



Migration and Transnational Family Care
Experiences of Waitemata District Health Board
Child Health & Disability CALD* Programme

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**Day One Workshop 4
Session 2 3:30 – 5:00
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***CALD is Culturally and Linguistically Diverse**



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Background

- Waitemata District Health Board (DHB) provides health services to north and west Auckland
- Waitemata DHB has the largest DHB population in the country - more than 525,000 people
- Approximately 20% are from CALD cultures (Asian, Middle Eastern, African)



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Background

- Our **Child Health and Disability CALD Programme** has been in operation for three years; funding comes from Ministry of Health under the Auckland Regional Settlement Strategy Health action Plan
- Our key objective is to improve access to health and disability support services for CALD children with a disability or developmental delay and their families



Background

- Many migrants have been in New Zealand for fewer than 10 years
- Disability is highly stigmatised in CALD cultures
- A family's cultural background will influence the impact of disability on the family and the family's response – families use their traditional coping mechanisms



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Traditional coping mechanisms for disability may include:

- The need to keep the family member with a disability hidden and private, isolation from the local community
- Religious or cultural explanations for the disability e.g. karma, punishment for behaviour in a past life, curse
- Invoking kinship obligations



Kinship obligations may include:

- The head of family, who may be off-shore, making decisions about the welfare of the child
- Strong expectations about the role of women in the family as care-givers (because of this care-givers may be reluctant to ask for or accept assistance, particularly from outside agencies)



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Kinship obligations may include:

- Recruiting carers from family members overseas – families may feel that family care is preferable and local services may not meet the standard they want e.g. not language or culture appropriate
- Grandparents or other family members coming on visitor visas or as permanent residents through family reunification; visitor visas are often extended for those caring for a child with special needs



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Kinship obligations may include:

- Mom and child going back to their homeland for an extended visit e.g. a year to provide support for the mom and strengthen family ties and child's sense of identity, culture and belonging (this happens for many families, not just those with disabilities)



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Challenges and Implications

- Kinship obligations are very good for airline companies!
- Family reunification for people of refugee background takes a long time and is very expensive
- When traditional coping mechanisms fail, and without local support, families can fall into crisis – violence, mental breakdown, family break-up, etc.



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Challenges and Implications

- CALD children sometimes miss out on developmental and educational services and have poorer health outcomes as a result
- Achieving good settlement & Health outcomes requires
 - culturally competent local services that CALD families can use and
 - supportive local CALD communities where stigma has been removed or minimised



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