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ENGAGING WITH CULTURALLY AND LINGUISTICALLY DIVERSE CARERS

A GUIDE

ABOUT CARERS NSW

Carers NSW is the peak non-government organisation for carers in New South Wales (NSW). A carer is any individual who provides care and support to a family member or friend who has a disability, mental illness, drug and/or alcohol dependency, chronic condition, terminal illness or who is frail. Carers NSW is part of the National Carer Network and a member of Carers Australia. Our vision is an Australia that values and supports all carers, and our goals are to:

- Be a leading carer organisation in which carers have confidence
- Actively promote carer recognition and support
- Actively support carers to navigate a changing service landscape that will be characterised by ongoing policy reform
- Promote connected community experiences and opportunities for carers that are inclusive of diverse carer groups
- Lead and advocate for carer-specific and carer-inclusive policy making, research and service delivery
- Continue to be a quality-driven, responsive and carer-focused organisation.

www.carersnsw.org.au
https://twitter.com/CarersNSW
https://www.facebook.com/carersnewsouthwales/

ABOUT CARERS

A carer is any individual who provides unpaid care and support to a family member or friend who has a disability, mental illness, drug and/or alcohol dependency, chronic condition, terminal illness or who is frail.

Across NSW, there are approximately 854,300 carers,[1] and to replace the care they provide the NSW Government would have to spend more than $25 billion each year.[2] Carers come from all walks of life, cultural backgrounds and age groups. For many, caring is a 24 hour-a-day job with emotional, physical and financial impacts that can also affect their participation in employment, education and community activities.

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[1] Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of findings, 2018,* New South Wales Tables, Canberra.
[2] Carers NSW estimate based on Deloitte Access Economics (2020) *The economic value of informal care in Australia in 2020*, Carers Australia.

Contents

Introducing this guide

Engaging with culturally and linguistically diverse (CALD) carers: A guide **is part of a toolkit designed to help Carers NSW staff, stakeholders and partner organisations to increase the participation of CALD carers in their research, consultation and capacity building activities.**

The Carers NSW Policy and Research team developed the CALD carer engagement toolkit between 2018 and 2020 in consultation with the Carers NSW Diversity Group, a network of CALD sector experts and CALD Carer Representatives. The toolkit draws on the successful delivery of a series of research focus groups with CALD carers to accompany the rollout of the Carers NSW 2018 Carer Survey.[1]

Carers NSW developed this toolkit to ensure that the valuable knowledge, experience and connections gained during the focus group project were maintained within our organisation and networks in order to inform future projects.

The focus of the toolkit is on increasing the involvement of CALD carers in research, consultation and capacity building activities conducted by carer-focused, or CALD-focused, organisations. However, some principles may also apply to the provision of direct services to CALD communities.

In addition to *Engaging with culturally and linguistically diverse (CALD) carers: A guide*, the toolkit includes the following resources:

- *Engaging with culturally and linguistically diverse (CALD) carers: An overview*, a shorter outline of the key principles embedded in the guide intended to be a quick desktop reference or refresher for key staff

- *Engaging with culturally and linguistically diverse (CALD) carers: A checklist*, a practical tool intended to help staff plan for CALD engagement step-by-step, based on the principles in the guide

Consultant Ingrid Boland of Integrity Social Work, a consultant with extensive experience in CALD engagement in the community sector, was engaged to help finalise the project materials, and the expert stakeholder group consulted throughout the development of the toolkit included:

- Cecilia Milani – Multicultural Communities Council of Illawarra
- Terrie Leoleos – Ethnic Communities Council
- Bharat Rai – Ethnic Community Services Cooperative Ltd.
- Dr Abner Poon – University of New South Wales
- Tammy Wang – Carers NSW Carer Representative
- Catalina De Cortes – Carers NSW Carer Representative
- Mary Ciantar – Inner West Council
- Joanne Corcoran – Coordinator for SESLHD Multicultural Health Service, SESLHD

Engaging with culturally and linguistically diverse (CALD) carers: A guide provides useful information and resources to inform CALD-inclusive carer engagement. Recognising and including CALD carers is central to the NSW Carers Charter[2] and *NSW Carers Strategy: Caring in NSW 2020 – 2030.*[3] Supporting diverse carers, including those from CALD backgrounds, is also a key focus of Carers NSW Strategic Plan 2018-21.

Glossary of terms

ABS: The [Australian Bureau of Statistics](#) (ABS) is Australia's national statistical agency, providing trusted official statistics on a wide range of economic, social, population and environmental matters of importance to Australia

CALD: The Australian Bureau of Statistics (ABS) defines the CALD population primarily by country of birth of a person, main language other than English spoken at home, proficiency in spoken English, and Indigenous status (for those instances where the focus is not specifically on migrants to Australia).[4] The ABS also recognises secondary variables in their definition of CALD, including ancestry, country of birth of parents, first language spoken, religious affiliation and year of arrival in Australia.

Carer: Carers NSW defines a carer as any individual who provides ongoing personal care, support and assistance to a family member or friend who has a disability, mental illness, drug and/or alcohol dependency, chronic condition, terminal illness or who is frail.

Disability: The *NSW Disability Inclusion Act 2014* defines disability as "a long-term physical, psychiatric, intellectual or sensory impairment that, in interaction with various barriers, may hinder the person's full and effective participation in the community on an equal basis with others."[5]

Dementia: Dementia is not a specific, single illness, but rather describes a collection of symptoms that are caused by disorders affecting the brain. Dementia affects thinking, behaviour and the ability to perform everyday tasks.[6]

SDAC: The Survey of Disability, Ageing and Carers (SDAC) is the most comprehensive national survey on carers conducted by the ABS. The survey estimates the number of and provides information about people who provide care to people with disability, long-term health conditions and older people.

Stigma: The World Health Organisation defines stigma as "a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society."[7] A variety of personal or group attributes, notably cultural background or certain health conditions, can be, and historically have been, subject to stigmatisation by society.

Trauma Informed Approach: Such an approach to service delivery, social engagement, or policy development is influenced by an understanding of the impact of trauma on an individual's life and development. A trauma informed approach acknowledges the prevalence of trauma in society and tries to establish safeguards against re-traumatisation at all levels and in all interactions, aiming at enabling healing processes through engaging and empowering traumatised individuals.[8]

Community representatives: Community representatives (in the research literature often referred to as "gatekeepers") are people and organisations who have established rapport with community members and therefore can help provide access to the community and facilitate communication.

New or emerging community: The Federation of Ethnic Communities Councils of Australia (FECCA) defines a 'new or emerging community' as one that is small in number, newly arrived and has experienced a significant increase in numbers in the last five years.[9]

Key principles underpinning CALD community engagement

The strategies and techniques outlined in this guide for engaging with CALD communities are underpinned by the following principles:

- ***Relationships based on trust and rapport:*** Engaging with CALD communities effectively requires investing time in building relationships based on trust. This includes identifying and engaging community representatives, arranging face-to-face meetings, demonstrating respect, and ensuring the relationship is mutually beneficial.

- ***Understanding the community***: This includes desktop research and consultation with community representatives to enhance understanding of community demographics, migration experiences, cultural norms and expectations and cultural influences on caring roles, as well as an appreciation of the 'diversity within diversity' of each CALD community.

- ***Continual learning and self-awareness:*** Professional engagement with any vulnerable group requires an attitude of continual learning and growth, self-reflection and a willingness to have our assumptions challenged. This includes an appreciation that each of us comes with our own cultural values, norms and expectations.

