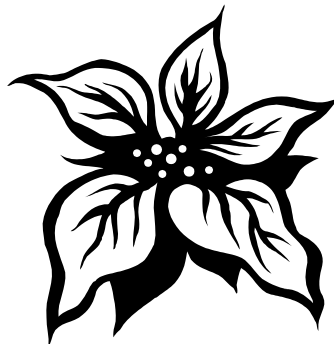


Be Safe Be Sure Project
Penrith Women's Health Centre

A Project for
Women with Intellectual Disabilities
on Safety and Sexuality



Project Report
by
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Objectives

Be Safe Be Sure has been a one year Project funded by a Western Area Assistance Scheme grant and auspiced by Penrith Women's Health Centre. This has been an educational project for women with intellectual disabilities in the area of safety and sexuality. The project aims to create a situation where women with intellectual disabilities would have more satisfactory social relationships, greater independence and safety in their lives. The project also aimed to build partnerships between disability services in the area, mainstream services, Aboriginal and Torres Strait Islander (ATSI) /community and culturally and Linguistically Diverse (CALD) /communities.

To these aims there have been four parts to the project.

1. To provide 3x 9week group programmes to women with intellectual disabilities (over the age of 16) that cover interpersonal skills, safety and freedom from abuse.
2. To provide information sessions for parents and carers prior to each women's programme that will address their fears and counter myths about people with intellectual disabilities.
3. To provide support and educational workshops for workers in the disability field.
4. To provide training for mainstream health services so that they can become more accessible and appropriate in their provision of services to women with intellectual disabilities.

Achievements

- Conducting 3x 9 week group programmes for women with intellectual disabilities who had mild to moderate support needs. There was lots of positive feedback from the women and those working with the women, particularly from schools, as well as many issues being raised. These are discussed in the body of the report.
- Running 2 parent information sessions prior to the 2nd and 3rd women's group. These were well received by those who attended but parent involvement was difficult to achieve which is also discussed below.
- Conducting 4 successful worker trainings. The process of providing this training raised many issues around staff training and other related issues.
- The ATSI community participated in the project on a number of levels, bringing diversity to groups and giving insight into the community's experience around disability and service access.
- The project has been building networks with migrant workers and services, but 1 year has not been long enough to develop links with communities and families to gain their trust and participation in the project.
- Some mainstream services have been responsive in taking up the challenge to make their service more accessible and appropriate to people with intellectual disabilities.
- The project found many opportunities to advocate for the needs of individual women with intellectual disabilities and promote their rights, as women, within services and in the wider community.

Major Issues Arising from Implementation

- Sexual assault of people with intellectual disabilities especially women is an issue of great importance with statistics running in the 80 - 90% range (reliable statistics are hard to find due to the low priority given to the client group). This warrants immediate and serious attention at the government policy level with the will to follow through with funding for education on all levels (policy, staff, families and clients). These ideas are not new and have been documented clearly in “Reclaiming Our Rights” 1996 by Liz Mulder, Department for Women and the Final Report from the Women’s Co-ordination Unit on Sexual Assault of People with an Intellectual Disability by Moira Carmody 1990.
- Many parts of the project are dependent on building trust and relationships with communities to facilitate community education and participation in the project. With such a short term project only limited results on these levels can be achieved. This has been a major issue for: parent contact and support, ATSI community involvement, CALD community’s involvement, school and disability organization involvement and support.
- The migrant communities in Penrith are small and diverse, and as a result are not able to secure funding for sufficient ethno specific workers for the range of community groups in the area. This increases the difficulty and time needed to build relationships with the different communities and so families in the communities who have a daughter with an intellectual disability.
- Most people with a disability from a CALD background do not access disability services. “Less Talk More Action” MDAA, 2000.
- Very few ATSI people with intellectual disabilities access disability services and there are very few ATSI specific disability services.
- Conversations with ATSI community members about why the community doesn’t access disability services suggests a range of possibilities. However the development of strategies to address these issues would require a longer term of funding.
- The disability area has a long history of enormous dedication from families and inspired individuals; working to support people who have until the recent introduction of the Disability Discrimination Act 1992 and the NSW Disabilities Services Act 1993 not had basic human rights. This being the case the area and the clients have not been seen as important in community life. This has had a huge effect on the importance placed on professional training for workers which was until fairly recently not available (except Special Ed.) and many disability workers continue to have no professional training. It also has a huge effect on the allocation of funds putting enormous pressure on quality service provision.

