



# **CULTURALLY AND LINGUISTICALLY DIVERSE CARERS ROUNDTABLE RECORD OF MEETING**

Prepared for the Australian Government  
Department of Social Services  
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**AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS**

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# INTRODUCTION

In October 2023, the Minister for Social Services, the Hon Amanda Rishworth MP, announced that a National Carer Strategy would be developed to deliver a national agenda to support Australia's carers.

Carers Australia has been contracted by the Department of Social Services to organise a number of roundtable discussions to enable lived experience carers to inform that strategy.

The topics to be discussed are determined in collaboration with the Department of Social Services (DSS) based on identified need. Following each roundtable, a record of the meeting is to be provided to the Department of Social Services, followed by a public brief made available on the Carers Australia website.

On 12 June 2024, the Culturally and Linguistically Diverse (CALD) Roundtable was held in Canberra. Carers Australia greatly appreciates and values the input from attendees.

As the name suggests, CALD carers are individuals who were either born overseas or whose family members were born overseas. They may or may not speak English at home. It is estimated that between 25% and 30% of all carers in Australia are from Culturally and Linguistically Diverse (CALD) backgrounds ([Recognising, valuing and supporting unpaid carers \(aph.gov.au\)](https://aph.gov.au/Recognising_valuing_and_supporting_unpaid_carers)).

21 CALD carers from across Australia attended the June Roundtable. The vast majority were born overseas and nearly all spoke a language other than English at home. Some were caring for children with disability, some for partners and others for parents. Some cared for one person while others had multiple caring roles. They, or those they cared for, came from a range of countries and major geographic regions. Most were full-time carers and unemployed. Further detail can be found in Appendix one.

The day began with information about the National Carer Strategy, followed by each carer telling their story.



The remainder of the day was split into three key themes:

- **Session 1: Access to carer supports**
- **Session 2: Language and cultural implications for carers**
- **Session 3: Carer Strategy discussion**

Taken together, these themes embraced both current access to support and services, and potential solutions to addressing pain points in the service systems accessed by CALD carers.

The focus was not confined to carer services as delivered by the Carer Gateway and other carer support services. It addressed areas across a number of portfolios and also the design and accessibility of services for those they care for from both a general and CALD perspective.

In particular, problems with navigating My Aged Care or the NDIS were identified, and for those with a pressing need for respite, the difficulty of getting access when it was needed was highlighted.

We know from other sources that many of the challenges identified in carers accessing supports for themselves and for those they care for are not only experienced by CALD carers, but across the spectrum of carers. However, CALD carers can face a higher level of difficulty arising from a lower level of English proficiency and confidence which can impact on their capacity to engage effectively and present their case across these support systems. What were perceived as patterns of discrimination in such engagement were also identified by participants

The comments of individual carers paraphrased below were endorsed by other participants.



# ACCESS TO CARER SUPPORTS AND LANGUAGE AND CULTURAL IMPACTS

The first session of the Roundtable was Access to Carer Supports and the second was Language and Cultural Implications for Carers. However, the conversations around these two themes were inextricably inter-linked and they have been combined here.

## BARRIERS TO FINDING OUT ABOUT SUPPORT

Many participants had been carers for years without realising any support was available to them. Part of this problem arises for some CALD carers through their own lack of identification with the label “carer”. It is not a term used within their culture for caring for a relative or friend.



*One carer had been caring for about 20 years but didn't know he was regarded as a carer because he associated himself and what he did simply with the terms “son” and “husband”. It wasn't until a clinician pulled him aside in a hospital and asked “how are you doing yourself?” that he started his journey to identify with the term “carer”, and that led him to finding support, education and community.*

Even when CALD carers did have a perception that support was available to them, they often didn't know how to find it.

And those who eventually found out about the Carer Gateway were often disappointed by the type of support they were offered.

Generally, participants were not familiar with the range of services offered by the Gateway, nor were they advised of what was on offer when they contacted the Gateway. Many CALD carers learn about their regional Carer Gateway provider from members of their community and will not necessarily access the Gateway website or be aware that the website offers translations for certain information in a number of languages (29 non-English languages for factsheets about the Carer Gateway and factsheets in 7 languages about being a carer and seeking support). Participants also described challenges navigating Carer Gateway websites making it hard to know what services they wanted and what were available.

Their expectation was that they would tell the Gateway staff what they needed, and this would somehow be arranged for them.

They were somewhat confused with the initial vetting/onboarding process which they found challenging and time consuming, and there were complaints that Gateway staff told them what they should access rather than ask them what they thought they needed.