- ***Ethical commitment***: We have a fundamental commitment to respecting others, promoting human rights and pursuing fairness.

Understanding culture and caring

CALD carers in NSW and Australia
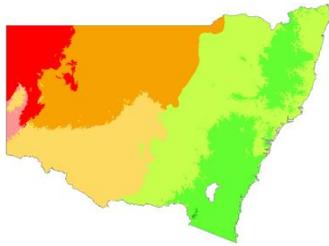
In NSW there are more than 850,000 carers. Approximately one in five were born in a country where English is not the main language. More than one in ten carers in NSW mainly speak a language other than English at home.[10]

Across Australia the 2016 Census indicates that almost half of Australians (49%) were either born overseas (28%) or had one or both parents who were born overseas (21%). More than one-fifth (21%) of Australians spoke a language other than English at home and 83 per cent of the overseas-born population lived in a capital city.[11]
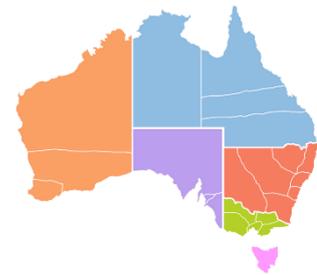
Things to consider

- Regardless of whether you are specifically engaging with CALD carers, keep in mind that people from CALD backgrounds make up around 1 in 5 of all carers. How can you ensure that your project or consultation is accessible to carers from a range of backgrounds?

- Is your project focused on regional or metropolitan areas? While the majority of people from CALD backgrounds live in cities, there are populations of CALD communities in regional areas, which may be more isolated from supports that are culturally aware. If applicable – how could your project or consultation engage with these communities?

How does culture influence caring?

Caring is influenced by the norms and expectations in every culture. For example, in Australia, historical cultural expectations about the roles of men and women have influenced caring roles, with seven in ten primary carers being women.[12] Cultural values relating to care in Australia have changed over time, as reflected in the introduction of State and Commonwealth carer recognition legislation, [13] which aims to influence cultural values in relation to caring through increasing recognition and awareness of carers. However, within Australian society, each family and individual will have their own unique values, beliefs and experiences of caring.

Understanding the ways in which culture influences caring is important for effective and ethical engagement with CALD communities. Many languages do not have equivalent terms for concepts like 'carer' and 'disability', and the ways in which certain conditions are discussed may be influenced in complex ways by cultural norms including shame and stigma, gendered roles and religious beliefs. How care is provided within the family unit can be very different depending on the individual and cultural norms associated with caring. The examples below depict three possible caring situations that may be influenced by cultural norms.

- **Example 1**: Some cultures and families will consider caring to be a 'whole of family' affair with multiple people providing and sharing the care. In this scenario there may not always be an identified 'primary carer' with multiple family members identifying as carers equally. Families

may also find the term 'carer' to be offensive as they feel it limits the nature of their relationship with the person for whom they are caring; 'I'm not his carer, I'm his mother!'[14]

- **Example 2**: Some cultures and families clearly define the role of family members in relation to care. Traditionally in western and many other cultures women or daughters assume the role of carer, particularly in the context of domestic and personal care. Other roles such as financial management and decision making may also be delegated based on cultural norms and expectations.

- **Example 3**: Some cultures may hold the expectation that the ageing parents will live with their son's family, to be cared for by the family and the daughter in law and to provide assistance in the care of grandchildren and household duties.

Stigma and care

It is often acknowledged that in certain CALD communities, there may be a strong sense of stigma or taboo related to illness, disability, or caring roles. Dementia, HIV, mental illness and physical disability, for example, may carry negative associations that prevent carers and the people they care for from engaging fully in the community. Furthermore, caring arrangements that do not conform to the cultural 'norm' can be the subject of stigma with a cultural community, but can also be a source of embarrassment or shame for the carer or care recipient. For example, a son may choose to live with and care for his mother because his sister lives far away or he is an only child, despite cultural expectations that daughters are traditionally care providers.

When planning CALD community engagement, it is important to be aware of any stigma or taboos which may be prevalent in a particular community, in order to engage sensitively and effectively with the group you are focusing on.

However, when thinking about stigma and shame, it is also important to recognise the following:

- All societies – not just CALD communities – have, in various ways, developed beliefs and norms which have excluded disadvantaged groups from full participation in social and economic life. It is important to engage respectfully with CALD communities, with an appreciation of one's own cultural biases and areas of discomfort.

- Every society is undergoing change. Beliefs and norms around people with disability, illness or caring roles will change over time. When working with CALD communities, this may create a gap between the values of established migrants and the values of their parents or relatives in their country of origin, for example, which may be an additional source of stress for carers.

- Individuals are influenced by a broad range of factors beyond what we may consider to be their 'culture'. For example, a person's beliefs and values will be shaped by their family upbringing, access to education, migration experience, media consumption, spiritual beliefs and relationships. While it is important to be aware of cultural values which may influence an individual, it is equally important that we do not assume that a person holds any particular beliefs.

For some suggestions on how to address stigma and taboos during CALD community engagement, see the section 'Culturally appropriate consultation: Addressing stigma and taboos'.

Positive aspects of care

The Carers NSW 2016 and 2018 Carer Surveys found that CALD carers were more likely to recognise positive aspects in their caring role than carers who do not identify as being from a CALD

background.[15] This may reflect the high level of honour given to family responsibilities and tradition in many collectivist cultures, such as many cultures from Asian, Southern European and Middle Eastern backgrounds. In addition, collectivist cultural values can sometimes lead to the broader community providing valuable support for individuals and families to meet caring obligations, particularly in larger, more established CALD communities.[16]

However, it is important to recognise that cultural values around duty, family and community can have complex effects upon carers, which may not be immediately obvious or may not be acknowledged within the community. For example, the presence or involvement of extended family networks can be a source of added practical support for carers, but may also result in multiple opinions about and approaches to providing care that may create confusion or cause tension.

Furthermore, CALD carers may experience a tension between their cultural values around family responsibility, and their capacity to meet these responsibilities due to financial constraints or limited support; this can then lead to a loss of status in the community, further isolation and mental health issues.[17] Cultural expectations about meeting care needs within the family unit can place pressure upon family members to take on caring roles or provide supports that require professional expertise, such as nursing.[18] As a result of being reluctant to engage help, some CALD carers do not identify as carers or access services.[19] This can also be compounded by a lack of awareness of the services that are available.

Overall, it is important to be aware that caring can be recognised and accepted differently depending on the norms and expectations of the individual and their culture. For some, caring can hold a stigma of shame, sense of pride or attracts little or no recognition. CALD carers may also be reluctant to talk about the impacts of cultural values upon their experience of caring where this may be perceived as disrespectful to their family or community.

Things to consider

- What values will guide your interactions with the community/ies you are engaging with?

- Some carers may view their caring role as a private matter. Have you offered carers opportunities to participate anonymously?

- CALD carers may not identify with the word 'carer'. What terms could you use to talk with people who may be providing care for a family member or friend, about their caring role?

- Carers care for many reasons; some may feel pride in fulfilling their duty to their family, while others may feel they have no other choice. What assumptions may you have about why people may be providing care? How could you gain insight into the different reasons people may have for taking on a caring role?

- Are there any words or concepts you would usually use which you may need to adapt to help people feel at ease? Some words may attract stigma which can be a barrier to effective communication. For example, it may be more beneficial to talk about 'wellbeing' than 'mental health' in some communities.

