

Newtown Neighbourhood Centre Inc.

Multicultural Neighbour Aid Project

Resource Kit

*Working With Carers From Culturally And
Linguistically Diverse Backgrounds*



A just community that includes and acts

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Resource Kit

Working with Carers from Culturally and Linguistically Diverse Communities (CALD)

Are you a bi-lingual worker in community or health services?

Are you a community worker working with a specific cultural or ethnic community?

Are you a community worker who may come into contact with a CALD carer?

Do you come into contact with CALD carers as part of other community work roles?

If the answer is 'yes' to any of these questions, this kit will help you

- to identify carers
- to understand a carer's roles
- to better understand the particular needs of carers and how services can help meet these needs
- to understand the impacts of being a carer
- to understand some of the specific issues that carers from CALD communities face
- to read about the lessons from Newtown Neighbourhood Centre's Multicultural Carers Support Service project
- to provide support for carers from CALD communities and think about a carer support group
- to find further information to support the needs of CALD carers

How do I know who is a carer?

Who are Carers?

Carers are parents, partners, significant others, family members, friends and neighbours (i.e., people) who care on an unpaid basis. **Carers are usually family members who provide support to children or adults who have a disability, mental illness, chronic condition or who are frail aged.**

There are different features that can characterise carers:

- ⇒ **Carers can be parents, partners, brothers, sisters, friends or children of any age.**
- ⇒ **Carers may care for a few hours a week, or all day every day.**
- ⇒ **Some carers are eligible for government benefits, while others are employed or have a private income.**
- ⇒ **Many carers live with the person they are caring for but this is not necessary to live with a person to be their carer. Some carers have separate living arrangements**
- ⇒ **Some people who have a caring role may not identify themselves as carers. These people are sometimes referred to as 'hidden carers'**
- ⇒ **A 'primary carer' is the person who takes most responsibility for providing care for the person requiring support.**

(Source: Carers NSW website <http://www.carersnsw.asn.au/>)

Who are Culturally and Linguistically Diverse Carers?

Australia is a culturally and linguistically diverse country. A 'CALD Carer' is someone who is a carer and was born overseas in a country where English is not the main language, or was born in Australia but the preferred language spoken is not English or for whom, while speaking English at home, culturally specific practices and values are important. So cultural differences can be just as important as language difference even when English is spoken.

(Thow, AM, and Water, AM, 2005 *Diabetes in culturally and linguistically diverse Australians: Identification of communities at high risk*, Australian Institute of Health and Welfare,
<http://www.aihw.gov.au/publications/cvd/dclida/dclida.pdf>)

It is estimated that 23% of all primary Carers were born overseas, and 10% of Carers reported that they spoke another language other than English at home. (Australian Institute of Health and Welfare 2004, *Carers in Australia: Assisting frail older people and people with a disability*,
<http://www.aihw.gov.au/publications/age/cia/cia.pdf>)

In working with CALD carers it is important to remember that there is not a word or term for 'carers' in many languages.

A guide to understanding the carer's role

What are some of the things carers do for the person they are caring for?

The activities of a carer are many and varied and some carers play a number of roles while others may just assist the person with some aspect of living like helping with finances or transport. Every caring situation is unique!

Some of the activities and tasks that carers do in their role include:

