

“SPEAK UP” PROJECT



Enabling CaLD family carers to
learn about self-advocacy
and teach those skills to the



person they care for
(Focusing on carers from the
Muslim and African communities)



November 2007



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1. Acknowledgements

The Ethnic Disability Advocacy Centre (EDAC) would like to thank all individuals and organisations who supported this project. In particular special gratitude is extended to:

- Muslim Womens’ Support Centre
- Metropolitan Migrant Resource Centre (Mirrabooka)
- Local Area Coordination Services, including District Managers and Local Area Coordinators
- Co-facilitators from the CaLD communities identified for the workshops
- Workshop attendees
- Maranda Ali – Project Officer/Facilitator

2. Executive summary

The Disability Services Commission (DSC) and other agencies now identify aged carers as a target group warranting priority attention. This recognition has further been explored by EDAC for Cultural and Linguistically Diverse (CaLD) carers. One of the major issues that have been identified in EDAC’s research is the lack of self-advocacy skills that many CaLD carers possess, which is critical to enable them to forward such skills to the person they care for resulting in reduced concerns for the carer about the future for the person they care for. In particular, EDAC has recognised specific CaLD carers from communities such as the Muslim and African communities; with carers from Somalian communities seen as a priority

Through the vision of EDAC and funding by Carers WA a project was developed with the aim to teach culturally specific self-advocacy and communication skills to family carers from a CaLD background where those skills could be transferred to the person they are caring for, enabling them to “speak out” about issues that concern them. This project would address the following objectives:

1. To develop a culturally sensitive delivery program for training carers about self-advocacy and how to teach self-advocacy skills to the person they care for
2. To run three culturally specific self-advocacy workshops with a total of 36 carer participants from specific CaLD communities, with the Somalian Community seen as a priority for one of the workshops.

Five workshops were developed in geographical locations that represented Perth’s culturally diverse areas, which included Rivervale (South East Perth), Bentley (South Perth), Mirrabooka (North Perth) and Subiaco (Central Perth), with only four workshops being implemented, due to insufficient numbers registered for the Eritrean workshop. Four of the five workshops targeted participants from specific CaLD backgrounds from the Somalian, Muslim, Sudanese and Eritrean communities. Due to the cancellation of the Eritrean workshop another workshop was held for carers from the general CaLD background.

Issues that were brought out during the workshop included concern of education environments, service providers not understanding CaLD issues, isolation from Australian and CaLD communities, housing concerns, limitation of services and migration issues.

Most objectives were achieved. 39 people registered for the workshops with a total of 27 people actually attending, most reported how they had enjoyed the workshop and have learned valuable new skills. A facilitator, who was also a CaLD carer, was recruited by EDAC to develop and implement the self-advocacy training, providing a

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unique strategy to help people relate to the skills required for self-advocacy (which became evident within the workshop evaluations). Each workshop (except the general CaLD workshop) focused on providing an environment that was unique to their ethnic background, this included recruiting a family carer/community leader as a co-facilitator, who was able to speak their language and providing culturally appropriate lunch. This enabled carers to feel more relaxed and safer to ask questions and discuss issues with the facilitator that concerned them when trying to self-advocate.

Though implementation and evaluation of the project six recommendations were noted, these recommendations are:

1. Culture specific workshops on communication and stress management
2. Translation of workbook used in workshop
3. Culture specific focus groups
4. Culture specific disability awareness training
5. Workshop for service providers on relating to CaLD carers and disability
6. Provide similar self-advocacy workshops for other CaLD communities

3. Planning

A committee was established for the project and met monthly to develop a project timeline and ensure an appropriate structure was in place towards maintaining accountability throughout the project in regards to adhering to the aims and objectives outlined in the funding submission, budgeting, supervision and reporting methods. This committee consisted of Jenny Au Yeong (Executive Officer), Thuan Geh (Administrator) and Maranda Ali (Project Officer/Facilitator). This committee identified a 12-month timeline for the project, which would be divided into:

1. Project planning – 1 month
2. Development of training package – 2 months
3. Workshop implementation – 7 months (including time for an extra workshop if target participants not reached)
4. Report writing

In adherence to the funding application it was determined the projects aims were to teach culturally specific self-advocacy and communication skills to family carers from a CaLD background, where those skills could be transferred to the person they are caring for, enabling them to “speak out” about issues that concern them.