What unique challenges do CALD carers face?

Barriers to service access

Carers from a CALD background experience many of the same issues and challenges as other groups of carers, however some may experience additional challenges which may impact their caring experience, including:

- Language barriers, including low proficiency in spoken and/or written English, lack of familiarity with technical terms and a lack of interpreters and translation services available

- Low literacy, which makes it more difficult to engage with written texts or computer-based sources of information[20]

- Disconnection from 'mainstream' communication pathways (see 'Getting the message out' below)

- Lack of culturally appropriate services (for example, services may not adapt to cultural or religious rules and obligations for how someone is cared for, who provides the care and what the care entails) [21]

- Lack of services available for small or emerging communities (for example, a lack of interpreters or translators)

- Limited schooling, education and health literacy

- Lack of familiarity with Australian services, supports or government structures, including the rights and responsibilities of service users

- General distrust of government

- Community stigma towards certain types of disability, mental illness or caring roles

- Cultural pressure to provide care exclusively within the family unit, rather than accessing formal services

- Anxiety and guilt at the possibility of giving up the caring role[22]

- Low level of awareness of the rights of people with disability, mental illness, or older people

- Low expectations about what kind of life may be possible for themselves or those for whom they are providing care.

It is important to note that these barriers do not apply equally to all people from CALD backgrounds, and will be influenced by factors such as migration experience, access to education, cultural norms, previous experiences with government services and other factors.

The following examples illustrate some of the ways these barriers may influence engagement with CALD communities. How could you address the barriers in each scenario?

- **Example 1:** A service provider produces translated materials to try to improve their engagement with people from CALD backgrounds. However, the language in the materials is complex and includes jargon which is not understood by the local community.

- **Example 2:** A woman from a CALD background who provides care for her daughter with a disability repeatedly says she does not need any support services. The truth is that she would like support, but she is worried that the care could be provided by a male which would be culturally inappropriate.

- **Example 3:** Members of a CALD community attend a community consultation about the NDIS, but part-way through the meeting, become visibly angry at the presenters from a local NGO. A bicultural worker from the community explains to the presenters that the community

members had heard that there would be "individualised funding" available from the government and had expected government workers to distribute the funding at the consultation meeting.

Hidden Carers

Due to the compounding of the challenges listed above, carers from a CALD background have a higher likelihood of being 'hidden carers', meaning that they may not identify as a carer or be recognised as a carer by others. Hidden carers are often less likely to seek help or to successfully engage with services and supports. While it is tempting to attribute a reluctance to access support with cultural values, this should not be assumed as in many cases this perceived reluctance may stem from a lack of knowledge of what is available, how to access or maximise the benefits of services, or a lack of culturally appropriate services.

Intergenerational cultural differences

Some carers who have CALD heritage but have grown up in Australia may not appear to experience any barriers to service access themselves, but may be caring for someone who does not speak English fluently, or at all, or who has had less experience with the Australian social support structure. This is more likely the case for children of migrants who have been through the Australian school system and have developed values and ideals that differ from their ageing parents. This can create conflict for carers who may be juggling employment and other family duties on top of feeling obligated to provide care for ageing parents without utilising formal services.[23]

Carers of people who do not speak English fluently or at all may also be required to play a more significant role in advocating for the person they care for, including interpreting and translating information for the person they care for and acting as a spokesperson. This can place additional stress on carers performing these duties as they may need to be available more regularly and during their working hours to perform these tasks.

New and emerging communities

The Federation of Ethnic Communities Councils of Australia (FECCA) is the national peak body representing Australians from CALD backgrounds. It defines a 'new or emerging community' as one that is small in number, newly arrived and has experienced a significant increase in numbers in the last five years.

New and emerging communities may be comparatively small population groups, are often humanitarian entrants, and may have had very distinct and traumatic experiences that can differ significantly from other migrants. When working with emerging communities a trauma informed approach is recommended.[24]

Compared to more established communities, new and emerging communities are often characterised by the following:[25]

- Lack of established family networks, support systems, community structures and resources

- Increased vulnerability as they are often from a refugee background and have experienced displacement due to war or civil unrest

- For the same reasons, new and emerging communities often have a high prevalence of trauma

- Low levels of education and skill due to displacement

- Low or no English language skills

- Are unfamiliar with government services and are less likely to access services to meet their basic needs.

- Limited access to qualified interpreters if they are of a small language or dialect group

- Increased uncertainty about their legal status and residence permit in Australia due to changing and complex visa processes, potentially excluding them from services.

The situation of new and emerging communities often requires spending a lot of time on setting up a new life. Finding work, making connections, and dealing with extensive, unfamiliar administrative processes are exhausting tasks. Caring responsibilities and trauma can compound living situations of time-poverty and exhaustion. In such circumstances the expected benefits of a project need to be carefully considered before asking the community for their time.

Things to consider

- What barriers or challenges may affect the community/ies you are seeking to engage with? How might you need to adapt your approach to respond to these barriers?

- How could you identify and connect with hidden carers?

- What time commitment are you asking from community members to participate in your project, and what impact may this have on community members?

- Will your project be engaging with new and emerging communities or people from refugee backgrounds? If so, how will you ensure that engagement in the project benefits the community and is sensitive to possible issues of trauma and vulnerability?

Before you start – know your audience

Identifying CALD carers is not always a straightforward exercise, as definitions of 'CALD' can differ, and typically incorporate several different characteristics. Cultural diversity can refer to self-identified cultural background, as reported in the Census, or can be drawn from variables such as country of birth (other than Australia, or other than main-English-speaking countries). Linguistic diversity can refer to the main language spoken at home, any other languages spoken, or varying levels of self-reported or objectively measured English capability/competency.

Depending on the definition, the numbers and population proportions can differ greatly, and have varying implications. Before choosing which variables to use, it should first be identified *why* CALD carers are a focus. Is it to do with meeting the needs of a particular group, ensuring service access to diverse communities within a particular area, or addressing discrimination? When using existing data it is also important to know which definition is being used by the source.

When recording CALD status in research, consultation, or service delivery, it is also critical to realise that asking a person 'if they are CALD' may be completely incomprehensible or difficult to pin down for an average consumer. It is better to use pre-determined variables such as those used by the Census or Carer Survey to collect and report on this data.

Desktop research – where and how to find data on CALD communities in NSW

Before commencing any project, event or consultation that seeks to engage people from a particular cultural or linguistic background, it is crucial that you determine whether there is demand for the activity in the chosen area or community. This can be determined by some initial desktop research using data from the ABS and an internet search.

If you are focusing on a particular **geographical area** you will want to find out:

- What languages other than English are spoken in the area?

- What are the most common cultural backgrounds in the area?

- What is the migration profile to the area? (e.g. which groups have been established in the area for a long time, and which may be newly emerging?)

- Are there any cultural or religious groups, congregations and organisations that operate in the area?

If you are looking to engage with a **particular language or cultural group** you will want to find out:

- Where do the majority of people from the cultural or linguistic background in question live? Are there other locations with smaller but significant numbers of people from that background (e.g. in regional locations)?

- What language/s does the community speak?

- How well do they speak English? How does this vary amongst members of the group (e.g. based on access to education, gendered roles etc.)?

- Is there significant religious or cultural diversity within the language group or country of origin? Does this affect where people live, which services they access and how they receive information?

- What proportion of people identify as providing care and support to a person with disability/ older person?

If you are reviewing a particular **<u>service</u>** you will want to find out:

- What language groups reside in the service delivery area?