Be Safe Be Sure Project Report

Background to the Project

Objectives

Refer to the summary.

Philosophy

The Be Safe Be Sure project is committed to the principles of Penrith Women's Health Centre.

Penrith Women's Health Centre is a feminist organisation and is committed to providing a quality women's health service adopting a social view of health which recognizes:

- That health is determined by a broad range of social, environmental, economic and biological factors.
- The differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location, and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preference.
- That health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary, along with high quality illness treatment services.
- That information, consultation, advocacy and community development are important elements of the health process.

Manual of Standards for Women's Health Centres (1995)

In line with this view, PWHC has a commitment to the following principles:

Equity: to provide women with a fair distribution of health resources through the design and delivery of service.

Access: to provide fair and equal opportunity for all women to use services regardless of means, race, age, disability, or sexuality.

Participation: to provide the opportunity for all women to be involved in management, planning and service provision.

Rights: to support and promote the rights of all women.

Confidentiality: to ensure women's rights to confidentiality are upheld.

The project recognizes that society is a diverse one with people from a wide range of backgrounds, cultures, religions and belief systems. Within that breadth of community there is a wide range of abilities at different levels of ourselves, physically, emotionally, psychologically and intellectually.

That regardless of our background, culture, belief system or abilities, we all have equal right to quality of life and choice and all the things that lead to that.

Establishment and Promotion of Be Safe Be Sure

A Steering Committee was set up to guide the project and employ the project worker and trainer. This steering committee sought representation from a range of services including Penrith Women's Health Centre PWHC, Nepean Area Disability Organisation (NADO), Penrith Disability Resource Centre (PDRC), Violence and Neglect Services (VAN), a parent, NGARA Aboriginal Carers Support Service, Durak Aboriginal Medical Service, FPA Health and Migrant Disability Advocacy Association (MDAA).

The project networked by phone and personal visits, with disability in the Penrith LGA, the Department of Aging Disability and Home Care (DADHC), the Education Department Area Office, individual special schools, schools with special units, ATSI and CALD workers and agencies to promote the project.

The project worker spent time making links with ATSI workers and to both promote the project and find out what barriers there are that may prevent ATSI women accessing the project.

The project worker spent time attending Migrant Interagency meetings, networking with migrant workers to both promote the project and build links with CALD communities and find out what barriers there are to women from CALD backgrounds accessing the project.

Be Safe Be Sure Project Report

Women's Groups

Achievements

The project worker designed a leaflet to help promote the project
The project purchased, borrowed and was donated various resources from FPA Health.
The project borrowed puppets belonging to NADO (Nepean Area Disability Organization) to use in the group programme.

The project worker revised and added to a group programme that she had devised with another worker previously covering:

Week 1: introduction, group rules and early warning signs and feelings.

Week 2: identifying body parts, private and public parts.

Week 3: public and private places and introduction to different relationships.

Week 4: different kinds of relationships and the relationship circle.

Week 5: sexual assault.

Week 6: menstruation, contraception and pregnancy.

Week 7: masturbation and safe sex.

Week 8: using condoms.

Week 9: revision and evaluation.

- The project ran three 9 week group programmes in the first three school terms of 2002. The groups were run at Penrith Women's Health Centre with introductions to centre workers; and encouragement for the participants to feel that the centre is there for them to access when they need to.
- The project provided some follow up for particular women who were struggling with concepts, were at risk or were in need of more one to one counselling or programmes.
- All of the participants of all the groups stated that they enjoyed coming to the programme and they all learned a great deal; though what was learnt differed greatly due to each person's ability, background, living situation and supportive relationships in their life.
- Participants said that they thought the course was something that all people with intellectual disabilities should have access to.
- Feedback from schools was very positive of the content and delivery of the programme.
- One school stated that there was a feeling of increased confidence in dealing with these issues at the school and belief that despite the difficulty of the issues they must be addressed.