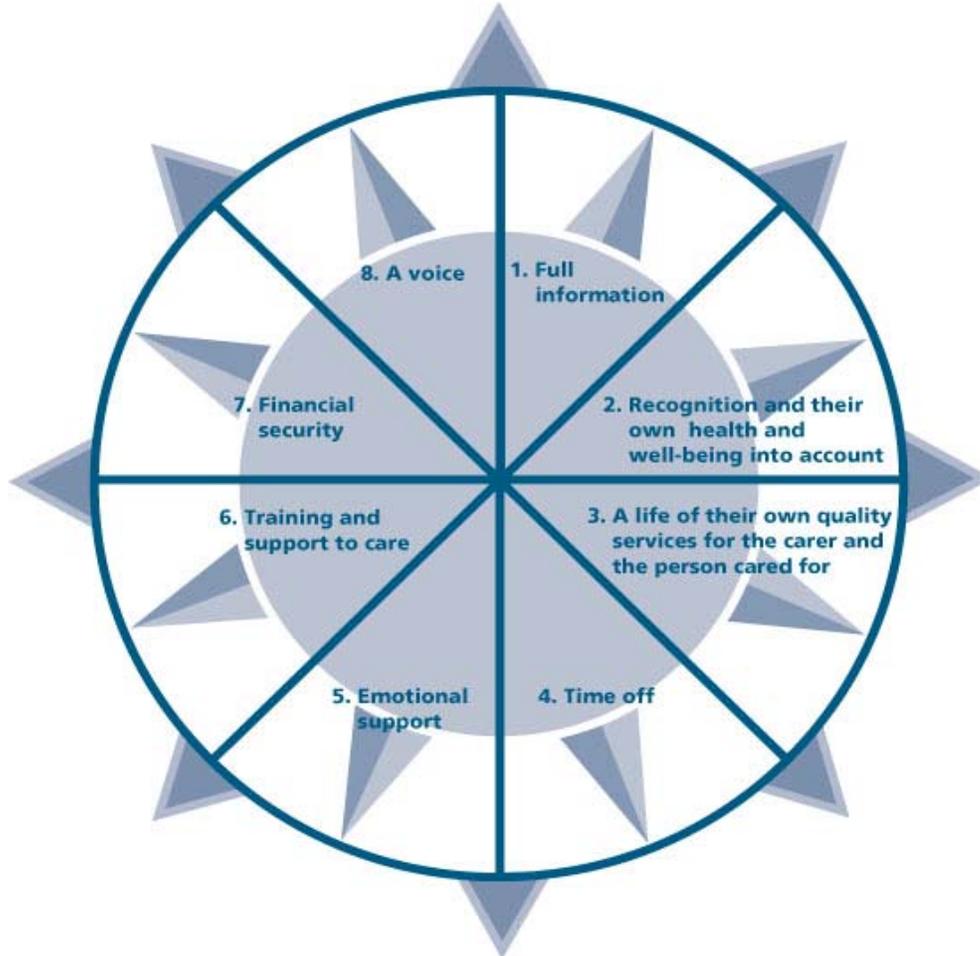
ACTIVITY	TASKS – help with
Communication	Understanding family/friends Being understood by family/friends Understanding strangers Being understood by strangers Being understood by health or service professionals
Mobility	Getting into/out of bed/chair Moving about usual place of residence Moving about a place away from the usual residence
Self-care	Showering/bathing Dressing Eating Toileting Bladder/bowel control
Health Care	Foot care Taking medications/administering injections Dressing wounds Using medical machinery Manipulating muscles or limbs Dental care
Paperwork	Reading/writing tasks such as: Checking bills/bank statements Writing letters Filling in forms

Transport	Going to places away from the usual place of residence e.g. medical appointments, social outings, routine activities
Housework	Household chores such as: Washing Vacuuming Dusting
Property maintenance	Changing light bulbs/tap washers/car registration stickers Making minor home repairs Mowing lawns/watering/pruning shrubs/light weeding/planting Removing rubbish
Shopping	Purchasing food and other household requirements Buying medical supplies including medication
Meal preparation	Preparing ingredients Cooking food Assisting person to eat

(Source: *Identifying Isolated Carers*, Social Policy Research Centre, 2003)

A guide to carers' needs: the Carers Compass

Recognising the needs of carers in their varying caring roles can be helped by looking at the Carers Compass:



Source: King's Fund, UK. For more information on using the Carers Compass as a tool for supporting and understanding the needs of carers, go to <http://www.kingsfund.org.uk/>

So how can service providers help meet these needs?