*A carer complained about the initial interview and being asked to identify the worst aspects/experiences of her caring role as part of this process. She found this traumatising and it haunted her for many days.*



*A carer of a seven-year-old daughter with Down's Syndrome, who requires a lot of lifting and other physical support, wanted access to gym membership to build up her physical strength but was told that this was not available. (While such a request might seem frivolous at face value, it could be considered in the context of tailored support packages offered by the Gateway where it addresses a specific caring need.)*

There was a widely supported call for government subsidised communications devices such as laptops and iPhones.

There were also complaints about inconsistencies in service provision across the range of Gateway providers; a perception which was reinforced at the Roundtable when participants compared notes.



*A carer pointed out that mental health support is very important and currently not really available through the Gateway. She was told by her Gateway provider that she could have one session with a psychologist, and the Gateway found the provider for her. However, she was told that she could only access one session for the duration of her Gateway engagement, while other participants mentioned they could get one session a year or more.*

## **CULTURAL BARRIERS TO ACCESSING CARE WITHIN COMMUNITIES**

Some participants identified that, within their family and community, there was little recognition or acceptance that outside replacement care was required or that other special support for family carers was needed. The perception was that providing care is just something families do –it's routine, not special.



*One carer identified that, in her culture, there is expectation that you don't need external support or a holiday because "my wife is at home" so "why do we need support?"*

Participants noted that when they did engage with system navigators and service providers, they felt disrespected and discriminated against.



*If you don't speak English well, service providers automatically assume you don't know what you're talking about. Carers feel unheard and demoralised. Imagine how they treat people who can't read and write English. We should not need to flash credentials to be taken seriously as an expert in the care of the person we love.*

Stigma attached to accessing services was identified as a barrier to access both within cultural communities and interactions outside their communities.

## **POOR ACCESS TO CULTURALLY APPROPRIATE REPLACEMENT CARE**

When participants and those they care for did want to access support services, they identified difficulties in accessing substitute care which was acceptable to themselves and/or the people they care for or support services for themselves.



*In my culture we don't like respite as a concept, it is seen as culturally inappropriate. In addition, when the person cared for agrees to receive some help, in-home respite workers are hard to find.*

Even where they thought regional Gateway managers' staff did have cultural awareness training, their sub-contractors often didn't.

The lack of support workers who understand specific cultural nuances, languages and values was also identified, and it was noted that this does not mean interaction with just any support worker from a multicultural background.

Within the context of services provided by the Carer Gateway and other service providers, respite and peer support were identified as areas which needed a specific CALD focus and delivery. Some participants noted that they had been referred to peer support groups but did not feel comfortable if they were significantly outnumbered by non-CALD participants. Ideally, they would want a peer support group from within their own culture and language group.



*One carer said he is often excluded from social events organised by service providers and he felt this was due to discrimination. "The places are always limited and priority always seems to go to the white Anglo carers".*

With respect to respite, whether in-home respite or community respite, they would be reluctant to access it, as would the people they care for, if it doesn't meet their specific cultural requirements.

## OTHER ISSUES RAISED

- Some CALD carers, perhaps many, need individual advocates who know their culture, speak their language and know the range of supports available, including beyond just the direct carer support services, to help them navigate their way.
- There was a very strong preference to access support through cultural community organisations rather than mainstream organisations. Such organisations are perceived as more understanding and trusted sources.
- Where it is particularly difficult to access the specific support they need from within mainstream services, some carers can call upon family members from overseas to help them out. However applications for the two permanent Carer Visas (sub-class 116 for family member residing overseas or 863 for family members already in Australia) can take a very long time to process, and the number of visas is annually capped. It was noted that, in some cases, family members will be willing to provide additional support in Australia for a short period of time, which will be of great assistance at various points in the caring journey. Such support can be particularly helpful where the carer belongs to a small, scattered ethnic community. It was suggested that it would be helpful to have a special visa category for these circumstances.



# SOLUTIONS

## **IMPROVED CALD CARER RECOGNITION – BOTH FOR THEMSELVES AND FOR OTHERS**

- There is a need for greater awareness, recognition and normalisation of the carer role within CALD communities, as caring is often seen as a cultural obligation rather than an identified role. Suggestions included showcasing CALD carer examples in promotional materials and having CALD community leaders/advocates promote carer support services. Such promotions should include campaigns directed specifically to CALD carers as well as the incorporation of CALD carers in mainstream campaigns. Promotional materials need to showcase different models of CALD caring. They should include men and young people in the imagery so that they can self-recognise. Materials should highlight the benefits of caring, but also acknowledge the challenges.
- Young carers need to be identified by the education system, and teachers and students encouraged to understand and respect the value of these carers and the challenges they face.