Issues Arising from Implementation

- The project found that all the women in the groups would have benefited from self esteem building work before doing the Be Safe Be Sure programme. This was particularly the case for the women who were not living with family members and had grown up in an institutional setting. We felt that the women's low self esteem impeded their ability to participate fully in the programme and take in the information provided by the programme.
- Institutionalisation was an issue that affected some women's ability to participate and interact; it also marked them as different from their peers which creates a separation between them and other group participants.
- Due to the short term nature of the project it was not possible to stream the groups according to the participants' abilities. As a result it was impossible to cater to all abilities. This was something some of the more able participants from one group commented on.
- It was not possible to cater for the diverse needs arising out of 'participants' age range and differing stages of life.
- To ensure long-lived learning for the participants, continuity and regular revision of messages and information is important. For this to be carried out there needs to be stronger links with the organisations/ schools/ group homes that facilitate the women's attendance in the programme. These links would support the programme and learning outcomes for the women as well as the staff in schools and disability organisations.
- There was a marked absence of involvement from many families/parents in the programme even when parents decided their daughter/family member should attend the programme. This indicates the need for more education about the important role of parent/carers in supporting their child's development and education.
- Several services expressed that a programme on positive relationships would be more appropriate for their clients as many of their clients are in relationships where they experience domestic violence (DV).
- The project also received stories of women who were reluctant to access an advocacy service because the perpetrator of violence in their life was associated with the service formally or informally. This sort of situation indicates the vital role of Women's Health Services in providing advocacy and support services for women. It also indicates that training in DV is a need for disability advocates.
- There were also reports of women who would not access services they saw as pressing them to leave a violent relationship when they wished to keep the relationship despite the violence. It is important to consider whether DV services put more pressure on women with intellectual disabilities to leave the relationship, or whether women with intellectual disabilities experience the service differently from other women and feel pressured.

- Many services and workers asked if there were sex education programmes for men. One worker talked of male clients who had no education and the worker felt were on the verge of offending in some way largely because they had no education. Male peers make up a large portion of the perpetrators of violence against women with intellectual disabilities.
- Most of the resources and kits for teaching sexuality and freedom from abuse target people with mild to moderate disabilities. There is very little available for people with high support needs.
- There are very few services that are skilled and able or willing to engage with referrals of people with intellectual disabilities who are at risk, in need of counselling or family work around issues of sexuality and abuse. Rosies Place was the only service I found that has workers who have skills and experience working with young people with an intellectual disability. However this service only caters for young people under 18.

Possible Strategies to Address Issues

- The Disability Discrimination Act 1992 and the NSW Disability Services Act 1993 both say that people with disabilities have the same rights to services and education that other members of the community enjoy. At present the Education Department provides education on sexuality and safety as a part of school education to their mainstream students, but not to their students with intellectual disability. The Health Department provides and funds a range of services to women in the community both through hospitals, community health centres and women's health centres. The health Department also acknowledges that the health outcomes for women who are disadvantaged are lower and so provide funding to address this disadvantage. However women with intellectual disabilities are not targeted by the health department. The Department of Ageing Disability and Home Care provide specific services to people with moderate to severe intellectual disabilities around their disability including various physical therapies, behaviour management, housing and day programmes. They also fund community organisations to provide housing, day programmes, social programmes and bridging programmes between school and work. They do not fund or facilitate specific sexuality and safety programmes for their clients.

All government departments and organisations providing services to the community, struggle with the dilemma of how to provide adequate services to all their (potential) clients with limited funds. The fact remains that part of the community is being discriminated against, by all these departments; as people with intellectual disabilities are not targeted for education on sexuality and safety in the ways that would give them equality of service access.

If the Education Department and the Health Department provided comparable education and services to people with intellectual disabilities as are provided to mainstream clients. If the Department of Aging Disability and Home Care picked up revision and people who missed out for some reason, this would share the burden of service provision.

