

# The Auckland Regional Settlement Strategy (ARSS) Health Action Plan Culturally and Linguistically Diverse (CALD) Child Disability Services

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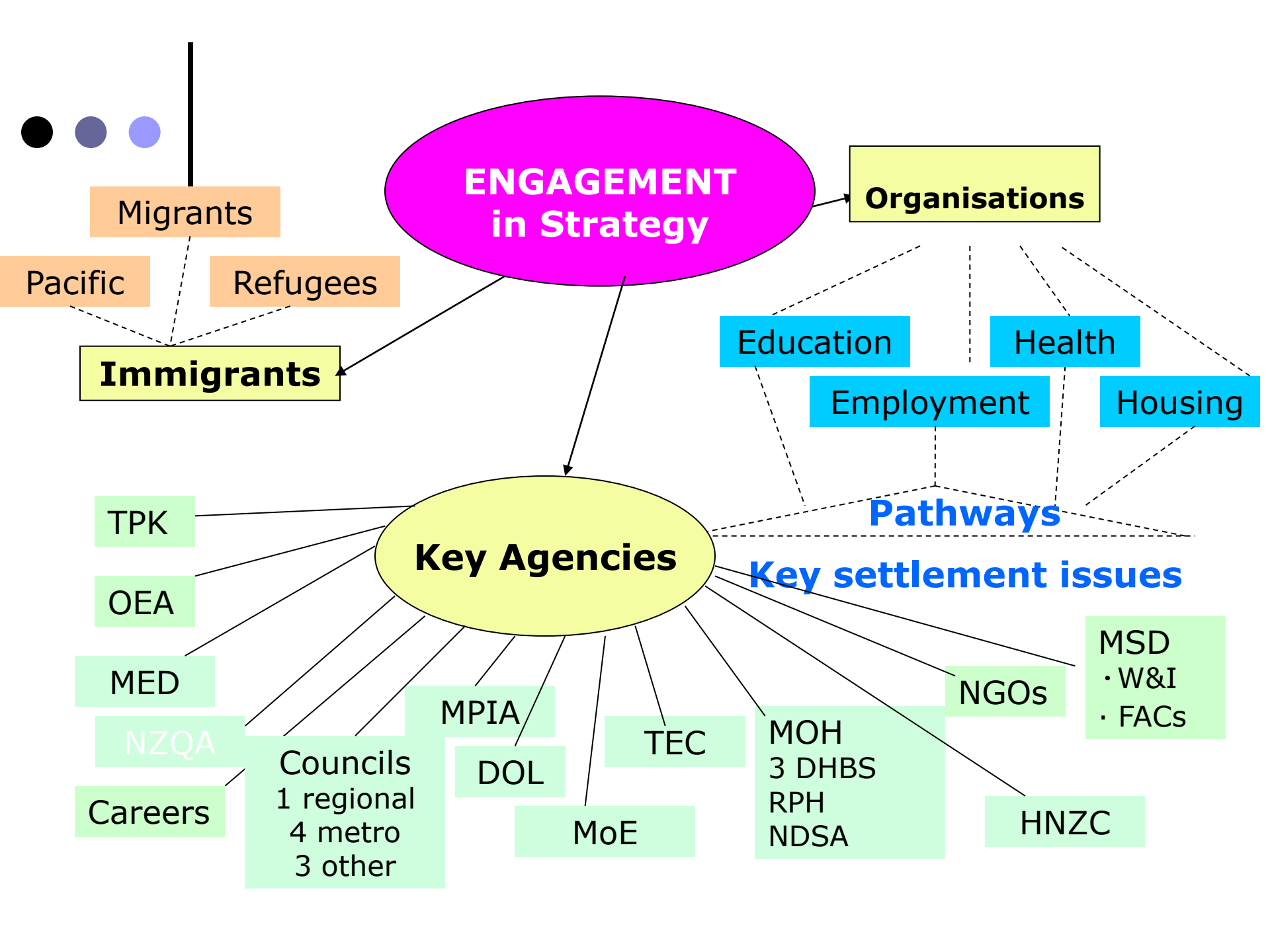
(24<sup>th</sup> August 2011)