- How is CALD data currently collected by the service?

- What CALD groups are currently accessing the service (if any)?

- What does the service currently do to engage with CALD communities?

This information is important to obtain to gain a better understanding of the people you wish to engage but most importantly it will give an indication as to whether there are a sufficient number of people in the area or community to make your activity worthwhile. If your desktop research indicates that there are not likely going to be enough community members to warrant the activity, try reducing the scale of the activity, choosing another location or expanding the reach of the activity to include other communities.

There are a number of online tools you can use to gain a better understanding of the community you wish to engage, these include

Advanced tools/raw data:

The [Australian Bureau of Statistics](#) (ABS) is Australia's national statistical agency, providing trusted official statistics on a wide range of economic, social, population and environmental matters of importance to Australia.

The [Survey of Disability, Ageing and Carers](#) (SDAC) is the most comprehensive national survey on carers conducted by the ABS. The survey estimates the number of and provides information about people who provide care to people with disability, long-term health conditions and older people.

The ABS publishes a range of [data cubes](#) from the SDAC, including 'Carer tables'.

Pre-prepared data and user-friendly tools:

[QuickStats](#) makes high level, 'at a glance' Census data available for most areas, from small areas to state, territory and Australia levels, and includes data on language, ancestry, and religion. For example, see Figure 1 which shows QuickStats on people in Australia who were born in Sri Lanka.

The [SBS Census Explorer](#) is a user friendly tool

2016 Census QuickStats Country of Birth

Australia
People in Australia who were born in Sri Lanka
Code 0 (AUST) by 7107 (BPLP)

People		109,853
Male		57,280
Female		52,573
Australian citizen		60.3%
Not an Australian citizen		38.3%

Families		43,816
Couples with children		26,914
Couples without children		13,326
One parent families		2,972
Other families		592

All private dwellings

Figure 1. ABS QuickStats

that allows you to isolate census data based on language or cultural background, display heat maps of cultural and language groups as well as graphs depicting year of arrival, religious affiliation and other useful data about individual CALD groups.

[Local council websites](#) often feature a community overview of local area profile which can include the cultural and linguistic makeup of the community.

The Department of Home Affairs publishes [Settlement Reports](#) providing key demographic information about recent migrants including migration stream (i.e. family, skilled or humanitarian), age, gender, ethnicity, religion, English proficiency, and the Local Government Area where the person has settled.

Figure 2 demonstrates one method of recognising an emerging community based on the year of arrival of the Dinka language group. Dinka is commonly spoken in South Sudan and is depicted on the right of the figure, here you can see a sharp spike in arrivals in the mid 2000s. This spike coincides with the culmination of a decades-long internal struggle in Sudan and shortly before South Sudan becoming independent from Sudan[26].

Conversely, the Greek speaking population on the left saw a period of increased migration in the 1960s influenced by the post war economic boom with a later spike in the mid 2010s influenced by the Global Financial Crisis and the Greek debt crisis. When comparing these two communities their needs will likely differ greatly, groups that have arrived recently will have more immediate needs relating to settlement, employment, dealing with trauma and understanding the Australian social system. Emerging communities also tend to be younger, so carers are more likely to be caring for people with disability, mental or chronic illness and addiction rather than frail aged.
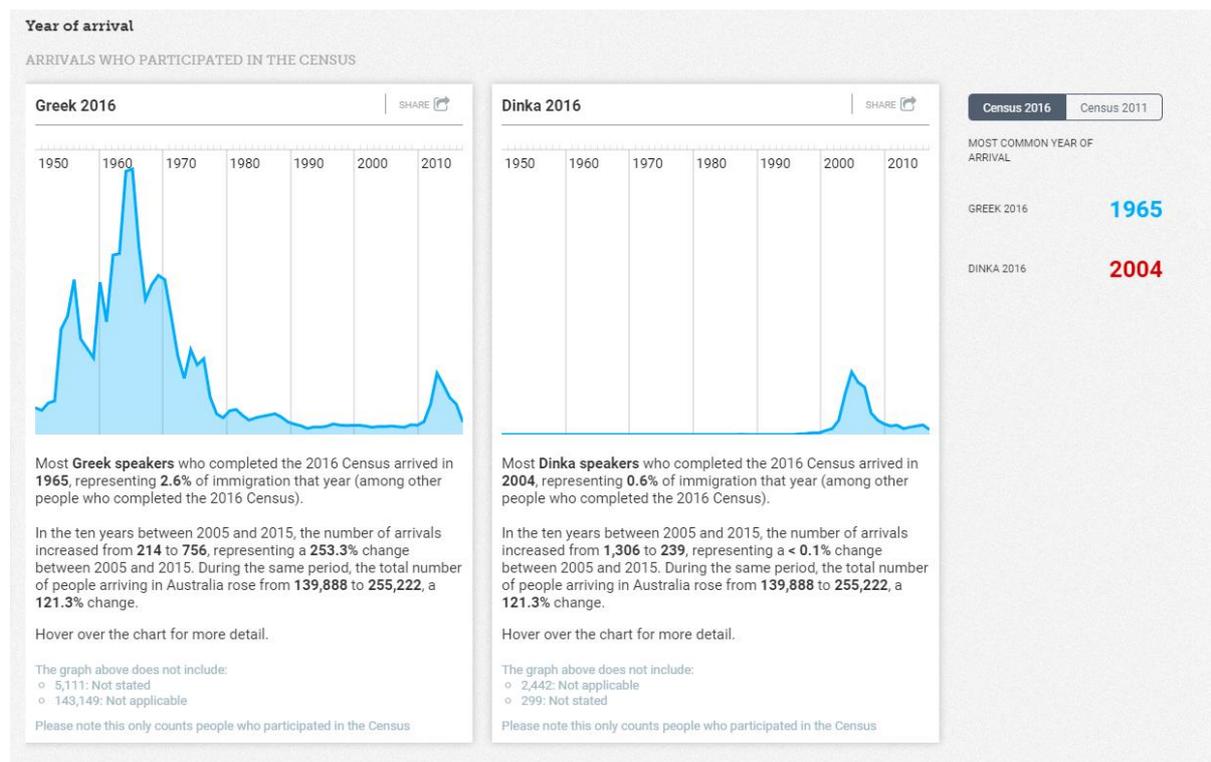
Figure 2. SBS Census Explorer

Diversity within diversity

No individual is completely defined by their cultural or national background and there will always be diversity within CALD groups. For example, the Arabic speaking community can include a wide range of dialects, some mutually intelligible and others not. Arabic is spoken in Africa as well as in the Middle East, and Arabic speakers identify with a wide range of religions including, but not limited to, Islam, Catholicism and Coptic Orthodox. As a result of this diversity you may encounter separate communities within a particular language group and it is important to be aware of this as the

experience of these groups can be very different and you may even need to engage them separately, particularly in cases where war or conflict has affected the groups you are dealing with.

Diversity within CALD groups can also refer to:

- Age

- Gender/Sexuality

- Socioeconomic status

- Political orientation

- Migration experience (new vs. established migrants; refugee or voluntary migrant background)

- Language or dialect spoken

- Literacy level

- Preferred style of learning

While a general understanding of cultural norms, migration history and demographic characteristics can help you to plan your community engagement strategy, always keep in mind that each individual you encounter has had a unique life experience, and be prepared to have your assumptions challenged.

Things to consider

- Before you start engaging with CALD communities in a particular geographical area, what desktop research will you undertake to gain an understanding of the demographic makeup of the community? What questions will you need to answer?