- A longer lead time for the project is needed so that stronger links and networks can be built with schools, disability organisations and other referring services before the women's groups begin. This would improve communication and understanding between the project and the referring services.
- Explore networks and relationship building with referring agencies and schools.
- Stream the participants for each group around similar ability level and time of life.
- Explore whether school newsletters could be a useful way to communicate with parents and families.
- Facilitate self esteem building courses before the sexuality and safety programme.
- Explore funding possibilities for a project around DV and promoting positive relationships.
- Facilitate women living in institutional settings to move to group homes in the community.

Parents/Carer Support and Information Sessions

Achievements

- The project promoted the parent /carer sessions not just to the parents of women who were booked to attend the group programme but to any parents who had a daughter with an intellectual disability and were interested in the issues around sexuality and abuse, as they affect their daughter or might in the future.
- The project worker did interviews with the local media to promote the project and the rights of women with intellectual disabilities to the wider community and parents who may not have heard about the project through other sources. The media coverage did initiate contact with some parents who did not know about the project.
- The project worker and trainer developed an information session for parents. These sessions were advertised through the network previously referred to and the local media.
- Successful parent/carers sessions were held before the 2nd and 3rd women's groups.

Issues Arising From Implementation

- Mothers who came expressed relief at being able to talk about the issues surrounding puberty, sexuality and abuse. They felt that there was a lack of venues for them to talk about these issues and their fears for their daughter's futures. Parents share with other parents and find supportive literature on these subjects. Parents of a child with an intellectual disability often don't have that social group and may feel isolated and there is very little literature available.
- Making contact with parents was very difficult. Many parents of young women attending the group programme did not respond to the invitation to attend the parent's session or even make personal contact with the project. This meant that the project could not build relationships with the families of those young women.
- Families are enormously important in a young person's life and if that young person has a disability they need more supports to be able to learn and make the transitions from childhood to adulthood. As a project providing education to women with intellectual disabilities, many of whom are young and living with their families, building relationships with parents and family members has many valuable attributes. Those are: 1. Parents are involved in the education process. 2. Parents are able to reinforce many of the learning outcomes. 3. The project can build particular emphasis into the group programme to address individual learning needs. 4. Greater understanding that participation in a 9 week group programme on safety and sexuality is part of a person's learning in that area and will not provide a quick fix. 5. The project has more knowledge of the kind support individual women need in completing the homework tasks, which are important for consolidating the learning. 6. The project has more knowledge about how the woman is experiencing the programme. 7. Parents fears around education decrease as the relationship with the project builds and they see the work in action and how their daughter's knowledge is building.

- Parents stated that there is a huge need for them to have education and resources prior to puberty as well as after.
- Parents also need to have regular reassurance that their daughters can learn decision making, to take responsibility and to be appropriate regarding their sexual behaviour. Part of this learning is allowing young women to make mistakes and take risks, as mistakes and taking risks is the way we all learn. It is of course important to minimize the risks but allowing for dignity of risk is an important part of independence.
- I received stories about abuse, from parents most of whom were not otherwise involved in the project, where they felt the abuse had not been properly addressed and was excused or denied. All of these events occurred in mainstream schools where the abuse was perpetrated by other students some of whom had a disability while others did not. Some of these young people or children were not able to access counselling because the investigation did not make a definitive finding of abuse and so the child was not able to access sexual assault counselling. The parent of the victim was not aware whether the perpetrator received appropriate education around their act and the victim was not protected from reoccurrences of the event, nor sufficient appropriate counselling for their trauma.
- Parents reported incidents of bullying of their child with a disability perpetrated by children without disabilities that was ignored or denied by the school.

Strategies to Address the Issues

- Ongoing support groups for parents with an educational component.
- Access to resources parents can use with their children with disabilities in the area of puberty, understanding feelings and sexuality.
- Education for child perpetrators of abuse and bullying regardless of ability and protection for victims in the school environment.
- Family and victims of abuse by other children at schools should be informed that the perpetrator is receiving support/ counselling/education appropriate to the situation to ensure they feel safe and looked after.
- Validation of reports of abuse of children with a disability so that children can receive adequate support and counselling.