The Carers Compass provides a checklist for health and community service providers to meet the eight key needs of carers and provide quality service:

Carers needs	What service providers can do to meet these needs
<p>1. To be fully informed</p>	<ul style="list-style-type: none"> ▪ Identify people who have carers ▪ Ensure care recipient's consent is obtained to pass on information to carer ▪ Proactively keep carers informed ▪ Signpost carers to other services and support including practical help, emotional support, financial advice and opportunities for a break ▪ Ensure service staff are aware of their responsibilities
<p>2. To be recognised and have their own needs, including health needs, taken into account</p>	<ul style="list-style-type: none"> ▪ Being carer aware, including being aware of people who do not identify themselves as carers ▪ Avoiding assumptions about caring based on age, gender, relationships or culture ▪ Actively recognising the role of carers ▪ Include carer awareness training in induction and training for all staff ▪ Taking consideration of carers' own health and support needs so these are picked up ▪ Giving carers the opportunity to ask questions about care or support
<p>3. A life of their own with quality services for the carer and the person being cared for</p>	<ul style="list-style-type: none"> ▪ Ensure carers are listened to and no assumptions made ▪ Negotiating agreements between the carer and the person being cared for when there is conflict ▪ Offering flexible ways for carers to have appointments ▪ Having continuity of care or support ▪ Making sure carers know who to contact in an emergency
<p>4. Opportunities for a break – time off</p>	<ul style="list-style-type: none"> ▪ Recognising the importance of a break for the carer ▪ Checking that the carer is getting a break ▪ Helping carers find a solution to have a break that suits the needs of both the carer and the person being cared for

Carers needs	What service providers can do to meet these needs
5. Emotional support	<ul style="list-style-type: none"> ▪ Listening carefully to carers ▪ Signposting carers to services or carer groups that can offer emotional support
6. Training and support to care	<ul style="list-style-type: none"> ▪ Ensuring carers have the appropriate advice and training to care e.g. how to lift safely, medication, nutrition, emergency first aid ▪ Offering sessions or having guest speakers for groups of carers which give advice on caring ▪ Offering individual advice within the carer's home
7. Financial security	<ul style="list-style-type: none"> ▪ Providing carers with information on benefits and organisations that can provide advice ▪ Including in carers' support groups information sessions on benefits and financial security
8. Having a voice	<ul style="list-style-type: none"> ▪ Giving carers the opportunity to tell service or health care providers about their experience of services ▪ Taking feedback from carers on board when shaping and developing services ▪ Keeping an open dialogue with carers

Impacts of caring

In working with CALD carers you may wish to consider the practical and emotional impacts of the carer's role:

- **the impacts of caring**
There can be positive impacts like satisfaction, love and commitment. There can be physical impacts, financial impacts, emotional impacts and social impacts. They impact on different people in different ways at different times. Read below for more details of the impacts of caring
- **the emotional impact of caring on carers**
Caring affects the overall mental and emotional well being of over 67% of carers. Carers experience a wide range of emotions, including anxiety and worry, feeling overwhelmed, anger, guilt or loss and grief. These reactions and emotional well being is different for different people and varies at different times. Read below for more details of the impacts of caring

The impacts of caring

Source: Working with Carers from Culturally and Linguistically Diverse Backgrounds, joint project between Carers NSW, Muscular Dystrophy Association of NSW and the Association of Genetic Support of Australasia, sponsored by NSW Health, May 2007) plus input from NSW Health and Carers NSW

Positive impacts

There are positive impacts for some carers, such as

- Satisfaction of learning new skills
- Love and commitment
- Positive impact on the relationship of the person caring for and or other family members/ friends
- Relief the person is being cared for at home

Physical impacts

Some carers experience physical impacts, such as reported in "*Caring is a Health Hazard: National Survey of Carer Health and Wellbeing*"

- Carers often neglect their own health
- 59% of carers reported their health had been affected by the caring role
- 33% reported back, neck, shoulder problems
- 31% reported disturbed or lost sleep

Financial impacts

Financial pressures for carers is often greater for carers than non-carers,

- 76% of all carers are of workforce age, yet 45% of all carers are not in the labour force, i.e. not working or looking for work.
- The gross household weekly income for 41% of all carers is less than \$453, in comparison to 28% of the total population.
- Increased expenses such as medicines, equipment, specialists, transport
- Decreased ability to save money
- Ability to participate in the workforce and to join/rejoin the workforces in the future when the caring roles finishes
- Financial position in the future because of lack of superannuation contributions in the past

Emotional

- 67% of carers felt that providing care directly affects their overall mental and emotional wellbeing ("*Caring is a Health Hazard*")
- Carers' emotional wellbeing can be impacted by feeling anxious, worried, overwhelmed, angry, guilty, grief, sadness. For reasons such as stress of caring, social isolation, loneliness, changes in relationship, loss and grief

Social

The attitudes of friends and family may change towards a carer. Carers may have less time or energy to socialise. Some friends may stay in contact while others drift away.