- What cultural norms, migration history or demographic characteristics of the community may have influenced community members' experiences of caring and accessing supports?

- What are some key areas of diversity within the community? How may you need to adapt your engagement strategy to account for these differences?

- What other factors may have influenced the experiences of individual community members? How will you keep this in mind when engaging with individuals?

CALD Community Engagement: Tools and techniques

Engaging community representatives[3]

Community representatives are people and organisations who have a direct relationship, established rapport and intimate knowledge of the community you wish to engage with. By first engaging with a community representative, you can find out basic information about the issues and needs of the community and seek advice on the best way to engage with them. They may also be helpful in disseminating information by 'word of mouth' which can often be more effective than print and digital promotional channels. A community representative is often a trusted member of the community and their recommendation can significantly influence the success of your engagement.

Identifying community representatives

A community representative can be any person in the community who holds a position of trust (paid or volunteer), is from the community and speaks the language of the community. This can include:

- Organisations that specialise in working with CALD communities

- Employees of grass roots community organisations, particularly in diverse areas

- Ageing, disability, community engagement officers in local council

- Bilingual workers (working for service providers, council, local health district)

- Support and social group leaders

- Religious leaders

- Local business owners

When identifying and working with community representatives, it is important to be aware of who they represent and how this may be perceived by others in the community. For example, a community representative may adhere to a religion which is not shared by all members of the community. It is important to consider how to ensure that your project remains inclusive of all members of the community.

Rapport building and establishing working relationships

When engaging with communities your activity should be ethical and beneficial to all parties involved. You will find that many community representatives go above and beyond to support their communities and much of their work is unpaid or voluntary. It is important to communicate why and how engaging with you can be beneficial for the community. Where possible, try to acknowledge the time and expertise that they contribute by offering reimbursement, gift vouchers and token gestures for their time, taking into account Carers NSW policy and any cultural norms which affect how such gestures may be interpreted.

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[3] In research literature, these roles are often referred to as "gatekeepers".

The table below offers some suggestions on what you could offer to different community representatives:

Community representatives	What you can offer
• CALD focused organisations • Ageing, disability, community engagement officers (local council) • Bilingual workers	• Information • Satisfy KPIs relevant to the service • In kind support • Project partnerships • Mutual promotion of events and services • Acknowledgement in projects
• Support group leaders • Religious leaders • Business owners	• Information • Community meeting content • Vouchers/payment • Community meal/lunch • Promotion of events and brand

Consultation with community representatives

In many cases, community representatives can play a significant role in the success of your project, through their cultural and linguistic expertise, and connections with community. Some of the key areas in which you may want to consult with community representatives include:

- ***Characteristics and diversity within CALD communities***: Community representatives can often provide valuable insights into the characteristics and diversity of the community of focus. For example, if you have used statistical data to determine that Arabic is one of the most commonly spoken languages in your area of focus, an Arabic-speaking worker in a community organisation in that area may be able to provide valuable information about the different cultural and religious groups within that cohort, including where different groups meet, which services they tend to access, the impact of gendered roles upon service access and English proficiency, and any tensions between groups which may need to be considered. These factors could have a significant impact on scoping and planning your project; and are difficult to ascertain from statistical data alone.

- ***Cultural customs and norms***: It may be helpful to consult with a community contact or representative in advance to identify specific customs, and culturally sensible areas that need to be discussed with caution. Keep in mind that any descriptions of customs and norms will be generalisations, and you will need to keep adjusting your assumptions as you deepen your engagement with the group identified.

- ***Issues affecting the group identified***: Community representatives may be aware of issues currently affecting the group, which could impact upon their ability to participate in your project. For example, if there is currently a crisis affecting the country of ancestry of the group, community members may be focused on the welfare of family members overseas. Or conversely, if a number of community members have recently been diagnosed with dementia, the community may be interested in opportunities to learn more about dementia prevention or supporting people with dementia. Community representatives may also have insight into misinformation affecting particular communities which could have relevance for your project, for example rumours about who may or may not be eligible for a new service.

- ***Community engagement planning:*** Community representatives often have valuable insights into the most effective ways to engage with a particular group. For example, they may be able to suggest the most effective places to display flyers, a local newspaper where the project

could be promoted via an advertisement in the relevant language, or an ethnic radio show that is popular with the group you are focusing on.

What to consider:

- How could you identify and engage community representatives to assist with your project?

- How will you ensure the working relationship with any community representatives is respectful and mutually beneficial?

- What information and/or connections will you seek from community representatives?

Getting the message out

There are a variety of ways to reach your target audience, however the most effective channel to engage a community is through word of mouth from trusted sources. This makes community representatives crucial to disseminating information within the community. They can act as "multipliers" for communication and can significantly increase engagement.

Carers NSW promotional channels

Carers NSW regularly promotes information and events in monthly email newsletters (eNews, Research Community News, YC e-news), via print in *Carers News* (bi-monthly) and through social media (Facebook, Instagram, LinkedIn), as well as through occasional direct electronic marketing to other stakeholder lists, such as Carers NSW Carer Representatives, carer support group facilitators and working group members, as appropriate. While many of these channels reach some CALD carers and stakeholders, they cater to a wide audience and are not CALD specific. The focus on digital modes and English language may also limit uptake among some CALD audiences.

Uptake of information from these sources among CALD communities can be significantly increased through regular, reciprocal contact with CALD community and CALD sector representatives, as this provides a personal context to the provision of the information.

Targeted promotion

CALD communities are often not participating in mainstream communication channels. It may be necessary to modify your communication approach to engage with a CALD audience specifically.

Many CALD communities have their own means of communicating, e.g. a newspaper or community radio show in their language, a social media portal, clubs or other regular meeting points. Connecting with those channels may help with engaging the respective community.

The following table gives examples of how mainstream methods of communication could be adapted to reach CALD communities. Some of these adaptions will require extra resources, such as translation costs or access to certain areas.

Mainstream Methods	CALD engagement
- Print media - Group email to stakeholders - Flyers - Social media - Established mailing lists - Phone calls with sector professionals	- Translated flyers - Community newspapers - Community radio - Group email to CALD stakeholders - Translated posters at key locations - Face-to-face meetings with community representatives - Direct phone calls or meetings with community members - Promotion of Translation and Interpreting Services (TIS)

Translated materials[4]

'Translation' refers to communicating the meaning of a written text from one language to another language. Translating materials into languages other than English helps with reaching specific CALD audiences. Newly arrived groups with low average English skills often cannot otherwise be reached. Translating materials can be costly and there may be a time delay, so it is important to ensure these are factored into project budgets and timelines. To make effective use of translated materials, consider the following questions:

1. What is the purpose of translating this information? Is it needed by particular communities, or to broaden engagement with the general community?

2. Is there an alternative to translation that could be effective? For example, sometimes an Easy English version of a document may be accessible to people from a range of backgrounds with low English skills. However, this may not be suitable for complex or sensitive information.

3. What needs to be translated? For example, if you are running an event, will you need to translate all the resources; or some key materials such as the flyer, a fact sheet or evaluation form?

4. Which languages are required? Why? Are there dialects to be considered?

5. What is the literacy level of your intended audience? Does the information need to be simplified prior to translation? Does the information need to be back-translated to ensure a high level of accuracy?

6. How will you distribute the translated materials? Make sure you have worked out a reliable way for these materials to reach the community, such as established contact points, community centres, or a specific mailing list.

