Multicultural Women's Advocacy, Inc.

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Submission letter to the ACT Legislative Assembly Standing Committee on Health, Community and Social Services

Inquiry into Respite Care Services in the ACT
In Terms of Reference

THE NEEDS OF CARE RECIPIENTS AND THEIR CARERS FROM CULTURALLY AND LINGUISTICAL DIVERSE BACKGROUNDS

INTRODUCTION

The Multicultural Women's Advocacy (MWA) Inc is the ACT peak advocacy, advisory, and lobby group responsible for representing the interests and addressing the needs of women from culturally and linguistic diverse backgrounds. Therefore, we welcome the ACT legislative Assembly government's continuous commitments to redressing issues and matters in improving service deliveries to the target groups and engaging the stakeholders in their inquiries and in this care the inquiry into the Respite Care Services in the ACT. In meeting MWA Inc delegated responsibility we are submitting this letter to the inquiry in ensuring that the interests and needs of women from CALD backgrounds in the ACT are considered in planning matters and development of government policy frameworks for the respect care services in the ACT.

We have identified through our services and through research studies on women from CALD backgrounds that they are one of the disadvantaged and vulnerable group who consistently experiences isolation and marginalization in the ACT (Maslen, 2008, and Warren, 2000)[1]. At

[1] Sarah Maslen, ***Marginalised and Isolated Women in the ACT: Risk, Prevalence, and Service Provision***, ACT Health WCHM, 2008.

the 2006 Census, the percentage of women in the ACT who did not speak English was at 7.6%. However, due to lack of data on culturally and linguistically diverse women comparable figures for this group are not available across states/territories (Maslan, 2008; 2006 Census[2]) The issues are often complex, however acknowledging that there are culturally and linguistic barriers underpinned by the lack of access to economic, financial and social networking resources is a good starting point to discuss how to improve access to respite care services and reduce their isolation and marginalization in the ACT. The diversity in the women's cultural and linguistic backgrounds and the different stages in articulating and contextualising their migration experiences make it more of a challenge to develop models and advocates for a framework that delivers them appropriate respite care service in the ACT. In this letter we will only be highlighting some of common issues for care recipients and carers from CALD backgrounds.

ISSUES ARISING FROM CONSULTATIONS WITH CARE RECIPIENTS AND CARERS:

1. Lack of awareness and knowledge of respite care services and the type of services they deliver.
2. The stigma within their own communities when they seek assistance outside the kinship networks.
3. Kinship networks are responsible for the primary care of their aged members and their children with disabilities and not mainstream services.
4. When both parents are working, often the case the older female children are expected to shoulder the responsibilities of caring for their younger siblings, their aged grandparents and their siblings with disabilities, which offset confusion of family roles, resentments amongst young caregivers and perpetuate problems such as truancy, teenage pregnancy and/or alcohol and drug abuse etc.
5. Lack of support groups for care recipients and caregivers from CALD backgrounds.
6. More established migrant and refugee communities have different issues from newly emerging migrant and refugee communities. Information sessions, consultation forums and support groups may seem irrelevant because of the complexity of the issues and trying to consult the diverse migrant and refugee communities.

[2] Australian Bureau of Statistics, 2006 Census Community Profile Series.

RECOMMENDATIONS:

1. Running training and workshops to create awareness and better knowledge of respite care services among CALD communities.
2. Recognizing particular kinship and community networks and adopt appropriate models that are underpinned by the specific community's value system.
3. More collaboration between appropriate services, family GPS and respite care services in putting together a plan of action for care recipients and their carers.
4. Establish support networks for young care recipients and carers from CALD backgrounds.
5. Establish support networks across mainstream and organization servicing CALD care recipients and carers in sharing their expertise and resources.
6. Developing appropriate models of consultation for newly migrant and refugee communities as well as for more established CALD communities.

Sela Taufa
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Multicultural Women's Advocacy Inc
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