Workers Education and Training

Achievements

The trainer and the project worker devised a training programme for disability workers that was 8 hours in length spread over 2 ½ days.

The project facilitated 4 disability worker trainings.

Aim

To increase service providers' abilities to support women with intellectual disabilities in regard to their sexuality and safety.

Outcomes

Participants will have -

- An increased awareness of the rights of women with intellectual disabilities to have positive sexual relations of their choosing
- Explored their own attitudes regarding the issues of sexuality and safety for women with intellectual disabilities
- A better understanding of their role in supporting their clients' choices in regard to sexuality and safety
- An increased awareness of Sexual Abuse and confidence in initiating appropriate responses when it is suspected or reported.

This will be achieved through a workshop exploring the following issues –

- Society's attitudes to sexuality and people with intellectual disabilities
- How we form our ideas and attitudes around sexuality
- How people with disabilities view their own sexuality
- Myths surrounding sexuality and people with disabilities
- Rights of people with intellectual disabilities regarding sexuality issues
- Responsibilities of service providers to assist their clients with these rights
- Sexual Abuse of people with intellectual disabilities and how to respond.

Common themes in worker's feedback on what they gained from the training.

More insight; information; resources; increased confidence; chance for open discussion; awareness of diversity and different views; awareness of own values; strategies to respond to sexual assault; better understanding of clients rights; realisation of the need for appropriate policies and procedures.

Many workers responded that they would have liked the training to have been longer.

Issues Arising from Implementation

- The disability area has a long history of enormous dedication from families and inspired individuals; working to support people who have until the recent introduction of the Disability Discrimination Act 1992 and the NSW Disabilities Services Act 1993 not had basic human rights. This being the case the area and the clients have not been seen as important in community life. This has had a huge effect on the importance placed on professional training for workers which was until fairly recently not available (except special ed.) and many disability workers continue to have no

professional training. It also has a huge effect on the allocation of funds putting enormous pressure on quality service provision.

- The major barrier that underpins all others for people with intellectual disabilities having safe and satisfying intimate relationships is the prevailing social attitudes towards sexuality and people with intellectual disabilities. These are the social attitudes of the community of which disability workers are a part, and if the standards are taken seriously it is essential that professional training for disability workers become mandatory.
- There were a number of organisations that did not respond to information about training for workers or did not agree to release staff to attend training. Part of the value for staff of going to staff training outside their organization is that it gives them information about how other organisations deal with particular issues and provides peer support outside the organization which is important as workers can become isolated in their work.
- It is important to question the value is placed on the lives of people with disabilities when it's believed that no training is needed to do the job and no updating of training.
- During the year of the project, the Education Centre Against Violence (ECAV) advertised a 3 day training on responding to sexual assault experienced by people with intellectual disabilities. This training was going to be run in Penrith. The training was widely advertised in the sector and was not run due to lack of registrations. This is disappointing when the levels of sexual assault of women with intellectual disabilities run in the 80-90% range and the percentages for men are comparable. The worker from ECAV said that she'd not previously had problems getting sufficient numbers to run the workshop, indicating that this may be a localized problem.
- During the year a Penrith disability interagency was reformed (there had been one a few years previously but it had not lasted) which had high attendance for the first few meetings but this has dwindled within 6 months. This indicates a lack of inspiration/energy for information/idea sharing, peer support and collaborative work between organisations. There hasn't been a history of networking, under funding, the pressure to achieve so much with so little and so lack of time for meetings, some workers/ organisations/ management committees see meetings as a waste of time and burnout may be some of the reasons for the collapse of the disability forum in Penrith.

Strategies to Address the Issues

- Mandatory professional training for disability workers and the promotion of ongoing professional development as an accepted part of the working in the sector.
- That disability organisations address sexuality and sexual abuse at a policy level.