7. How will you engage with non-English speakers once they reach out to you? Translated materials may create the expectation that there is a way of communicating in the respective language.

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[4] All references to interpreters and translators in this guide are in relation to professional NAATI certified interpreters and translators, not to informal 'interpreting' done by family and friends or bilingual workers.

8. Will the information need to be updated or maintained? If so, how will this be done? Is there more generic or timeless information that would be more valuable to be translated?

9. What is the cost of translation? You can obtain quotes from translating services (see below). Has this cost been budgeted for the project, or is it an additional cost that will need to be approved?

The NSW Multicultural Health Communication Service (MHCS) provides a translations service that is highly regarded – https://www.mhcs.health.nsw.gov.au/about-us/translation.

Things to consider

- Would it be beneficial to promote your project via Carers NSW (or other) general promotional channels? How could you maximise the benefit of this?

- Which engagement methods may be helpful for the group you are seeking to engage?

- Would translating materials be an effective way to facilitate access to the project for that group?

Culturally appropriate consultation

Working with interpreters[5]

'Interpreting' refers to communicating the meaning of a spoken or signed language into another language. In communities with low English language proficiency it may be necessary to work with interpreters. Even in CALD communities with generally higher levels of English proficiency, it may be necessary to engage interpreters at critical points, such as when gathering sensitive information or seeking informed consent about an important matter (refer to Carers NSW Diversity Policy, 'Translating and interpreting'.)

When working with an interpreter make sure to speak clearly, in short sentences, and to use as simple language as possible. Plan for ample time, more than double what it would take if the event was delivered exclusively in English. Also, try to provide as much information as possible in advance to the interpreter, so they can prepare. This may include the questions you will ask, or the text of the presentation you will give, a list of special vocabulary that may be used (e.g. medical conditions or policy terms) and acronyms that are likely to come up, as well as information about the specific composition of the audience – some languages (e.g. Arabic) have great local variation, and the interpreter may need to consider the specific background of the person/group they are interpreting for.

Using an interpreter for a session, interview, or focus group can be very costly. A more cost-effective alternative may be using a phone interpreting service; however, this can impact significantly upon establishing trust and rapport as well as the overall experience of participants. It is important to consider the purpose of the session, how sensitive is the information to be discussed, how many people will be present and what back up options will be available, for example, having a bilingual worker present.

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[5] All references to interpreters and translators in this guide are in relation to professional NAATI certified interpreters and translators, not to informal 'interpreting' done by family and friends or bilingual workers.

The standard process for booking an interpreter at Carers NSW is via the Translating and Interpreting Service (TIS) National at www.tisnational.gov.au. You will need the TIS National client code (ask your Manager), language required (including dialect if applicable), client preferences (e.g. gender of the interpreter) and appointment details to make the booking.

TIS also provides further advice on the practicalities of using interpreters online at https://www.tisnational.gov.au/en/Agencies/Help-using-TIS-National-services/Working-with-TIS-National-interpreters.

However, it is important to be aware that it may not always be possible to book an interpreter via TIS National in the required language, particularly in regional or rural areas. It is important to keep in mind that interpreters available for the language group(s) you are working with, and in the geographical area(s) you are focusing on may not be familiar with technical, clinical or sector-specific jargon. A community representative may also recommend an interpreter who is employed by another interpreting agency. Other translation and interpreting services used by Carers NSW include:

- NSW Multicultural Health Communication Service (MHCS) – Translations: https://www.mhcs.health.nsw.gov.au/about-us/translation

- NSW Health Care Interpreting Services: http://www.health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx

- Multicultural NSW Language Services: https://multicultural.nsw.gov.au/interpreting-translation

Interpreter or bilingual worker?

For some projects, hiring bilingual workers may be a good alternative to using interpreters. Having a person from the same cultural background often simplifies access to the community. They are also more familiar with the project context than interpreters and thus may communicate more efficiently, particularly in spontaneous face-to-face contact. Especially when there is ongoing contact required, having a bilingual worker may prove invaluable. However, the difficulty of interpreting between two languages is often underestimated, even by people who are truly bilingual. Interpreter services may still be required in more formal engagements.

In addition to hiring a bilingual worker specifically for a project, there may also be times when it is helpful to ask a bilingual colleague to provide limited assistance to a project. For example, you could ask for their help to review a short, translated document to ensure it makes sense and uses terminology appropriate for the sector. However, it is important to ensure that your colleague is willing and able to assist. It is also important to be aware of the potential influence of this person on how information is conveyed. They may omit or misinterpret information that a professional interpreter would convey differently, and this may have implications for your project.

Catering

Dietary customs are often a very important form of cultural expression, and providing culturally appropriate food should be a consideration in all engagements with CALD communities. Some communities have rather strict rules surrounding food (e.g. halal foods in Islamic cultures, vegetarianism in Hindu communities), while others are more relaxed. Culturally appropriate catering not only shows respect for the communities' culture, but it also can act as a great conversation starter.

Addressing stigma and taboos

As discussed above, stigma and taboos are often barriers that need to be overcome when engaging with CALD groups. Interpreters, bilingual/bicultural workers and/or trusted community contacts may

help you with this by providing cultural background information and acting as cultural intermediaries, belonging to both cultures simultaneously.

To create a safe space where addressing stigma is possible, knowledge about the culture is crucial. Sometimes it may be necessary to arrange for age- and/or gender-specific events, or to meet with individuals or families one-on-one rather than in a group setting. Also, make sure that interpreters are familiar with possibly sensitive issues and confident in navigating them. Approaching issues from a universal human rights perspective can help to build trust and rapport, through demonstrating a commitment to equality and respect for all people. For further discussion, refer to the section 'How does culture influence caring? – Stigma and care' above.

Communication approach

A good communicative strategy on the one hand recognises and respects differences in culture, values, beliefs, and communication styles, and on the other hand seeks out commonalities than can act as a basis for mutual understanding. These can be easily found in everyday life experiences, aspirations, desires, or tastes. Such a strategy requires a step back from the immediate situation to reflect about commonalities and differences. Community representatives may also be helpful points of contact to discuss cultural communication preferences.

One framework for understanding some of the cultural differences in communication is to consider whether a culture is generally:

- More individualist (focused more on the perspectives, rights and ambitions of the individual) or collectivist (focused more on the duties of individuals to the group); and

- More direct ('say it like it is!') or indirect (relying more on context and what is 'unspoken') in its communication.[27]

Where a culture lies on the spectrum of these two factors may influence how you interpret the way people are communicating with you, and how you may need to adapt your own communication to be sensitive to the preferences of others. It may sometimes help to explain why it feels like the message is just not getting through!

Other factors to consider when planning your communication approach in the context of caring is whether it is considered a family matter, or rather an individual choice. Further, consider what values are connected to caring, e.g. How important are gender roles, age or seniority, and how prescriptive are they? Is a sense of duty and a strong family orientation playing a role in the community? How sensitive or personal is the issue of care? The answers to these questions may influence how you plan and implement community engagement, for example whether you discuss certain topics in a public or private space, and who you may approach to receive information.

Things to consider

- Would it be beneficial to engage interpreters? If so, have you allowed plenty of time to book an interpreter, considered the needs and preferences of the individual or group you are working with, and adapted the event to work most effectively with an interpreter?

- Could it be beneficial to engage bilingual workers in the project?

- Who could provide advice about catering in culturally appropriate ways? Could you engage a local restaurant to cater the event?

- What are the social norms surrounding disability, ageing, caring and communicating for this group?