It was also determined the objectives would adhere to the following criteria outlined in the funding application:

1. To develop a culturally sensitive delivery program for training carers about self-advocacy and how to teach self-advocacy skills to the person they care for
2. To run three culturally specific self-advocacy workshops with a total of 36 carer participants from specific CaLD communities, with the Somalian Community seen as a priority for one of the workshops.

It was planned that the training package would be developed utilizing the *Let Me Speak*, self-advocacy workbook developed by EDAC, a book that was tested with EDAC on carers from the general CaLD community. This training package would focus on a summary of the major self-advocacy steps identified in the book, being:

1. Understand self-advocacy
2. Understand yourself
3. Understanding your rights and responsibilities
4. Understand the problem
5. Understand how to prepare for self-advocacy
6. Understand how to do self-advocacy

This vision incorporated a sample of the activities from each step to be included in the training package that were similar to the workbook, but adjusted for culture sensitivity which was identified within each workshop, such as respecting traditional

roles of family members and ensuring correct terms were used that didn't offend participants. The planning of the training package was to enable each workshop to run for four hours, with the agenda allowing for a short morning tea break and also incorporated extra time in the agenda to enable participants to interact with other carers from their community with similar concerns, which they can identify and network with during a culture specific lunch, which was funded through the project.

It was also anticipated that each specific cultural group would have issues relating to their caring role that were unique to each other and that information may need to be provided for each workshop that was different to other workshops, such as languages information is translated into. This required a plan for what generic information should be provided in an information package and what extra information would need to be provided, with the knowledge that an information package that is unique to each community group would provide a resource that will enable participants to implement the skills they were taught during the workshop.

Broad research was to be undertaken to determine which specific CaLD clients were to be targeted for each workshop, this was done through conversations with DSC Local coordinator managers and previous research by EDAC. To ensure each workshop was adequately accommodating specific cultural concerns, enabling participants to feel safer when discussing self-advocacy issues relating to their caring role, it was decided to obtain some background research for each community group. This research involved:

1. Identifying and recruiting family carers as co-facilitators for each workshop, who were recognised as community leaders and were able to translate workshop information, if needed.
2. Identifying caterers for each CaLD community, to ensure a more relaxed environment to discuss self-advocacy as a Carer.
3. Identifying cultural specific concerns that would impact how participants received the information from the workshop, such as using the word 'disability' has a negative connotation in some communities.

To enable adequate reporting measures for the development of each workshop, it was identified that each co-facilitator would be required to report back to the Project Officer a week before the workshop was delivered to ensure;

1. Registrations for each workshop met the minimum quota of 10 attendees,
2. To confirm catering had been organised from a member of the community and
3. Feedback on the number of carers who would require transport subsidy.

Methods of advertising were also discussed during the planning of the workshops, with the agreement that each workshop should be advertised via a generic flyer which information could be adjusted for each workshop. It was also agreed that these flyers should be advertised through various methods including advertising through mail,

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email and personal invitations. A generic source was identified for distribution of information for the workshop that included Local Area Coordinators and EDAC’s mailing list. It was also envisioned that flyers could be distributed in person by co-facilitators and through databases of organisations relevant to identified culture group of each workshop.

Funding was allocated, by means of a small travel subsidy (\$10) per Carer, which was made available to all attendees for the workshops. This subsidy was payable on the day upon request during registration.

The effectiveness of each workshop, and the project overall was to be evaluated via feedback to the committee from the Project Officer and via written feedback through an evaluation form (see Appendix 8.1), to enable anonymity. This form was to be developed with brief questions relating to participants interest in the topic, appropriateness of information, what they liked and what could be improved, this participant feedback was to be evaluated after each workshop with the results being forwarded to the committee to recommend changes if needed to the training package or delivery of workshop.

