minimal uptake of disability services in the early settlement period. Humanitarian entrants often have complex and ongoing needs on entry to Victoria and require specific and well-designed services to allow settlement in the new country. Facilitating access to appropriate services contributes to successful settlement, mitigates initial vulnerability and fosters longer-term social cohesion.</p> <p><i>Victorian Settlement Planning Committees</i> (partnership of federal, state and local government agencies and community organisations) plan for effective delivery of settlement services including exploring issues affecting new arrivals and service. The focus is on initial settlement needs with recognition that settlement is ongoing process and certain groups may have additional needs in years to come.</p> <p><i>Ideas for Effective Information Exchange- A Resource to address barriers experienced by people with a Disability from the Refugee Community</i> (Spectrum MRC 2011) recommends a combination of supported access/direct case work and community development activities via a key contact person located in specific local government area. This refugee liaison worker/mentor supports people with disabilities, forming part client case management and part community development role. This role is most suitably located to ensure community access.</p> <p><i>Promoting Refugee Health- A guide for doctors and other health care providers caring for people from refugee backgrounds</i> (Victorian Foundation for Survivors of Torture, 2007): health and wellbeing of refugees is related to their experiences prior to arrival in Australia, and the early settlement period. Upon arrival, refugees face challenges of adapting to a new culture and language, having little or no family support and few financial resources and perhaps debt. They are also negotiating new and complex education, income support and health systems. Women are often the most isolated, and have most difficulty in accessing English language support. Lower literacy levels can create a significant impediment for women in particular to attaining an optimal level of health and community integration.</p>
<p>11. Older Carers of adults with disability</p>	<p>11.1 Undertake series of <b>planning for the future workshops</b> targeting CALD communities (see 3.2)</p>	<p><i>Spectrum MRC Disability Services</i> worked in partnership with Office of the Public Advocate, Disability Housing Services and Commonwealth Care Links Centres to implement a series of <i>Planning for the future workshops</i> in 2010 targeting older carers of adults with disabilities from diverse cultural backgrounds. Bilingual support workers trusted by families and skilled facilitators provided support to families in dealing with emotional responses to future planning.</p>

<p>12. CALD communities in rural areas</p>	<p>12.1 <b>Decentralisation</b> in large metro and rural regions</p> <p>12.2 Improved <b>transport and flexible options</b> for CALD communities scattered across large regions</p> <p>12.3 Flexible <b>language support options</b> in to meet requests for confidentiality and choice in small rural communities</p>	<p>Rural practice/evidence not available</p>
<p><b>Mental health: increase integration with disability services</b></p> <p>13. Service partnerships and Integration</p>	<p>13.1 '<b>No wrong door</b>' protocols (see 1.1)</p> <p>13.2 <b>Flexibility</b> to respond to episodic nature of mental health</p> <p>13.3 <b>Address stigma</b> and lack of knowledge re mental health in CALD communities, witch craft, curse, the devil</p>	<p><i>A Better Way- Mental health and aged care -a multicultural perspective discussion paper (ECCV 2011)</i> recommends: improving alliances and resourcing of partnerships with ethnic and multicultural organisations to ensure more effective pathways to mental health care; a community education campaign against stigma drawing on trusted networks in ethnic organisations; the effective implementation of a national cultural competency tool for mental health services.</p>
<p><b>Carers of people with disabilities</b></p> <p>14. Support for carers of people with disabilities</p>	<p>14.1 Adopt variety of strategies to support culturally diverse carers outlined in <i>The Carers Recognition Act 2012: Informing Diverse Communities</i> report (ECCV 2013)</p>	<p><i>Carers Recognition Act 2012- Informing Diverse Communities Report (ECCV 2013)</i> recommended the following strategies for supporting culturally diverse carers: develop service models that meet cultural expectations; make respite relevant and understandable; ensure flexibility in service provision; employ bi-lingual and multi-cultural workforce; establish partnerships and access workers; address fears of CALD carers; ensure adequate time to develop rapport and explore service options; support people in their natural environments.</p>

## Appendix 2 Communication principles for CALD communities

### Principles

#### Simple messages and stories

- Use plain English without jargon and provide simple clear messages. Note the difference between *plain English* and *easy English*, the latter used especially for people with intellectual disabilities. Tell stories that CALD communities can relate to and which illustrate key points.

#### Audio visual material

- Maximise audio and visual material including cartoons, pictures and symbols. Minimise written or translated material. In the context of 230 languages and dialects spoken in Victoria (VMC 2012) the common modus operandi of translating into the top 10 to 12 language groups has limited reach.
- Fliers and leaflets should be kept as simple and as visual as possible.

#### Culturally diverse mentors

- Identify service users currently accessing services, who are willing to share their stories and encourage access to support.

#### Borrow from effective communication examples to CALD communities

- Moreland City Council's *CALDCOM story boards* are a creative example of information provision combining visual images and plain English on a variety of topics such as aged care, settling in Australia, learning and recreation.
- *Commonwealth's Community Partners Program* focussed on information for ethnic communities about aged care including *Carers Victoria's* DVD in 14 languages, available online as an eLearning tool.

#### Information in local and regional settings

- Promote information where communities live using regional, local and community radio, for example regional ABC and Channel 31 locally produced content. Encourage guests from different cultural and language backgrounds to tell their stories on local radio and in regional newspapers.

#### Reflect diversity amongst communities

- Acknowledge diversity amongst communities and people with disabilities in material produced and use various case studies to reflect diversity.

#### Access to further information

- Include further information contact details.

#### Evaluate

- Assess effectiveness of information campaign via focus groups with CALD communities.

### Communication Strategies for CALD communities

#### Word of mouth

- Word of mouth is the most effective tool for informing CALD communities. Undertake a 'word of mouth road show' with ethnic media, sharing stories combined with information in a similar vein to the positive impact 'Carer Card' campaign (which increased requests from 30 to 800 per day).

#### Ethnic media, mainstream media, social media and repetition

- Many CALD carers listen to ethnic radio or read ethnic newspapers so this is an excellent way to reach people. Include interviews with carers and families to complement information, stories and examples. Be available to respond to talk back questions and comments.

- Repeat the message several times via all communication and media strategies and bombard all media at once.
- Use social media and internet for young carers.
- Liaise with ABC's *Australian Story* program and identify one or several stories for broadcast which encourage service access
- Use community announcement segments of 60, 45 and 30 second duration, available through SBS and Channel 31.

#### Where people live and congregate

- Provide and distribute information in places where people live and congregate for example religious and spiritual gathering places, ethnic doctors, shops, festivals, libraries, groups, community language schools, ethnic community associations, neighbourhood houses.
- Present information to ethnic community groups using interpreters, stories and audio-visual material.
- Inform doctors, health clinics, Medicare Locals, nurse practitioners, religious, spiritual and community leaders about services available and ways to access. Many carers have regular contact with, and afford considerable respect to, spiritual and religious leaders and doctors. Undertake focus groups at places of worship.
- Respect hospitality ethics and provide food and refreshments when gathering together culturally diverse communities and carers.

#### Draw on Centrelink's network

- For culturally diverse carers their contact with Centrelink is often the first time they are identified as carers. As a national agency Centrelink, and their Multicultural Service Officer Network, has broad reach.

#### Embrace changing technologies

- Utilise digital radio on TV, self-help transmitters, smart phones, internet, websites etc.
- Explore possible avenues with Foxtel for information distribution amongst CALD communities.



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