- Core training in responding to sexual abuse should be mandatory for all workers. There are precedents for this such as in the women's refuges, where all workers attend core domestic violence training.
- Research into why networking does not happen in disabilities and ways to create a culture that encourages more networking.

Mainstream Services

Achievements

- Guest speaker at the Women's Health NSW July Conference. There was a positive response to taking up the challenge of providing services to women with intellectual disabilities. To do this without reducing current services would mean an increase in funding.
- Workshops for mainstream workers run at Penrith Women's Health Centre, Wentworth Sexual Assault and Liverpool Women's Health Centre.
- Liverpool Women's Health Centre plans to run a sexuality and safety programme for women in their area.

Issues Arising from Implementation

- Finding people who are enthusiastic about the project and want to build links. Assuming that these people are also happy to interpret the organization's/dept's policies, procedures, protocols and so facilitate working relationships is a process that takes time and one year is not enough.
- Lack of awareness in health services about their exclusion of people with intellectual disabilities. Without appropriate and accessible mainstream health services provided by hospitals, community health centres, doctors and women's health centres people with intellectual disabilities go without.
- This lack of awareness masks and perpetuates a range of abuses and discrimination which is both systemic and direct. A lack of awareness is just the tip of the iceberg in terms of the problems for people with intellectual disabilities accessing equitable health and related services.

Strategies

- That education on working with people with intellectual disabilities would be included in mandatory training for health professionals.
- That health services would build up resources of visual material to aid in communication with clients.
- Any leaflets or educational material that is to be distributed to the public should also be provided in a low literacy version. The Safe Sex leaflet produced by Wentworth Area Health is a good example of this.
- That all organisations would adjust their policies to include people with intellectual disabilities if that wasn't already the case.
- That all organisations actively include people with intellectual disabilities in their target groups.
- That networking and links between mainstream organisations and disability organisations be encouraged and facilitated.

Aboriginal and Torres Strait Islander Involvement in the Project

Achievements

- The steering committee had active membership from NGARA Aboriginal Carers' Service and membership from Daruk Aboriginal Medical Service.
- The project worker networked with local ATSI services to promote the project and its different programmes, and to research strategies for enabling ATSI clients and family members to access the project.
- 2 young Aboriginal women attended the 2nd women's group programme and their mothers attended the parents session prior to the women's group as did another Aboriginal woman whose niece attended the first session but wasn't able to continue.
- The worker's workshops had one worker participate from the Aboriginal Advocacy Service in Petersham and one worker from NGARA Carers Service.
- The Project Worker participated in the Aboriginal Women's Camp, taking resources used in the women's group programme.
- The project is buying a set of life size anatomical puppets from FPA one of which will be Aboriginal. These puppets will be available for future projects and for services and other organisations to borrow from Penrith Women's Health Centre.

Issues Arising from Implementation

- Having an Aboriginal member of the steering committee helped with awareness of issues, community participation and building relationships with key community members.
- NGARA had already acknowledged the need for such a project as this one and was keen to promote the ideas to the community.
- The project needed to address issues of cultural difference and satisfy the community that they are addressed before community members are willing to access the project. Part of doing this is building relationships with community members and being willing to listen to and acknowledge their stories.
- Very few ATSI people with intellectual disabilities access disability services and there are no Aboriginal Disability services (Australia wide) apart from NGARA (which is not disability specific) and Self Advocacy has an Aboriginal worker. Disability Services Aboriginal Corporation was also providing advocacy services until recently when it closed due to loss of funding.
- To be able to find out what barriers there are to the ATSI community accessing a project like this one, relationships and trust need to be built with the community first which takes a long time.

- One parent told of how she had to make numerous applications to organisations for services for her child with a disability before organisations would provide her family with services.
- Conversations with several community members about why the community doesn't access disability services suggested a range of possibilities. However the development of strategies to address these issues requires a longer term of funding.
- Aboriginal culture does not see disability or difference in the same way that western culture does. They do not label a person's difference as where they vary from the "normal" but see the person as just themselves, whole as they are.
- Other reasons were:
 1. Families fear that if they acknowledge that a family member has a disability that the family member might be removed.
 2. Families fear being knocked back or rejected by services and so do not try to access services.
 3. Aboriginal people have a long history of being disadvantaged and discriminated against (cultural difference not being taken into account nor respected) in the school system. As a result acknowledgement of disability is affected negatively in schools.
 4. The impact of past government policies are still being felt in Aboriginal society.