4. Implementation

A 4-hour agenda was included in the training package (Appendix 8.2), which incorporated the scheduled 6-step skill development outlined in the “*Let me Speak*” workbook. Within the agenda time was allocated for a morning tea and lunch break, with the realization early in the series that the lunch break should be scheduled after the completion of the workshop, enabling continuity of the information provided and creating a more relaxed environment for participant to discuss their caring roles with others.

A training package was developed with the use of PowerPoint presentations (Appendix 8.2). These presentations were useful to encourage stronger visual representation of ideas, limited distractions and quick modification of relevant content for each workshop (such as reducing content when translation was required). It was determined that the training package would include the points in each self-advocacy step that was seen most relevant to carers from a CaLD background as outlined in the workbook, which included:

1. Understand self-advocacy
 - Outlining what is self-advocacy
 - Where it can be used
2. Understand yourself
 - Identifying when self-advocacy has and hasn’t worked for each participant
 - Identifying types of skills that can be used in self-advocacy
3. Understanding your rights and responsibilities
 - Briefly learning about legislation relating to their role as a CaLD carer
 - Identifying information useful for others to know to help them facilitate change
4. Understand the problem
 - Identifying one or two key words to describe the problem
 - How to break the problem down to smaller issues
5. Understand how to prepare for self-advocacy
 - Ways to collect information, where and who can provide them with information
 - Benefits of obtaining support from people they trust to practice their skills
6. Understand how to do self-advocacy
 - Communication methods and when used e.g letters, phone calls and meetings
 - Briefly outlining negotiation and conflict management strategies

While developing the package the Project Officer had discovered a lot of information that could be useful towards understanding how to develop specific skills wasn't able to be included in the training package due to time restraints, such as exploring various effective communication and negotiation methods. This point became evident through the workshop evaluations (see recommendation 6.1).

It was also discovered through the background research that the training package would need to focus on particular areas such as understanding the rights of carers and person with a disability if they have come from ethnic background where the freedom to speak up and complain about government policies was limited. Flexibility was also required within the training package to account for extra time being required to explain and explore with participants concepts and skills that were difficult to understand like understanding what self-advocacy is and what environments it could be used in.

The main focus for the activities was a hands-on approach with the opportunity for participants to engage in brief discussions about self-advocacy steps, where participants were encouraged to identify times they were successful in “speaking up” and times they were *not* successful in “speaking up”, these activities helped participants identify self-advocacy skills they were good at and what skills they could improve on. This activity then helped to provide a sense of continuity and relevant experience where participants were to use one of their examples (or alternative example from training package if they couldn't think of one themselves), to define the problem in a few words and break the problem down to smaller issues, identifying who they could get support from and where they could use their self-advocacy skills to solve the problem. An extra communication activity was also added to the package to reinforce how people interpret information differently, encouraging the need to clarify information received when self-advocating.

Each workshop required unique strategies to be utilized when activities were introduced. Although the activities were relevant in reinforcing the skills, it was found that adjustments needed to be made to encourage better participation. These adjustments included limiting the need for written responses for participants with limited to no English skills, which resulted in better participation from attendees and the ability to conceptualise the skills taught within the package.

A generic information kit was provided for each workshop, which included:

1. Pen and note pad (to take notes)
2. Information about Carers WA
3. Information about the LAC services
4. Information about EDAC
5. Evaluation form
6. Handouts of the activities for the workshop

During background research it was discovered that some issues were prevalent in each community group that couldn't be addressed during the workshop but information could be provided for them through the information kit, some of these issues included

1. Information of age care organisations for CaLD communities (Sudanese Workshop)
2. Information of types of services provided by DSC (Muslim Workshop)
3. Assistance equipment (Somalian)
4. Information on racism and discrimination (all workshops)

A flyer was developed for each workshop (Appendix 7.3), which was distributed utilizing the following methods:

1. Personal invitations from each co-facilitator, who also developed a registration list for people that didn't feel comfortable to call the Project Officer to register.
2. Emailing the flyer to relevant agencies such as Local Area Coordinators, Muslim Womens' Support Centre and Metropolitan Migrant Resource Centre (Mirrabooka)
3. Mailing invitations to carers on EDACs database
4. Web page advertisement on EDAC website and AussieMuslim.net (for Muslim workshop)

Overall five workshops were advertised, with only four being implemented due to insufficient numbers registering for the Eritrean workshop, only three people registered and decided to attend the Sudanese workshop instead. Background research had identified there was a concern about how the community may relate to discussing issues about disability and their caring role, special strategies were put in place to address this issue, which may have been a cause of reduce registrations (see recommendation 6. 4). It was realized early within the series that more time needed to be allocated for the training package to enable people to learn the various communication, stress management and conflict negotiation skills, a common feedback from all workshops.