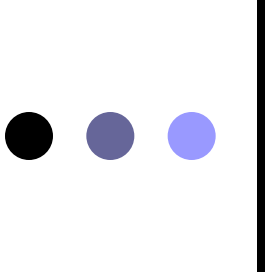
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## CABINET DIRECTED WORK

- November 2003 Cabinet agreed to the New Zealand Settlement Strategy, establishing a whole-of government framework to achieve agreed settlement outcomes for migrants, refugees and their families
- November 2006 Cabinet agreed to the Auckland Regional Settlement Strategy as a national pilot
- Overall Goal: Improve Settlement Outcomes
- Health Goal: Enhance health outcomes





# DHB Child Disability Services for Refugees and Migrants

- Sustainable funding allocated to the Auckland region for disability services from August 1st 2008
- Additional staffing for the 4 CDS in the Auckland region.
- This is a regional project that builds cultural capacity and capability in existing DHB CDS
- Refugee Quota: Continuity of care from MRRC into the community (multi-agency centre coordination)



# Auckland Region CDS teams: % of caseload from refugee and migrant backgrounds

<b>DHB CDS</b>	<b>Total active caseload (as at July 1<sup>st</sup> 08)</b>	<b>% of caseload from refugee and migrant backgrounds</b>
<b>WDHB North CDS team</b>	<b>366</b>	<b>21 %</b>
<b>WDHB West CDS team</b>	<b>352*</b>	<b>19 %</b>
<b>ADHB CDS team</b>	<b>394</b>	<b>25 %</b>
<b>CMDHB CDS team</b>	<b>597</b>	<b>17 %</b>
<b>Total caseload</b>	<b>1,709</b>	



# Triple Discrimination

- CALD groups may face discrimination and a lack of acceptance in host societies
- CALD people with disabilities face *double* discrimination and barriers to accessing equal resources, and to participating in society because of their impairment. The challenges may be exacerbated in an unfamiliar system, with different values and traditions and often without community support, and in a new language.
- These disadvantages are *tripled* for refugees, and possibly *quadrupled* when the person is a single refugee mother who is either disabled, or has disabled children.
- CALD people with disability and their families may also face stigma and discrimination in their ethnic and religious communities



# Purpose of the CALD CDS Project

- Improve access to, and the responsiveness of CDS for children from CALD backgrounds with disabilities and their families.
- Recognise that migrant and refugee families have particular needs and circumstances that means that they require additional support to access services equitably
- Improve the appropriateness of CDS to serving the needs of people from CALD backgrounds
  - CCW reflect the cultural and linguistic populations that they serve
  - CDS staff have increased knowledge and skills to meet the needs of people from CALD backgrounds.
- Families from CALD backgrounds are informed about the range of services and supports available to their children and young people with a disability and know how to access them



# The role of the cultural broker/case worker

**The aim of the cultural broker is to build awareness and understanding of the cultural factors of the diverse communities served and of the influence of such factors**

- Cultural brokers may not necessarily be members of a particular cultural group or community. However, they must have a history and experience with cultural groups for which they serve as broker including:
  - The trust and respect of the community;
  - Knowledge of values, beliefs and health practices of cultural groups;
  - An understanding of traditional wellness and healing networks within diverse communities

- experience navigating health and disability services

## **Particular tasks of the cultural broker**

- To assess the values, beliefs and practices related to health and disability in communities served;
- To enhance communication between patients/ consumers and other providers;
- To advocate for the use of culturally and linguistically competent practices in the delivery of services;
- To assist with efforts to increase access to care and responsiveness from disability services.