## **IMPROVED AVENUES OF COMMUNICATION ABOUT SUPPORTS AVAILABLE**

- There needs to be a carer manual to help carers from the get-go. Carers are ‘thrown into’ the caring role.
- Information packs should be provided in different languages and placed in spaces where CALD carers will actually see them, such as mosques, churches, doctors’ surgeries, cultural centres and social centres.
- There is a need to work with faith-based organisations to educate them on carers and available supports. People often turn to their religious groups to look for guidance and support.

## **CALD AND/OR ETHNIC SPECIFIC CARER SUPPORT FROM NAVIGATORS AND PROVIDERS**

- Paid advocates are needed for CALD carers to connect with on an individual basis and to advocate both for the carer and the person they care for. Such advocates are needed not just for carer supports and services, but also for accessing services such as aged care, disability care, health care, and engaging with Centrelink.
- Access to carer mentors, people who have had prior experience of the service system, was also suggested.
- CALD carers themselves need to be taught advocacy skills and community organisations should be funded to train carers in advocacy.
- A CALD carer hotline was also recommended which should employ staff who can communicate in different languages as well as being culturally aware.
- There was a strong emphasis on the need for cultural training for key access points to services – including trauma informed training - for service providers.
- CALD community organisations should be funded to both assist with the understanding and navigation of carer supports as well as to provide supports; especially against the background where some CALD carers may distrust government service providers and non-CALD community service providers.

## **OTHER SUGGESTIONS**

- The creation of a short-term visa class which is readily available and can provide a means to access family support from overseas from time to time.
- Providing carers with a funded “care package” (perhaps \$2000 to \$3000 per year) which they can use to select a range of activities and services they think they need to improve their wellbeing.
- Cultural awareness training for dentist surgeries and GP practices to better recognise CALD carers and their needs. These are also good places for sharing information as carers tend to spend a lot of time in waiting rooms.
- Assistance for carers to transition into employment.
- A national Carer Card. As well as a means of identification, corporate sponsorships or partnerships should be explored to get concession rates for carers (travel was mentioned).

# CARER STRATEGY DISCUSSION

Building on earlier conversations, participants were asked to identify key themes to be included in the National Carer Strategy.

There was very strong support for improved advocacy assistance, as outlined above. This would involve assistance with identification and navigation of supports but also assistance in obtaining those supports.

Better access to carer supports also had a strong focus, which included improvements to the Gateway and other mainstream services providers to be more culturally sensitive, but also the capacity to get support from CALD specific community organisations.

There is a need to address stigma and discrimination across the board when accessing services.

Better directed and timely information about CALD carers and their needs which is directed to specific ethnic groups and mindful of their particular cultural norms and requirements.

The need to embed all these priorities in the main service support for those they care for, such as the NDIS and My Aged Care, as well as access to support through Services Australia and engagement with health professionals and hospitals.



# CLOSING SESSION

Kartika Medcraft-Smith, Director of Carer Policy within the Carers and Early Childhood Branch of the Department of Social Services, gave a short presentation on the Strategy and efforts underway to develop this.

The Strategy will recognise the immense contribution of Australia's unpaid carers to the community and provide a framework for coordination of carer policy across Commonwealth portfolios including aged care, disability, veterans' affairs and mental health. It will be developed in consultation with carers across Australia to reflect the diversity of carers, the challenges they face and appropriately supports carers' wellbeing, as well as their economic and social participation.

A National Carer Strategy Advisory Committee has been formed to support the development and implementation of the Strategy. The Advisory Committee will include carers with lived experience from diverse backgrounds as well as sector representatives from across a range of portfolios, including aged care, disability, veterans' affairs, and mental health.

The Department of Social Services will undertake a range of outreach and consultations with as many carers as possible. The Department is conducting consultations specifically with First Nations in a range of locations. It is undertaking twenty outreach events in all states and territories.

They have engaged Carers Australia to deliver roundtables (such as this one) and a number of other events.

The Department of Social Services will launch a number of targeted surveys which will be available online. Some of these will be quite short (10 minutes) and some more detailed, recognising that many carers are time poor and may have limited time to complete surveys.

The general population will have the opportunity to comment on the draft Strategy before it is finalised. The Department of Social Services is leading the engagement and other with other National Government departments will also be involved.