After each workshop improvements were made on delivery strategies to ensure participants obtained the most value from each workshop. These improvements included:

1. Eliminating the need for people to write responses on activities due to limited English verbal and written skills. These difficulties of reading and writing English had also become a barrier for participants to further develop their skills at home. A summarized version of the information from the book would have reduced the barrier (see recommendation 6. 2)
2. Condensing the information to be delivered further to enable extra time for translations

4.1 Muslim carers workshop

The Muslim community is widely spread throughout the Perth metropolitan area, coming from a wide range of countries with many arriving in Australia as recent migrants and refugees. Many Muslims tend to concentrate within areas where there is easy access to the Islamic schools and Mosques, with a majority of the schools being located south of the river. This information helped to determine the location for the Muslim carers workshop, which was within Rivervale. Islam itself is also a religion that is diverse in nature, requiring brief understanding of various practices.

Background research had identified specific cultural concerns to be addressed when delivering the training. These concerns included making allocations for segregation of men and women (if attendees felt uncomfortable with participation while members from the opposite sex were present), ensuring the allocated break time would coincide with Islamic prayer times and ensuring a suitable environment was available for people to prepare and perform prayers during the lunch break.

While carers were identifying situations where self-advocacy didn't work, a few common issues began to develop from the carers that included:

1. Their child being bullied at school because of their disability
2. Difficulty in finding support workers who understand the needs of people in their specific CaLD community
3. Isolation from their own community and family members due to lack of understanding of disability issues

Feedback from the evaluation forms found that participants enjoyed identifying and recognising the skills they were good at and enjoyed “the opportunity to speak and talk to someone who lives the same situation, which makes it easy to understand”. Most people mentioned they would have liked to obtain more skill development in areas such as letter writing, research and stress management (see recommendation 6.1)

4.2 Somalian carers workshop

EDAC has recognised a growing number of carers from the Somalian communities are requiring and requesting to learn self-advocacy skills. Background research identified that the primary caring responsibilities are found with the women in the family, where many exceed Australia's average child per family ratio, adding extra difficulties to their caring role. The research also identified sensitivity of recent civil unrest in Somalia with regards to organisations in WA for people from Somaliland. It

was also recognised that many people in WA from Somalia are Muslims, requiring sensitivity similar to that of the Muslim workshop.

Most attendees at the workshop were not able to speak English, which required extensive reliance on the co-facilitator to translate information. It was also evident from the beginning of the workshop that most participants were not able to utilize the handout activities due to inability to read English, causing the need to ensure that future workshop activities are created so people don't need to read or write English (see recommendation 6.2). Many participants had difficulty recognising the difference between self-advocacy and pray, where a number of attendees related self-advocacy to praying for God to make changes. Through cultural sensitive strategies the participants were able to then relate to prayers as the only one of the resources a person may use to self-advocate.

When participants were asked to relate to past self-advocacy events that were not successful a number of issues arose that required further discussion during the lunch break and later referred to EDAC's Advocacy worker, these issues included:

1. Not having time to learn English because time constants and responsibilities as a carer for a person with a disability and other siblings.
2. Low income for age carer and special migration conditions, preventing access to mobility equipment.
3. Difficulties with Homes West obtaining modifications to home to protect child with disability harming themselves.