# **Developing a Social/Rights based Model of Child Disability Services for CALD Families**

- Improve participation by representatives from CALD communities in disability service planning and decision-making;
- Promote opportunities for children with disabilities and their families from CALD backgrounds to participate equally in the support services available;
- Promote opportunities for children with disabilities and their families from CALD backgrounds to participate equally in their communities;
- NASC, DIAS and HBSS are responsive to the culturally-specific needs of CALD clients (interpreting services and CALD Cultural competency training provided);
- Promote the destigmatisation of disability in the ethnic and religious communities of CALD groups



# Evaluation of the Waitemata DHB Child Disability CALD Project: Service perspectives

- Greater complexity in the needs of clients' and families from CALD background to be recognised in CDS.
- Services must adjust service delivery and resources to meet these needs.
- Understanding the cultural context within which the family operates is the key to recognising how the family will make decisions, respond to interventions and provide care for their family member.
- Building a relationship and establishing trust is the cornerstone of all work with CALD families.



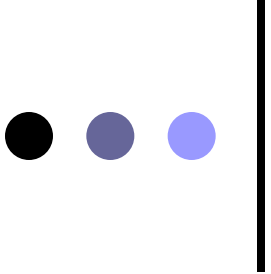
# Evaluation of the Waitemata DHB Child Disability CALD Project Families Perspective

## **Families often confused and overwhelmed**

- lack of knowledge about what was available,
- lack of understanding of how to access services,
- health services being provided in an ad hoc fashion
- poor communication with families.

## **Benefits to families included:**

- improved access to health and other services
- reduced isolation
- increased knowledge about a range of issues and topics
- and an improved living situation



# Evaluation of the Waitemata DHB Child Disability CALD Project: CCW Role

- **CALD CCW supported families by:**
  - building relationships and establishing trust,
  - providing education and information sharing,
  - advocating for the families,
  - linking families to other services, and
  - providing practical support such as assistance with accommodation.
  - providing language and cultural support,
  - **liaison between services and families**
  - cultural education for child health services
  - Coordination at times, particularly where there was a breakdown in relations between families and services.
- **Benefits to services included an improved understanding of families and their backgrounds, and improved relationship with families leading to better engagement and outcomes, and a streamlining of processes for everyone involved.**



# Website for the Evaluation of Waitemata DHB CDS Project for CALD Families

- <http://www.waitematadhb.govt.nz/LinkClick.aspx?fileticket=-BL7fTC5Pic%3d&tabid=205>



# Organisational Cultural Competence

## Child Disability Services

- **Cultural competence must be embedded at the organisational level, including attention to organisational values, training and communication. (Bhui et al., 2007; Bronheim et al., 2006)**
  - Professional development and in-service training enhances the cultural competence of practitioners/clinicians .
  - Information in the languages spoken by the families served improves access
  - Periodic review of service utilisation by ethnicity indicates current and emergent trends
  - Include ethnic consumer participation in planning, implementing, and evaluating the delivery of services and supports
- Processes for cultural supervision, cultural information sharing, peer supervision and mentoring can be used to inform practice
- Utilise the skills and knowledge of workers from CALD backgrounds
- Engage cultural brokers/case managers
- Link Cultural Competency training and learning objectives to MECA (Career and Salary Progression (CASP)/HPCAA cultural competency and performance appraisal requirements as identified by professional group and service

# Introducing Cultural and Linguistic Diversity (CALD) Resources

Supporting our workforce in responding to cultural diversity

for primary and secondary care health practitioners

[www.caldresources.org.nz](http://www.caldresources.org.nz)



CALD courses and resources produced and managed by Waiatamata DHB Asian Health Support Services



## Tailoring interventions to client and family needs

- In Garwick et al's (1998) research participants from ethnic minority backgrounds stressed the importance of individualising care
- The demands of the child's disability overwhelmed issues of culture in families stories
- Based on families recommendations Garwick et al. (1998) developed an acronym **TAILOR** that summarises strategies for providing family-centred care that is culturally sensitive

**T**arget services to individual family needs

**A**ssess the needs and preferences of the child and his/her family

**I**nform families and providers

**L**isten to families

**O**rganize and coordinate services

**R**espect the family's cultural background