# APPENDIX 1: SURVEY RESPONSES REDACTED

Name	Age	From	Regional or urban	Age became carer?	Who do you care for, and why do you provide care? E.g. mental health, substance abuse, disability, chronic illness, degenerative illness etc.	Live with the person / people you care for?	Hours of care / week	In education? What level?	Currently employed? What type?	Cultural group?	Language spoken at home?
NC	54	ACT	Urban	33	Husband with chronic illness and degenerative illness and disability	It's complicated	50+	No	No	Thai /Asian	Thai / English
GS	43	Tas	Urban	41	Mother living with dementia	Yes	0-19	No	No	Filipino	Tagalog/ English
DD	49	ACT	Urban	38	I care for my son who is autistic, non-speaking and needs a very high level support daily with all his needs. He is diagnosed with PTSD, ADHD, GAD, Agoraphobia and Dyspraxia.	Yes	50+	Yes, PhD	No	Australian	English
MC	64	WA	Urban	35	My husband and younger sister, mental health	Yes	20-49	Yes, Grad Dip	No	Romanian / Eastern European	Romanian & English
HL	55	Vic	Urban	30s	My three children (Autism, severe mental health issues), my elderly parents.	It's complicated	20-49	No	Self-employed Part time	German	German & English
JA	50	NSW	Urban	40	I have cared for a sibling with a mental illness in the past.	No	20-49	No	Yes, full-time	Italian	Italian

Name	Age	From	Regional or urban	Age became carer?	Who do you care for, and why do you provide care? E.g. mental health, substance abuse, disability, chronic illness, degenerative illness etc.	Live with the person / people you care for?	Hours of care / week	In education? What level?	Currently employed? What type?	Cultural group?	Language spoken at home?
					Currently I care for my mother who has lung disease.						
LN	64	Tas	Urban	45	Family member with post traumatic severe depression	Yes	0-19	No	Yes, self-employed, full time	Filipino	English
CK	42	QLD	Urban	36	I care for my daughter (8), my husband and my son (3). All of them have autism at different levels, my daughter also has adhd, pda and ehler danlos syndrome. My husband suffers from anxiety and depression.	Yes	50+	No	Yes, self-employed, part time	German	English
KH	46	ACT	Urban	44	My father, stroke survivor, dementia, issues from refugee heritage and other stuff.	Yes	0-19	No	Yes, part-time	Vietnamese	Vietnamese
AC	76	SA	Urban	41	1. Mother In Law from 1987 to 2017. 2. Daughter, from 1996 to 2023 3. Wife, from 2015.	Yes	20-49	No	No	Greek	English
FK	43	SA	Urban	34	Daughter - intellectual and developmental disability	Yes	0-19	No	Yes, part-time	Southeast Asian	English

Name	Age	From	Regional or urban	Age became carer?	Who do you care for, and why do you provide care? E.g. mental health, substance abuse, disability, chronic illness, degenerative illness etc.	Live with the person / people you care for?	Hours of care / week	In education? What level?	Currently employed? What type?	Cultural group?	Language spoken at home?
KS	50	Vic	Urban	16	Father, Mother, Friend CALD for Father and Friend. Ageing for all 3.	It's complicated	20-49	Post grad	Yes, part-time	Australian / Croatian	English
HG	73	NSW	Urban	70	Wife. Kidney issue	Yes	50+	No	No	Indian	English & Hindi
SU	46	Vic	Urban	38	Family member with disability	Yes	50+	No	Yes, full-time	Rwanda	Kinyarwanda
HL	43	NSW	Urban	28	Family member - chronic mental health challenges	Yes	20-49	No	Yes, full-time	Australian / ethnic Chinese	English, Cantonese
DK	42	VIC	Urban	33	I care for my son who has diagnosed with Epilepsy Intellectual disability Autism	Yes	50+	TAFE	Yes, part-time	Orthodox	English & Macedonian
SK	60	VIC	Urban	30	I care for my son who is diagnosed with autism, intellectual disability and later PTSD (as he was being attacked at a train station while learning independence skill to use public transport)	Yes	50+	TAFE	No	Chinese	Mandarin
M M	48	VIC	Urban	36	Disability and chronic illness	Yes	50+	No	Yes, part-time	African	English & Shona
AS	49	NSW	Urban	36	PTSD (1 <sup>st</sup> person) Chronic illness (2 <sup>nd</sup> person)	Yes	20-49	No	Yes, full-time	Australian – Noth Macedonian	English & Macedonian



## ABOUT US

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, alcohol or other drug related condition, terminal illness, or who are frail aged.

In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represent the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers should have the same rights, choices and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education.

For further information on this report, please contact [policy@carersaustralia.com.au](mailto:policy@carersaustralia.com.au)

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