- Feeling alone is a common experience of carers.
- Lifestyle changes, such as not working may mean limited finances for social activities, also means no social interaction with colleagues

(Carers NSW Core Education)

The Emotional Impact of caring on Carers

Source: *Working with Carers from Culturally and Linguistically Diverse Backgrounds*, joint project between Carers NSW, Muscular Dystrophy Association of NSW and the Association of Genetic Support of Australasia, sponsored by NSW Health, May 2007)

From the *National Survey of Carer Health and Wellbeing (1999)* 67% carers said caring affects their overall mental and emotional wellbeing. The nature of the relationships prior to the beginning of care may also affect the emotional impacts of caring on the carer. Carers can also be greatly affected by the emotions of the person being supported.

Anxious and worried

Anxiety and worries are very common experience for carers. Carers may worry about the person's illness or disability, finances, the future, etc.

Overwhelmed

Carers often feel overwhelmed. The diagnosis of an illness or disability brings new responsibilities and new emotions. There are often many changes in the lives of the people involved; a substantial amount of information needs to be absorbed, new skills learnt, and adjustments made.

Angry

Carers may feel angry because of the feeling of being taken for granted and/or feeling a lack of control over the situation. Anger can also be a reaction to the stress of caring, feeling unsupported and disempowered.

Guilt

Many carers say the main emotions for them are love and guilt. Guilt can be experienced for reasons such as: not wanting to be a carer; not doing enough; not being perfect; being embarrassed by the person being supported; unable to fulfill other roles in life e.g. parent; friend; student; feeling some responsibility for the illness or disability.

Loss and grief

Carers experience many different losses that may be physical or intangible. One event may trigger former buried losses. Carers may experience loss of

- ♦ the relationship that previously existed with the person being cared for
- ♦ lifestyle the carer used to know
- ♦ income or savings
- ♦ privacy
- ♦ intimacy or companionship
- ♦ opportunities for education
- ♦ friends or social life

- ♦ ambiguous loss (e.g. person with dementia is physically there but for the carer there are also elements of loss).

Grief is the response to a major loss. Carers experience grief that may or may not be linked to death. The sense of grief for some carers can be ongoing and overwhelming, and sometimes results in depression.

Issues for CALD carers

Families in Australia are becoming increasingly diverse and working with carers from CALD communities requires an understanding of the particular issues that these carers experience. It is important to understand cultural expectations and values, to address communication and to understand the impact of experiences of the carer and his/her family prior to their arrival in Australia, which may also contribute to different perceptions and priorities. Sensitivity involving empathy and based on knowledge and understanding can help service providers understand the issues that carers from CALD communities experience. The basic principle for working with CALD carers is inclusion, based on understanding, meaningful communication and mutual respect.

While carers from CALD backgrounds experience many of the same issues that other carers experience although their issues may be exacerbated due to

- Migration experiences involving loss, dislocation or trauma
- Cultural issues that may impact on acceptance of or the way services are provided
- Stigma associated with an illness or disability
- Mistrust of services or fear of lack of confidentiality
- Isolation even within their own community
- Language challenges including lack of information on services in community languages
- Differing gender expectations around the caring role
- Lack of extended family for support

Impact of Being a CALD Carer

Source: NSW Health February 2006 and Carers NSW

Carers from CALD backgrounds experience the same issues that other carers experience. However, their issues may be exacerbated as a result of cultural norms, language barriers and possibly their migration experience.

Carers who have migrated may

- experience stress due to the caring role. Grief and loss issues as a result of increased separation from family and friends; their previous lifestyle; their identity and their country. Simultaneously, the Carer may be supporting the care recipient through the grieving process.
- still be adjusting to an unfamiliar country. The landscape, the weather, architecture, and food will be different. The Carer must also learn new laws and customs, and a different health and welfare system.
- be more vulnerable to mental health issues as a result of trauma.
- be socially isolated as a result of their location and lack of transport options. It may be compounded by the stigma and isolation from family and the cultural community because of the person's disability or illness.

