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
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)
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
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)
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
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)
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.
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.