To account for English difficulties the evaluation of the workshop was done via group feedback, where the co-facilitator translated the overall comments of each question. Participants found the workshop overall quite valuable with the noticeable reply being voiced by all participants that they learned how they “have rights as a carer”. A few of participants had mentioned in the feedback that they would have also liked to have the opportunity to talk more about their specific issues within the workshop (see recommendation 6.3)

4.3 Sudanese carers workshop

Background research had identified that there was a significant level of distrust with formal agencies such as DSC, partially attributed to environmental factors within their country of origin. It was also noted that the word ‘disability’ had negative connotations for people in the community (see recommendation 6.4). The facilitator then ensured the use of more generalized terms such as ‘special needs’ within the delivery of the workshop. It was also identified that primarily, females are responsible

for caring roles, but invitations for carers should be directed towards male family members ensuring respect for the family patriarchal system of Sudan. Research had also identified a large proportion of Sudanese located within the Mirrabooka area.

Confusion of daylight savings had caused the workshop to start later than scheduled, which caused some of the planned training material to be condensed to fit the time frame. A small number of participants were not able to speak English, but the whole workshop was translated into Sudanese, to enable everyone to obtain a concrete understanding of how to self-advocate. The workshop, again presented issues of unsuccessful self-advocacy attempts were identified, which included:

1. Child with disability being bullied at school
2. Fear of losing available support if they turn down services on offer
3. Having migration applications rejected for family members wishing to visit and provide extra carer support to terminally ill family members
4. Difficulties in overseas paper work being adjusted resulting in an inability to qualify for government services.

Overall the evaluations showed that most people found the information was clear to understand and valuable for their caring roles. All participants said they would recommend this workshop to others. The major things that participants found valuable was to talk about their issues concerning their caring role and use them as examples to “understand the information and objectives” of the workshop. Many people responded that they wanted more workshops like this one (see recommendation 6.1) “I would like the workshop to bring the activities every month in different places or suburbs.” Feedback was also provided that participants would have liked to have more time to “speak about [their] problems and ideas” (see recommendation 6.3)

4.4 General CALD carers workshop

Due to the cancellation of the Eritrean workshop, a general CaLD carer’s workshop was developed and implemented. This workshop wasn’t able to provide specialized services for the targeted group such as translation, co-facilitation and culturally appropriate food although care was taken to ensure a broad range of cultural issues was recognised by the facilitator.

Advertising for this workshop had resulted in numerous calls from paid service providers wanting to register for the workshop, creating the requirement for validation of the relationship of the person with special needs to the carer, ensuring that the workshop met the required target. Although it should be noted that a workshop is shown to be warranted for service provider carers (see recommendation 6.5).

This workshop was found to be less successful in obtaining registrations compared to the other workshops, showing the previous structure running workshops targeting specific CaLD communities and of recruiting a co-facilitators from that community would result in better attendance and participation. (see recommendation 6.6)

Due to smaller numbers than the previous workshops an opportunity arose to enable the information to be delivered in a more interpersonal and more practical way, where an example was used from one of the participants of a current self-advocacy issue, which was broken down to see how the various skills could be utilized when advocating for themselves. Some of the issues identified in this workshop where people could practice self-advocacy included:

1. Relating to person they care for that they (as the carer) need some time to themselves to ensure they provide better care
2. Assisting the person they care for to identify skills they can do well and finding strategies to pursue them.
3. Having the courage to ask for help and tell others what they need.

All participants found this workshop valuable and left with the feeling they had creative ideas to make some changes in the lives of themselves and the person with special needs. The only negative feedback received from the workshop was that more attendees were needed, providing a “valuable resource to hear other peoples concerns and ideas”.

4.5 Project Officer’s / Facilitators Impressions

One of the greatest difficulties faced during the project was the ability to access community leaders/ carers to be co-facilitators, especially for the Sudanese, Somalian and Eritrean communities. This was primarily due to seclusiveness of community groups or organisations and the distrust these community members felt with organisation representatives. This could be contributed to the distrust embedded from their country of origin. To overcome this difficulty a report needed to be established with individuals from each community who could then refer the Project Officer to the relevant organisations or community members that would fit the criteria of co-facilitator.

It was found throughout the advertising and recruitment of participants phase that there was hesitation for participants to allow the co-facilitator to pass on their name and contact details. This could be explained by their distrust of outside organisations, but was frustrating for the Project Officer/Facilitator, who then needed to have trust in the co-facilitator, which in turn would encourage better relations in the future for other projects.