Lessons from the Multicultural Carers Support Service

Newtown Neighbourhood Centre operated a Multicultural Carers Support Service funded by NSW Health under the NSW Carers Program for three years to September 2007.

The project touched the lives of 228 carers from the Culturally and Linguistically Diverse (CALD) communities including the Aboriginal and Torres Strait Islander community via community forums and 204 attended various other functions over the 3-year period.

This project demonstrated that CALD carers:

- Can be isolated and lack access to information on services and support that is available. Forums and gatherings with written and verbal information on services available to carers in community languages were valued by all who participated
- Benefit from access to information on services and support in community languages on an ongoing basis. Carers want information on a wide range of issues, including local services, waiting times and how programs through Centrelink work
- Value opportunities to participate in ongoing activities in order to address isolation and to access ongoing information. The summer lunch and seniors week events were popular and valued. Carers like the opportunity to meet other people in a similar situation
- Benefit from making contact with other people who are in similar caring roles, both in their own community and in other cultural communities

Some lessons from the project for service providers were:

- Local boundaries (like LGAs) are not relevant for carers. Coming together with other carers from their language or cultural community is not shaped by funding or service provision boundaries
- There are challenges in contacting carers from CALD communities. Promotion in the ethnic media worked well, as did
- When organising forums and gatherings of carers from particular CALD communities ensure there are sufficient interpreters, plenty of time for questions and food that is culturally appropriate
- Working in partnership with other local services, bi-lingual workers and ethno specific agencies has huge benefits. It helps identify carers, promote services and get information to carers
- Translation of information through ethno specific agencies had benefits, including being clear and consistent, relevant to the field and cost effective

- Providing transport is important and best if carers can be picked up from home, especially older carers
- Developing good carer support projects and services for people from CALD communities takes time
- There is no 'best fit' for all communities. Working with bi-lingual workers and ethno specific agencies helps projects respond to the particular needs of each CALD community

If you are interested in more details of this project please have a look at http://www.newtowncentre.org/_pdfs/carers_finalreport.pdf

Supporting CALD carers

Cultural awareness is important in working with and supporting CALD carers, including

- an understanding in each community of the responsibilities of caring
- the expectations on carers
- the barriers to CALD carers accessing services.

It is important to avoid making cultural stereotypes. Being familiar with the characteristics of a culture is important for workers but does not mean they apply to every individual from that culture.

To understand the issues in particular CALD communities, it can be useful to contact the ethno-specific community service agency or a bi-lingual worker from that community.

You can find out more in the following areas:

- **Barriers to Service Access for CALD Carers**
- **Tips for Supporting Culturally and Linguistically Diverse Carers**
- **Carers Support Groups**
- **Running a Carer Support Group**

Barriers to Service Access for CALD Carers (source NSW Health, February 2006)

- Language difficulties create communication barriers between the Carer and the health professionals. There may be misunderstandings by both the professional/s and the Carer about diagnosis, symptoms, treatment and support required.
- The Carer may not acknowledge the disability/illness because they feel shame and/or guilt, thus they are unlikely to access services.
- Information is unavailable in their preferred language.
- The staff is unaware of the cultural needs of the Carer and/or care recipient.
- The Carer may have a strong sense of family responsibility.

- The Carer may be unaware of what services are available and/or not understand how the system works.
- The Carer's and care recipient's previous experience of a health system may be completely different to what is available in the local area.
- The Carer may be suspicious of government services because they were forced to flee their country for safety reasons.
- The Carer may have experienced torture and trauma.
- Cultural and gender beliefs/roles may influence certain tasks that the Carer does and doesn't do. For example, a male showering a parent may be unacceptable.
- Carers and/or the care recipient may not be able to access particular services because of their residency status.