Strategies for Addressing these Issues

- An ATSI specific project on the issues of sexuality and safety for women with intellectual disabilities.
- Provide ATSI specific groups and workshops within a general project with those workshops being run at an ATSI service.
- ATSI cultural awareness workshops in disability organisations and government departments that all workers would attend.
- That any projects would be of a longer time frame to allow for trust and relationship building with the ATSI community.

Culturally and Linguistically Diverse Communities' Involvement in the Project

Achievements

- The project worker networked with migrant workers in the area and attended the Nepean Migrant Interagency to promote the project and programmes.
- The project worker was guest speaker at the Interagency in August providing information about working with people with intellectual disabilities and promoting discussion around intellectual disabilities.
- The project worker was guest speaker at MDAA's consumer forum in November and spoke about sexuality.

Issues Arising from Implementation

- None of the women who attended the women's group programme identified as from a CALD background though one woman did have a mixed cultural background. This can be difficult as people who are 2nd or 3rd generation may not identify as coming from a different cultural background though all our cultural backgrounds continue to influence our experience and perspective. Also people with an intellectual disability may not separate their experience of difference into disability and cultural background. There were 9 workers who attended the workers workshops who identified as from CALD backgrounds.
- Migrant communities in the Penrith LGA are predominantly small and often isolated.
- The communities are not large enough to support social groups or community centres and most communities are not large enough to have an ethno specific worker. This makes making contact with these communities very difficult.
- The Multicultural Disability Advocacy Association (MDAA) in Less Talk More Action states that the prevalence of people with disability from CALD backgrounds is at least as comparable as that of the Anglo-Australian community and that 3 out of 4 people from CALD backgrounds miss out on disability services.
- This situation seems to be about services not being able to address linguistic and cultural diversity. MDAA has found that this is because:

Ethnic communities tend to overlooked when considering the 'target group'.

Staff need continual, accredited, quality training in cultural difference, diversity and disability and in particular, the nature and reality of the person's experience.

The disability services system has not adopted even the most basic mechanisms for people from NESB such as the use of interpreters or the publication of material in languages other

than English. Poor language skills prevent carers from accessing services so they have less opportunity to develop their personal, social or professional capabilities.

There are insufficient strategies and practices to ensure that people from NESB with disability and their families and carers participate in decision making.

The myth of extended family support is still subscribed to by both service providers and funding bodies resulting in fewer services for NESB communities. (Less Talk More Action-Anglo-Australian Service Provision)

- Partnerships and relationships with ethno specific workers and communities take time and trust to establish. Only then can sexuality and abuse begin to be talked about. Gaining trust to talk about these issues in some religious communities is particularly difficult. This is not within the scope of a one year project.
- Intellectual disability, sexuality and abuse is a particularly difficult area to address for any community but especially so for communities who are isolated and marginalized through size as well as cultural, linguistic and religious difference.
- The ethics of building relationships and trust in communities, around sensitive issues only to disappear just as relationships are beginning to settle is questionable.
- Many families find it difficult to acknowledge disability in family members, as stigma and lack of understanding of disability goes across all cultural boundaries. This is especially so for intellectual disability and mental illness which are often confused with each other. Families may also believe that the policies and legislation within Australia are similarly discriminatory towards people with disability as the immigration policies.
- Many of these issues speak of the need for community development work in raising the awareness and confidence of communities and the people with intellectual disabilities living in those communities.

Possible Strategies to Address Issues

- A longer time frame for the project with a larger community development component would help to begin to address many of the project access issues.
- Translation of service information into languages most commonly spoken in the area.
- Information about local disability services would be sent to all families who have a family member with a disability through Centrelink.
- Government and non government disability services implementing the strategies promoted by MDAA in Less Talk More Action.