Having translations during the workshops was found to be another barrier (see recommendation 6.2), especially due to workshops utilising untrained translators who may not understand the information to be translated. The facilitator worked towards overcoming this barrier by offering an outline of the PowerPoint presentation for the co-facilitator to be familiar with what will be discussed then obtaining clarification from the co-facilitator that they understood what was to be said and the facilitator relying on visual feedback such as non verbal communication to determine if the participants understood the information provided. In particular this was noted during the Somalian workshop where feedback was obtained on what they had learnt and all participants replied, “We have rights”.

Another difficulty faced by the facilitator was the participants misunderstanding of how they would learn self-advocacy skills within the workshop, where a number of participants wanted to talk about their issues and obtain the services of an advocate from within the workshop (see recommendation 6.3), which was outside the aims and objectives of the workshops. It has created a situation where the facilitator could only validate their concerns and explaining that this workshop will help them learn some skills to address their issues with the added suggestion that the facilitator could refer the participant to EDAC’s advocate worker, who would contact them at a later date.

A more practical method of evaluation needed to be implemented for the workshop as the current structure using written feedback limited participant’s ability to provide feedback due to language barriers. This could be improved by encouraging group feedback, which the translator can translate as group or individual verbal evaluations with assistance of the translator. This would then reduce the ability for participants to respond in an anonymous manner.

4.6 Summary of Issues

Throughout the workshops participants had sited a number of issues relating to their caring role that were of major concern these issues were:

1. Their child being bullied at school because of their disability
2. Difficulty in finding support workers who understand the needs of people in their specific CaLD community
3. Isolation from their own community and family members due to lack of understanding of disability issues
4. Not having time to learn English because time constants and responsibilities as a carer for a person with a disability and other siblings.

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5. Low income for age carer and special migration conditions, preventing access to mobility equipment.
6. Difficulties with Homes West obtaining modifications to home to protect child with disability harming themselves.
7. Child with disability being bullied at school
8. Fear of preventing losing available support if they turn down services on offer
9. Having migration applications rejected for family members wishing to visit and provide extra carer support to terminally ill family members
10. Difficulties in overseas paper work being adjusted resulting in an inability to qualify for government services.
11. Relating to person they care for that they (as the carer) need some time to themselves to ensure they provide better care
12. Assisting the person they care for to identify skills they can do well and finding strategies to pursue them.
13. Having the courage to ask for help and tell others what they need.

5. Outcomes

The training package was found to be a valuable resource to demonstrate the skills and steps needed in self-advocacy for participants from specific CaLD communities, with the acknowledgement of the following adjustments made to the workshop and successful strategies, it is viewed that this workshop would be a valuable resource for other CaLD specific workshops.

- 5.1 It was determined that the basic six-step format of the training package was structured in an ideal manner encouraging participants to learn self-advocacy in a method that allowed participants to understand how affective self-advocacy is found by utilizing the systematic self-advocacy steps, this was illustrated through verbal feedback where some participants mentioned how they liked the workshop because “it was easy to understand”. All workshops showed the participants displaying great interest in the step 3 – understanding your rights and obligations, where the facilitator noticed that participants changed posture to enable better understanding and were less distracted (for non-English speaking participants) and others asked more questions than usual during this step about where to get assistance in these areas.
- 5.2 Some activities needed to be adjusted to account for communication difficulties, such as enabling participants to ‘brainstorm’ ideas for others to learn from and creating a situation where short responses helped to promote group interest and reduce time needed for translations. It was also found that the number of PowerPoint slides need to be reduced to incorporate translations, with the “*Let Me Speak*” workbook being available to incorporate more detail information if extra time was available. Some of these difficulties could be minimized through the development and implementation of an abbreviated “*Let Me Speak*” workbook, which is translated into languages specific for each community group (see recommendation 6.2)
- 5.3 Adjustments need to be incorporated in the evaluation process to limit the need for written responses when participants come from a non-English speaking background. Some alternative strategies were utilized during the workshops, such as group responses to evaluation questions and translation on an individual level, but this was found to be difficult in regards to the ability of responses to be anonymous or extra time and pressure created for the translator.
- 5.4 The most valuable strategies utilized for the project was obtaining a co-facilitator from within each specific CaLD community. This co-facilitator was

the primary resource used to recruit attendees, all attendees registered via the co-facilitator (apart from the CaLD workshop) even though a number of methods were used to advertise each workshop. It was even noted by the Facilitator that each specific CaLD community workshop created a friendly and warm environment where participants were comfortable to discuss their issues through the use of a familiar translator when needed.