Tips for Supporting Culturally and Linguistically Diverse Carers (Source NSW Health, Carers NSW)

Carers from CALD backgrounds share many issues with other Carers, so other resources may be useful. When supporting CALD Carers it is particularly important that you:

1. Speak slowly and clearly.
2. Communicate and explain what is going on. Follow up and give up to date information. Don't use jargon or difficult words or if you need to, then explain what these words mean
3. Take time to listen. Pay attention and listen well to what is also being said between the lines. Make sure carers don't have to tell their story over and over again
4. Make sure the communication between the service provider and the carer doesn't get lost due to professionalism
5. Take time to develop trust.
6. Don't pressure carers into doing things that they don't want to do
7. Use interpreters. If you haven't used the interpreter service before, it may be worthwhile contacting them before you use them and discuss how they work

and the topic to be covered. If an interpreter is uncomfortable discussing a particular topic it is best to request an alternative person

8. Provide information to the Carer about illness/condition, medication or services in their preferred language.
9. Family/case conferences - Be aware of literacy and numeracy issues (including in the carers' first language). It may be helpful to meet with the family and discuss the questions with them prior to the meeting (it will help them better prepare for and better able to voice their concerns).
10. Make sure that you make reference to what activities Carers do and who they look after to help them identify themselves as a Carer.
11. Understand that family means extended family, and in some circumstances includes close friends.
12. Remember that carers have lack of financial resources. Service need to provide things such as transport support, equipment where possible
13. Be aware of services that are available for the Carer to access
14. Explain the nature of a service and the criteria (including waiting lists) comprehensively
15. Utilise multicultural and/or ethnic specific services and resources
16. Make sure that workers are properly trained. Ensure staff have patience as well as knowledge base
17. Make sure workers are trained in cultural competency and sensitivity. Service staff need to be aware of how each culture handles disability or health issues
18. Consult with the communities or bilingual workers before developing brochures or other materials.
19. Utilise the Multicultural Community Centre in your local area. Your local Community Health Centre or an ethno-specific service agency may have a multicultural worker that can assist you.
20. Be mindful that the Carer may not have much experience working with services or health professionals, and health or service settings can be very intimidating.

Carer Support Groups

Source: *Working with Carers from Culturally and Linguistically Diverse Backgrounds*, joint project between Carers NSW, Muscular Dystrophy Association of NSW and the Association of Genetic Support of Australasia, sponsored by NSW Health, May 2007)

Carer Support Groups have been regarded by many people as an effective form of support for carers from culturally and linguistically diverse backgrounds. Although carers may have different needs throughout the lifespan of their caring roles, their needs in a support group can be broadly represented in 5 dimensions:

1. **Emotional Dimension** – an environment where members can have the opportunities to express and process their feelings related to their experience;
2. **Social Dimension** – opportunities for members to develop networks and friendships to share with others in similar circumstances;
3. **Psychological Dimension** – opportunities for carers to learn skills and strategies to help manage change
4. **Educational Dimension** – access to education both formal and informal within a group;
5. **Informational Dimension** – means to keep informed about a range of relevant community, health, financial, library and web resources

(Quality Support Groups Research Project Phase I, Alzheimer's Australia NSW, 2006)

Most carers join a support group because there is a need for education and information, or a desire to meet with other carers in similar situations for support and sharing of experience. However, the benefits of attending a support group go beyond their initial needs.

Attending a support group:

- addresses carers' information and education needs
- provides mutual/peer support
- reduces isolation through social and educative connections
- provides emotional support
- achieves psychological benefit through sharing of experiences and feelings

(Quality Support Groups Research Project Phase II, Alzheimer's Australia NSW, 2007)

Phase II of the Quality Support Groups Research also identifies the reasons given for non attendance as: *lack of community awareness, their reluctance to assert their needs for assistance, unsuitable meeting time and location, and transport and respite issues* (2007).

Some carers choose not to continue to attend a support group because the nature of the group does not suit them. For example, a parent of a child with a disability may find it very difficult to relate to a group of partners looking after their frail aged spouse.

When starting or reviewing a support group for a specific carer population, language or cultural group), it is important to ask:

- What are the needs of the targeted carer population?
- What dimension(s) of their needs does the group address?
- What is the most suitable time and location?
- What strategies can be put in place to publicise the group and help carers attend?
- How can we make carers feel welcome and included (greeting messages in different languages, music that reflects cultural diversity and refreshments that are appropriate)

Running a CALD Carer Support Group

Source: *Working with Carers from Culturally and Linguistically Diverse Backgrounds*, joint project between Carers NSW, Muscular Dystrophy Association of NSW and the Association of Genetic Support of Australasia, sponsored by NSW Health, May 2007)

There is no doubt that effort and quality of support group leaders or facilitators are extremely important in maintaining and sustaining a group.

