Brought to you by Waitemata DHB Asian Health Support Services

Welcome to the CALD Cultural Competency Training Programme newsletter. **CALD** refers to **C**ulturally **A**nd Linguistically **D**iverse. In 2010 WDHB Asian Health Support Services were contracted by NDSA (now NRA - Northern Regional Alliance) on behalf of the MOH to develop the CALD training resources for the DHB provider arm, primary care and NGO health workforce of the Auckland region. After three years we are proud to say we have produced and rolled out seven CALD training modules in both face-to-face and self-paced online formats. *To-date more than 10,000 health practitioners have completed the modules*.

"The first step toward success is taken when you refuse to be a captive of the environment in which you first find yourself." Mark Caine

Launching Online Supplementary "CALD Family Violence Resource for Practitioners - working with Asian, Middle Eastern & African clients"

This Culturally and Linguistically Diverse (CALD) Family Violence online and hard copy resource is for health practitioners. It provides a general guide and essential culture-specific knowledge and tools for health practitioners who work with CALD clients from Asian, Middle Eastern and African backgrounds in the New Zealand health system, around violence screening and intervention. It contains research material and guidelines to enhance the knowledge, attitudes and skills of practitioners.

The purpose of the CALD Family Violence Resource is to enable health professionals to:

- Understand the risk factors for partner and child abuse in Asian, Middle Eastern and African communities.
- Understand cultural perspectives about family violence (which includes partner abuse, child abuse and in-law abuse) in Asian, Middle Eastern and African communities.
- Understand CALD family violence dynamics hindering disclosure and access to services for CALD women and children including immigration and residence issues.

Be aware and show sensitivity when dealing with shame and stigma, and other cultural issues when screening for partner abuse.

- Become familiar with how to provide culturally appropriate partner abuse screening and interventions including child abuse and neglect.
- Understand safe screening practice for CALD clients who are the victims of family violence especially when working with interpreters.

Who is this resource for?

This supplementary resource is for health professionals working in primary and secondary services that incorporate screening for partner abuse in their (clinical) practice. It complements the CALD Cultural Competency Training Programme and the Auckland Region District Health Board Violence Intervention Training Programme.

Viewers are required to:

- Have completed CALD 1: Culture and Cultural Competency.
- Have attended District Health Board Violence Intervention Training Programme core training.
- Be familiar with VIP policies, procedures, protocols on Family Violence/Partner Abuse Screening and Intervention and Child Protection and Neglect policies.

Tip for your Toolbox of Knowledge

Use a professional interpreter. It is strongly recommended that service providers arrange for a female interpreter to be booked when non-English speaking women are being screened for family violence and / or sexual assault. Access to a female interpreter may not always be possible if there is a male interpreter available, ask if she will agree to assistance being provided by a male interpreter.









What's inside the CALD Family Violence Resource?

Specific cultural and religious features will determine the forms that family violence takes in each community. How and when migrant and refugee women decide to access formal assistance is embedded in a larger socio-cultural context including collectivist family and religious beliefs, family and extended family structures, community belonging, and access to health, social and legal services.







Six key issues are identified on addressing family violence in CALD communities These are:

- 1. Cultures' definitions of family violence.
- 2. Cultures' specific definitions of family harmony, gender roles and conflict resolution strategies.
- 3. Recognition of the client's cultural identity and spirituality.
- 4. Cultural competency of health and social service providers.
- 5. The availability of interpreting services.
- 6. Cross-cultural support in health and social support services.

To develop culturally competent family violence services for migrant groups in New Zealand we need to understand how culture intersects with family violence and how in particular women interpret and respond to abuse as they adjust to life in New Zealand.

CALD Competency Courses

CALD on-line and face-to-face courses CME/CNE/MOPS accredited

- CALD 1 Culture and Cultural Competence
- CALD 2 Working with Migrant Patients
- CALD 3 Working with Refugee Patients
- CALD 4 Working with Interpreters
- CALD 7 Working with Religious Diversity
- CALD 8 Working with CALD Families Disability Awareness
- CALD 9 Working in a Mental Health Context with CALD Clients

CALD face-to-face only training course: CALD 5 Working with Asian Mental Health Clients

Congratulations to CCS Disability Action

CCS Disability Action staff completed CALD 1 online and

then attended face-to-face training of CALD 4 Working with Interpreters, CALD 7 Working with Religious Diversity and CALD 8 Disability Awareness - working with CALD families.

About Religious Diversity - "Personally I could spend more time on this, as I have always been interested and find it very helpful in my role as early intervention teacher."



To find out more about the courses and supplementary resources go to www.caldresources.org.nz. To access online supplementary resources, login into your CALD user account using your username and password via www.caldresources.org.nz

Best Practice Principles: CALD Cultural Competency Standards & Framework

The Best Practice Principles is a very useful, informative document and a guide for DHB provider arm, primary health and NGO funders, planners, service development managers, management, workforces for developing best practice approaches (to access the document go to www.caldresources.org.nz under Asian, Migrant and Refugee Health Publications).