- How can you reflect these norms in your communication approach, to help everyone feel at ease and to communicate effectively?

- Who is your best contact – the care recipient, the carer, the entire family?

- Do you require an intermediary to facilitate contact? Who would be best suited for that role?

Evaluation and research: Facilitating CALD community participation

The Carers NSW Evaluation Framework highlights the importance of engaging stakeholders in evaluation of all programs. Regardless of whether the project is specifically devised for CALD communities or not, the methods for evaluating it should be respectful of cultural requirements and accessible for participants from all disadvantaged backgrounds. Furthermore, many projects in the CALD context will involve research or information gathering. Some CALD communities, particularly those from New and Emerging Communities or refugee backgrounds, may have heightened vulnerability to harm from research processes. When undertaking evaluation and/or research with CALD communities, staff need to carefully consider both how to facilitate participation for people from CALD backgrounds, and what constitutes ethical research conduct.

Building evaluation into your project

Through evaluation we try to understand the effects of programs or projects. Evaluation is a standard part of every project or program to gather data on 'what works', and to learn how to improve outcomes. How an evaluation is built into your project should be considered from the beginning of the planning phase (see also the Carers NSW Evaluation Policy and Framework). To undertake an effective evaluation, it is critical first to clarify the project goal and desired impacts (see Carers NSW Evaluation Guidelines for Cohort-specific, resource-based projects). A key part of planning an evaluation should be to identify the relevant stakeholders and consider how to facilitate their involvement in the evaluation.

Evaluation can be done through a variety of research methods, be it entry- and exit surveys, randomised controlled trials (if a control group is available), qualitative interviews with participants and stakeholders, or through other methods of data collection and analysis. Which method is appropriate depends primarily on the nature of your project, as well as the needs and preferences of participants. The ethical considerations outlined below also need to be taken into account when devising evaluation methods.

Facilitating CALD participation in evaluation and research

Many of the principles explored above in relation to CALD community engagement will be relevant to facilitating CALD participation in evaluation or research as part of your project. In particular, it may be helpful to consider:

- Which CALD communities may have a special interest in this evaluation or research? For example, which CALD communities live in the geographical area identified by the program?

- With whom could we consult to obtain relevant information, and which data collection methods may be most appropriate for each stakeholder group? For example, in evaluating a community education project, bicultural workers, interpreters and community representatives may be able to provide rich information through interviews or focus groups, which could supplement information obtained through questionnaires of community members.

- Are there researchers we could collaborate or partner with who are experienced conducting evaluation and research activities with CALD communities?

- How could we promote the evaluation or research to the communities of focus, and build rapport with potential participants and community representatives?

- Would it be helpful to produce translated or Easy English versions of research or evaluation instruments?

- What other changes may we need to make to our research or evaluation processes, to make it easier for our group of interest to participate? For example, providing the opportunity to give feedback face-to-face with a trusted worker, rather than via an online form; or providing access to an interpreter.

- With whom could we partner for advice, or who is already undertaking research with the group of interest? For example, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) and the Forced Migration Research Network at UNSW undertake regular research with people from refugee backgrounds, which could inform your approach.

Ethical considerations

The *National Statement on Ethical Conduct in Human Research*[28] lays out *merit and integrity, justice, beneficence,* and *respect* as the four guiding principles for ethical conduct. Because the caring role is intimately connected with identity, culture, and community specific norms and values, it is important to reflect on how these principles need to be put into action in the engagement with carers in CALD communities.

Additionally, it is critical to consider any unintended impacts of the research or evaluation on groups with heightened vulnerability, such as people who have experienced trauma or members of smaller CALD communities where it may be more difficult to maintain anonymity in research data. These principles should be incorporated in any research activity, and applied to any program, project, or evaluation.

Principle	What does it mean?	How could we implement it?
Merit and integrity	The merit of the expected project outcomes, the methodological appropriateness of project/ research/ evaluation design, as well as the researchers'/ staff members' skill and conduct.	• Consider the merit of the project from the perspective of a member of the identified CALD community. • Ensure staff have appropriate skills and expertise to design and implement the research, and to work with the group of interest. For example, staff working with people from refugee backgrounds should have knowledge of trauma-informed practice. • Follow a best practice evaluation or research process, which identifies clear research questions and selects appropriate methodologies to answer the questions. • Use research methodologies which are culturally appropriate and up to date. • Review existing research which may answer some of the research questions. • Provide participants with information about the project and the consequences of participating, in a format they can understand. • Provide supervision and support to staff to ensure they adhere to the Code of Conduct and conduct their roles appropriately.
Justice	The fair recruitment and treatment of participants as well as the fair distribution of benefits and outcomes of a project.	• Make the research or evaluation processes and outputs accessible to the people affected by them. For example, provide opportunity for participants to provide feedback in other

Principle	What does it mean?	How could we implement it?
		languages, or promote the final report through specific channels to the reach CALD community. • Provide culturally appropriate options for people to decline to participate (it may be helpful to consult with a community representative about specific cultural norms around this). • Compensate research participants for their time and contribution, as appropriate. • Identify potential benefits which could arise from the research and share the benefits with the participating group.
Beneficence	The project should work to the advantage of the involved community, and the costs for participating and any possible risks of the research or project to the participants need to be outweighed by its benefits for the participants and their community.	• Ensure the research or evaluation aims to benefit potential participants and/or the wider community. • Undertake a risk analysis to identify any risks which could be associated with the research or evaluation, and the potential impacts on the group of interest. For example, consider whether research topics could be re-traumatising to participants or whether the methodology could expose participants to culturally specific stigma. • Develop strategies to minimise these risks and protect the welfare of participants. • Communicate the research aims and processes in ways which are understood by potential participants and do not cause distress. For example, avoiding the impression that participants are part of an 'experiment'. • Communicate the potential benefits and risks of participation in ways which are understood by participants.
Respect	A recognition of the intrinsic value of human beings. It requires having due regard for the welfare, beliefs, perceptions, customs and cultural heritage of those involved in research. It also includes respecting the privacy, confidentiality and cultural sensitivities of participants.	• Acknowledge and respect any cultural values which may affect participation in the research or evaluation. • Acknowledge and respect the diversity within the identified CALD community in the research or evaluation approach. • Protect the privacy and confidentiality of participants. Note that this is particularly pertinent when working with smaller CALD communities.

Things to consider

• What steps need to be taken so that people from a CALD community have access to evaluation or research? How can/will they participate? How can/will they have access to the results?

• Are the aims of the research or evaluation clear, and do these benefit the community of interest?

• Are the research or evaluation methods up to date and appropriate to the project and the questions you are seeking to answer?

- Are the research methods culturally inclusive? Do they take cultural requirements into account, e.g. in the wording of survey or interview questions?

- Are there any risks arising from the project for members of CALD communities, which are not pertinent to non-CALD participants?