An effective support group leader would have:

- an empathetic, flexible, accepting and informative **leadership style**;
- group leadership and communication **skills**;
- **knowledge** about the impact of caring, services and managing changes; and
- **good planning!**

(Quality Support Groups Research Project Phase I, Alzheimer's Australia NSW, 2006)

It is also very important for the group leader or facilitator to demonstrate self-care, which means setting clear boundaries and not overloading the self!

Planning for Success

Whilst many carers start going to a support group for their information and education needs, research has found that it is the relationship and support amongst members and with the group leader that makes them stay (Alzheimer's Australia NSW, 2006). Therefore it is very important to ensure the group meetings actually address these needs.

Some carer support groups, particularly those targeting carers from culturally and linguistically diverse backgrounds, have a very informative initial meeting, in which the participants actually decide when, where and how they want to run the group in future. However, many carers who give the initial ideas do not turn up at the meetings again, and the group leaders often have to struggle to maintain the group.

The demanding and unpredictable nature of the caring experience or other priorities may restrict carers from attending the group. The carers may think that they have all the information they need for the time being and do not see the benefits or relevance of going to the group. It is very hard to get their commitment if they do not have a sense of belonging.

Some Useful Ideas

Here are a few ideas that work for some successful carer support groups:

1. Plan a short series of workshops – carers from culturally and linguistically diverse backgrounds share similar issues experienced by other carers. Use what we know about carers' information and education needs in general to plan a short series of workshops. This will also allow carers to plan their time and encourage them to commit to the meetings. A series of 4 to 6 workshops often work well for carers.
2. Plan for a personalised approach – carers who have contact with support group leaders to discuss their situation and what to expect from the group prior to their initial meeting have a better chance of continuing to attend. Some carers will not give a support group a second chance if the first experience is unsuccessful. Knowing the carers will also help you to think through the group dynamic and plan better for the meetings!
3. Plan each workshop so that the different dimensions of needs are addressed. Depending on the nature of the group, whilst inviting a specialist or an expert may attract some carers, it may work completely the opposite way for other carers. Here's a session structure suggestion:

- First half hour
 - Time for informal greetings
 - Second half hour
 - Discussion of each person's situation, sharing experiences, information, services; or
 - Guest speaker
 - Third Half hour
 - Guest speaker, discussion (sometimes continued from second half hour), video, more formal issues sometimes presented; or
 - Caring/sharing – problem solving
 - Fourth half hour
 - Cup of tea/wrap up
4. Promote your group continuously, even if it is a closed group. It takes time for community members to familiarise themselves with the term 'carer' and 'support group'. If it is a close group, keep a contact list.

It is also very useful to connect with your local health, HACC and other support services, because many of them will be happy to come into the group for a short time to introduce their services. This will also generate interests and discussion.

Creating a Supportive Learning Atmosphere

Confidentiality and privacy issues are often not discussed at CALD carer support group. It is, however, very important to bear in mind that even with purely educative and informative events personal stories and issues will also come up. To discuss it with the group and address the concerns of some carers right from the start is very important. This will help creating a support atmosphere which encourages carers to share their experiences, feelings, issues and ideas.

Ken Alexander advises carers to avoid badly run groups that do nothing but 'awfulise' the caring experience and *guilt instillers* (1991). Using the experiences or issues of individual carers as examples to practice problem solving and enhance coping strategies is a practical way to support carers.

Demonstrating Self Care

Adults learn from each other. A support group leader who does not practice self care strategies will have huge difficulty convincing carers to look after themselves. A carer support group leader does not need to have an answer for everything and be responsible for everyone. Knowing when and how to refer to link the group members up with other services will help carers to understand that it is ok to seek help.