- 5.5 Evaluation of the project on the whole shows that the aims were achieved with most participants finding they had learnt something new about self-advocacy and had some ideas about how to relay those skills back to the person they care for, most participants had also acknowledged that they would recommend this workshop to others and would like to participate in similar workshops in the future. A number of people responded that they didn't like the fact that they were not able to ask more questions, were not provided information on similar future workshops and didn't get to fully discuss their issues. These comments were primarily due to time limitations and current unavailability of workshops for their specific community.

6. Recommendations

6.1 Provide further Culture specific workshops on communication and stress management skills

Time constraints prevented adequate discussion about learning communication, negotiation and stress management skills, concepts vital for people learning self-advocacy skills. This lack of skill development was brought up as a common feedback that people would like to learn more skills in these areas. Future workshops on each skill need to be implemented to assist CaLD carers with self-advocacy skills

6.2 Provide a summary of the ‘speak up’ workbook used in the self-advocacy training in various languages

It was noticed that most participants had shown they had learnt something new from the workshop, but a lot of valuable information was lost due to participants not having adequate written material they could use as a reference. Having an abbreviated translation of the workbook would also reduce the amount of time for translation and clarification, enabling the workshop to progress more smoothly. An abbreviated translated workbook would be valuable to help assist with information delivery.

6.3 Provide culture specific focus groups

Throughout the workshops it was noticed that people had a need to discuss issues concerning the person they were caring for and their role as a carer, which frequently needed to be postponed until the lunch break. Adequate provisions to incorporate indepth group discussion were not available for these workshops, causing the realization that resources need to be made available to carers from specific CaLD communities to express their concerns in a safe environment, such as focus groups.

6.4 Provide culture specific disability awareness training

It was shown there is still distrust and negative stigma concerning disability in some communities. These perceptions could impact on the ability to obtain support for the person with special needs and their carer. Through further research on perceptions of disability in specific communities and the development of awareness training these negative perceptions can be reduced.

6.5 Provide workshops for service providers about issues relating to carers and people with disabilities with a CaLD background.

Feedback from service providers who wanted to register for the workshop mentioned they need to learn strategies to better equip themselves when relating to clients with disabilities or carers from a CaLD background. The foreseeable outcome of such a

training package would also help to limit the number of issues CaLD carers may have when trying to self-advocate.

6.6 Provide similar ‘speak up’ workshops for other CaLD communities

Due to the general success of the workshop, the strategies utilized to recruit participants and feedback provided from a number of participants agreeing they would recommend this workshop to others; it can be envisaged that similar success would be found when implementing this workshop to other specific CaLD communities.

7 Conclusion

All of the objectives were achieved within the project with the outcome being:

- 7.1 A sustainable training package and participation recruitment strategies have been developed enabling future workshops to be held for other CaLD communities.
- 7.2 Although four CaLD communities were targeted for the workshops, the outcome of three workshops being implemented (and one general CaLD workshop) resulted in this objective exceeding the original objective.
- 7.3 Overall 39 people had registered for the workshops, which would have exceeded the initial objective of 36, it should be noted that only 27 people actually attended with one of the major contributions towards the drop in attendance numbers being due the sudden illness from a respected member from one of the community groups, requiring community member to pay their respects, it was also noted that one of the workshops was held during the first day of daylight savings which created confusion and anxiety about attending too early or too late, with staying home being the preferred option, while others found they needed to stay home due to sudden extra commitment in their caring role.
- 7.4 A set of major issues raised by the participants have been identified and listed under Section 4.6.
- 7.5 Six recommendations have been raised for consideration.

8. Appendix

8.1 Evaluation Form

8.2 Training Package (including agenda)

8.3 Sample Flyer