Appendix: Practical tools and resources

Carers NSW policies, forms and resources

- Carers NSW Easy English and translated membership form

- Carers NSW Easy English fact sheet

- Carers NSW Evaluation Framework

- Carers NSW Evaluation guidelines for cohort-specific, resource-based projects

- Carers NSW Diversity Plan and Diversity Policy

- Carers NSW Research Policy and Ethical Review Form

- Carers NSW Communications Policy

Statistics and data

- Australian Bureau of Statistics, including:

    - Census QuickStats

    - Survey of Disability, Ageing and Carers (SDAC)

- ID Community Profiles: https://profile.id.com.au/

- SBS Census Explorer: https://www.sbs.com.au/news/census-explorer

- Data on humanitarian entrants (people from refugee backgrounds): Settlement Reports

CALD community engagement tools

- Person Centred Practice Across Cultures toolkit (includes topics such as "Working Effectively with Interpreters", "Making Links", "One Community at a Time"): https://www.nds.org.au/resources/person-centred-practice-across-cultures-resources

- International Association for Public Participation: https://www.iap2.org.au/Home

Trauma-informed approaches

- MHCC Trauma-Informed Care and Practice Organisational Toolkit: https://www.mhcc.org.au/ticpot-download/

Resources for CALD communities

Ageing

- Speak My Language: On-air conversations about ageing well: https://www.speakmylanguageradio.com/

Disability

- Translated resources about disability and the NDIS from AMPARO Advocacy and Ethnic Community Services Cooperative

- SSI multicultural disability resources: https://www.ssi.org.au/disability-inclusion

Health care

- NSW Multicultural Health Communication Service: https://www.mhcs.health.nsw.gov.au/

  - Multilingual resources search:
    https://www.mhcs.health.nsw.gov.au/publications/resource-search/

- CALD assist app for navigating the health system:
  http://www.westernhealth.org.au/HealthProfessionals/Pages/CALDAssist.aspx

- NSW Refugee Health Service:
  https://www.swslhd.health.nsw.gov.au/refugee/gpinfo_rhnp.html

Mental health

- Embrace Multicultural Mental Health: https://embracementalhealth.org.au/

Family violence

- Overcoming barriers (CALD Resource): A toolkit to improve responses to CALD women and children who have experienced family violence: https://www.nifvs.org.au/resources/nifvs-resources/cald-resource/

Endnotes

[1] Carers NSW (2018). *Focus groups with culturally and linguistically diverse carers in NSW: Summary of findings*, available online at: http://www.carersnsw.org.au/research/projectsandpublications/, viewed 22 June 2020.

[2] Schedule 1, NSW *Carers (Recognition) Act 2010.*

[3] NSW Government (2020). *NSW Carers Strategy: Caring in NSW 2020 – 2030.*

[4] Australian Bureau of Statistics (1999) *Standards for Statistics on Cultural and Language Diversity*. ABS cat. no. 1289.0, ABS: Canberra

[5] NSW *Disability Inclusion Act (No 41) 2014* (NSW) s 7(1).

[6] Dementia Australia (2019) *What is Dementia?* Available online at: https://www.dementia.org.au/about-dementia/what-is-dementia, viewed 1 October 2019.

[7] World Health Organisation (2001). "Chapter 1: An integrated public health approach", *World Health Report 2001,* available online at: https://www.who.int/whr/2001/chapter1/en/index3.html, viewed 1 October 2019.

[8] For an overview see e.g. Elliott, Denise E., Paula Bjelajac, Roger D. Fallot, Laurie S. Markoff, and Beth Glover Reed (2005). *Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women*. Journal of Community Psychology 33, no. 4 (July 2005): 461–77.

[9] Federation of Ethnic Communities' Councils of Australia (2010). *FECCA New and Emerging Communities Policy 2010: Supporting new and emerging communities to participate in and contribute to Australian society*. Available online at: www.fecca.org.au/images/stories/pdfs/policies_2007035.pdf, viewed 1 October 2019.

[10] Australian Bureau of Statistics (2019) *Table Builder: Survey of Disability, Ageing and Carers, 2018.*

[11] Australian Bureau of Statistics (2018) *Cultural Diversity in Australia, 2016.* Available online at: https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2071.0Main%20Features602016?opendocument&tabname=Summary&prodno=2071.0&issue=2016&num=&view=, viewed 22 June 2020.

[12] Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*

[13] NSW *Carers (Recognition) Act 2010,* Cwth *Carer Recognition Act 2010.*

[14] Cole, R. and T. Gucciardo-Masci (2003). *For love, for faith, for duty, for deed: Beliefs and values about caring in Anglo-Celtic, Greek, Italian, Polish, Turkish and Vietnamese communities in Victoria*. Carers Victoria: Victoria.

[15] Carers NSW (2016, 2018) *Carers NSW 2016 Carer Survey* 2016 and *Carers NSW 2018 Carer Survey*. Available online at http://www.carersnsw.org.au/research/survey/, viewed 22 June 2020.

[16] Thomas, T. (2003) "Older migrants and their families in Australia", *Family Matters* No. 66 pp. 40-45, available online at: https://aifs.gov.au/sites/default/files/tt.pdf, viewed 22 June 2020.

[17] Cardona, B., S. Chalmers and B. Neilson (2006) *Diverse Strategies for Diverse Carers: The Cultural Context of Family Carers in NSW*, University of Western Sydney: Parramatta, available online at: https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/196331/Diverse-Strategies-FINAL_REPORT_JULY.pdf, viewed 22 June 2020.

[18] Thomas, T. (2003) "Older migrants and their families in Australia", Family Matters No. 66. Available online at: https://aifs.gov.au/sites/default/files/tt.pdf, viewed 22 June 2020.

[19] Standing Committee on Family, Community, Housing and Youth (2009*) Who Cares…? Report on the inquiry into better support for carers,* Parliament of Australia: Canberra.

[20] Carers NSW (2018). *Focus groups with culturally and linguistically diverse carers in NSW: Summary of findings*, available online at: http://www.carersnsw.org.au/research/projectsandpublications/, viewed 22 June 2020.

[21] Taylor, J. (2013) *Culturally and linguistically diverse carers in Australia: Background report.* Carers Australia: Deakin, ACT, available online at: https://www.cadr.org.au/search-clearinghouse/clearing-house/culturally-and-linguistically-diverse-carers-in-australia-background-report, viewed 22 June 2020.

[22] Cardona, B., S. Chalmers and B. Neilson (2006) *Diverse Strategies for Diverse Carers: The Cultural Context of Family Carers in NSW*, University of Western Sydney: Parramatta, available online at: https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/196331/Diverse-Strategies-FINAL_REPORT_JULY.pdf, viewed 22 June 2020

[23] Thomas, T. (2003) "Older migrants and their families in Australia", Family Matters No. 66. Available online at: https://aifs.gov.au/sites/default/files/tt.pdf, viewed 22 June 2020.

[24] Elliott et al (2005) provide a general overview over the principles of a trauma informed approach. The Mental Health Coordinating Council (MHCC) NSW provides the "Trauma-Informed Care and Practice Organisational Toolkit", which includes useful resources to improve the trauma awareness of services. It can be downloaded under https://www.mhcc.org.au/ticpot-download/

[25] Federation of Ethnic Communities' Councils of Australia (2010). *FECCA New and Emerging Communities Policy 2010: Supporting new and emerging communities to participate in and contribute to Australian society*, available online at: www.fecca.org.au/images/stories/pdfs/policies_2007035.pdf, viewed 1 October 2019.

[26] Department of Foreign Affairs and Trade (n.d.) *South Sudan*, available online at https://dfat.gov.au/geo/south-sudan/Pages/south-sudan.aspx, accessed 22 May 2019.

[27] Samovar, Larry A., Richard E. Porter, Edwin R. McDaniel and Carolyn Sexton Roy (2017). *Communication Between Cultures* (9th Ed.). Cengage Learning: Boston M.A.

[28] Australian Government (2018). *National Statement on Ethical Conduct in Human Research 2007 (Updated 2018)*, available online at: https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018, viewed 22 June 2020.