Finding out more to support needs of CALD carers

Carers organisations and information services

Carers NSW	<p>For up to date information on carers including:</p> <ul style="list-style-type: none">▪ updated statistics for your area▪ working with carers▪ training for agencies working with carers▪ Carer Support Kits in English and 13 community languages▪ translated facts sheets in 17 community languages on:<ol style="list-style-type: none">1. <i>Carers NSW</i>2. <i>The seven habits of highly effective carers</i>3. <i>Carer support groups</i>4. <i>The impacts of a residential placement</i> <p>contact Carers NSW phone 1800 242 636 or 02 9280 4744 or visit http://www.carersnsw.asn.au/</p>
Commonwealth Carelink Centres	<p>Information on services for carers can also be obtained from Commonwealth Carelink Centres on 1800 052 222 or by visiting www.commcarelink.health.gov.au</p>
Seniors Information Service	<p>For information and facts sheets on a range of issues relating to older people in NSW, either call 131244 or visit http://www.seniorsinfo.nsw.gov.au/</p>

Translating and interpreting

National Translating and Interpreter Service (TIS) phone 131 450 (note charges may apply)

Local information and services

Contact your local neighbourhood centre or community centre – for details of your nearest centre in NSW call Local Community Services Association on 1800 646 545 or visit <http://www.lcsa.org.au/>

Contact your local council and ask for the Aged Services worker.

Support and information for specific conditions

For organisations providing support and information for specific conditions

Areas of concern	Organisations to contact	Phone numbers
<i>Aboriginal Health</i>	Aboriginal Health and Medical Research Council of NSW	(02) 9698 1099
<i>Ageing</i>	Council on the Ageing	1800 182 324
	Aged Care Information Line	1800 500 853
	Combined Pensioners & Superannuation Assoc. of NSW	(02) 9281 3588 or free call from country areas 1800 451 488
<i>AIDS</i>	AIDS Council of NSW (ACON)	1800 063 060
	People living with AIDS	1800 245 677
<i>Arthritis</i>	Arthritis Foundation NSW	1800 011 041
<i>Autism</i>	Autism Spectrum Australia Autism Information Line	(02) 8977 8377
<i>Cancer</i>	The Cancer Council NSW Helpline	1300 302 920
<i>Cerebral Palsy</i>	Cerebral Palsy Helpline	
<i>Counselling</i>	Carers NSW	1800 242 636
<i>Dementia</i>	Alzheimer's Australia National Dementia Helpline	1800 100 500
<i>Diabetes</i>	National Helpline	1300 136 588
<i>Disability</i>	Multicultural Disability Advocacy Service	1800 629 072
	Department of Disability, Ageing and Home Care	(02) 8270 2000
	Disability Council of NSW	1800 044 848
<i>Down Syndrome</i>	Down Syndrome NSW	(02) 9683 4333
<i>Emphysema</i>	The Australian Lung Foundation	1800 654 301
<i>Epilepsy</i>	Epilepsy Action Australia	1300 374 537
<i>Genetic Disorder</i>	Association of Genetic Support of Australasia	(02) 9211 1462
<i>Head Injuries</i>	Brain Injury Association of NSW	1800 802 840
<i>Incontinence</i>	Continence Foundation of Australia	1800 330 066
<i>Intellectual Disability</i>	NSW State Council for Intellectual Disability	1800 424 065
<i>Mental Illness</i>	Mental Association NSW	1300 794 991
	SANE Australia	1800 187 263
	ARAFMI NSW	
	MC mental health group	

Areas of concern	Organisations to contact	Phone numbers
	NSW Mental Health Association	
	Schizophrenia Fellowship	
<i>Motor Neurone Disease</i>	Motor Neurone Disease Association of NSW	1800 640 144
<i>Multiple Sclerosis</i>	Multiple Sclerosis Society NSW	1800 287 367
<i>Muscular Dystrophy</i>	Muscular Dystrophy Association of NSW	1800 635 109
<i>Parkinson's Disease</i>	Parkinson's NSW	1800 644 189
<i>Spinal Cord Injury</i>	Spinal Cord Injuries Australia	1800 819 775
<i>Stroke</i>	Stroke Recovery Association NSW	1300 650 594

For more information and web links to a full range of agencies providing support and information on particular conditions visit www.carernsw.asn.au and click on 'Links'



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